

# Ethiopia Situation Update #21

06 January 2021

## Highlights

- **23,177 refugees** from Hamdayet, Abdrafi, and Village 8 relocated to Um Raquba and Tunaydbah.
- **The set up of the site in Tunaydbah is advancing** with food available, tents being pitched and emergency latrines, showers and health services starting to become available

## REGISTERED ARRIVALS

**56,548\***

Individuals since 4 November 2020, based on preliminary registration.

\* 40,047 at Hamdayet, 15,068 at Lugdi, 1,002 at Abdrafi, and 431 in Blue Nile border points.

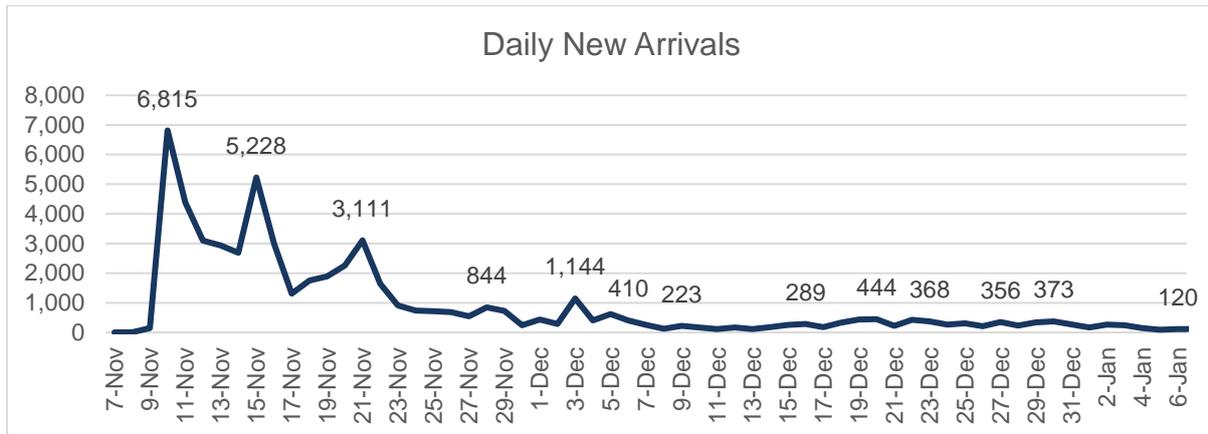
## Situation overview

Since early November, military confrontations between the federal and regional forces in Ethiopia's Tigray region, which borders both Sudan and Eritrea, have led to more civilians fleeing 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 for humanitarian assistance.

## New arrivals

The UN 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 56,548. COR, who is responsible for the preliminary registration at the transit centres, continues registering new arrivals at the household level, while UNHCR is registering new arrivals in Um Raquba using its electronic registration and case management system (ProGres v4 reception module) at individual level.

New arrivals continue to live in the market area in Hamdayet while others are hosted by communities or have set up temporary shelters in nearby villages, or in the pre-existing housing units in Village 8. To mitigate potential health and security risks, UNHCR and partners are working to relocate refugees to camps away from the border. While refugees prefer to stay close to the border, authorities have communicated that the relocation from the area is a matter of priority. Often, after registration, refugees move away from the transit centre to be better positioned in case they can return to Ethiopia.



## Response

UNHCR and COR put on hold relocation of refugees as Um Raquba has reached maximum capacity. UNHCR and partners are working to set up additional communal shelters and tents in Um Raquba in the extension of land allocated by the government and to establish a new site in Tunaydbah. As of Wednesday 6 January 2021, 15,249 refugees were **relocated** to Um Raquba from Hamdayet, 1,012 from Abdrafi, 4,087 from Village 8, and 224 from Shagarab, and 1,536 to Tunaydbah from Hamdayet and 1,069 from Village 8.

**COVID-19** temperature screening is 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. There are no suspected cases reported thus far. In Um Raquba, masks were distributed at the registration points. In Hamdayet, UNHCR, SRCS and Sudan Vision conducted awareness sessions on COVID-19 and distributed informative leaflets, reaching 6,799 refugees.

Sudanese Red Crescent Society (SRCS), with the support of the International Committee of the Red Cross (ICRC), are facilitating **family tracing and reunification** in Sudan and across the border, setting up a free call service. In total, 128 calls were made in Hamdayet and 66 in Village 8.

In **Hamdayet**, Muslim Aid is providing hot meals for new arrivals, with the support of WFP, including breakfast to around 4,700 and dinner to 6,400. To ensure access to water, Cooperazione Internazionale (COOPI) is trucking 104,000 litres of chlorinated water per day, benefiting around 7,000 people every day, with UNHCR conducting daily water quality control. UNHCR set up three water tanks to improve hand washing and cleaning of latrines. WHH built 10 latrines. Concern volunteers and Sudan Vision are conducting garbage collection and waste management. UNHCR and COR distributed core relief items to 1,819 families including 4,114 individuals.

Two clinics are currently operational, through which SRCS, the State Ministry of Health (SMoH), and Sudan Family Planning Association (SFPA) are providing health services, including 1,373 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 43 children. MSF on the other hand conducted 1,199 health screenings and 1,299 consultations. Furthermore, the Sudanese Organization for Research and Development (SORD) mobile clinic, with the support of the United Nations Population Fund (UNFPA), conducted 889 medical consultations, including 189 neo-maternal services, 71 clean delivery kits, and family planning services for 38 women. SORD

counsellor also held 116 psychological first aid sessions providing basic mental health support. Plan International with UNFPA distributed 65 dignity kits to adolescent girls and women.

The UNHCR protection help desk, with the support of SRCS volunteers, continues to identify persons with specific needs (PSN) and referred 114 people to specialised services to ensure their most basic needs were immediately met with essentials such as meals, NFIs and psychosocial counselling. 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 screened and identified a total of 14 unaccompanied and separated children (UASC) and other vulnerable children, who are received, counselled, and referred as necessary. The Ministry of Social Welfare, in partnership with UNICEF, facilitated reunification of 4 children with their parents from Ashaba to Hamdayet. Plan International continued to provide child protection support for UASC and operates the child friendly space reaching 747 children with psychosocial services.

In **Village 8**, WFP continued the December distribution of dry-food rations, prioritising PSN. Rations include sorghum, lentils, oil, and salt. New arrivals and refugees relocating to Tunaydbah also received high energy biscuits. So far, 10,891 families were reached with food rations. UNHCR and Médecins Sans Frontières (MSF) are trucking 90,000 litres of water, with water chlorination and latrine rehabilitation conducted by MSF. UNHCR and COR distributed sleeping mats, plastic sheets, blankets, soaps and jerry cans reaching 352 individuals.

To improve access to health services, MSF is supporting an emergency clinic, run by a group of refugee health staff from Ethiopia, and conducted 1,280 medical consultations. A prevalence of diarrheal diseases, respiratory tract infections and malaria was noted. MSF provided the clinic with a generator to operate 24/7, as well as beds and mattresses for the maternity hall. UNICEF provided support to 142 lactating mothers, vaccinated 44 children against polio, measles, and meningitis, and provided 47 children and 36 women with supplementary feeding program. Furthermore, the SORD mobile clinic, with the support of UNFPA, conducted a total of 288 medical consultations, including 143 neo-maternal services, family planning services to 184 women. SORD counsellor also held 91 psychological first aid sessions providing basic mental health support. SORD and UNFPA distributed 15 dignity kits to women and girls.

UNHCR protection help desk identified, referred, and provided information to 51 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.

In **Um Raquba**, WFP distributed December dry-food rations for 17,742 individuals, prioritising PSN. Muslim Aid is providing two hot meals per day to those who have not received their rations yet, using food and kitchen utensils provided by WFP, who is also providing commodities. UNHCR is trucking around 90,000 litres of water, using water containers provided by UNICEF. Overall, the International Organization for Migration (IOM) built 102 blocks of latrines, 71 blocks of showers, 4 water points, and

recruited 40 hygiene promoters. IOM also rehabilitated 1 water supply network, 2 water supply points, and 1 steel tanks. WHH built 37 latrines and 20 showers in addition to 20 WHH volunteers conducting hygiene promotion sessions targeting 20 households per day.

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 American Refugee Committee (ARC) built a PHCC. Global Aid Hand (GAH) supported by UNFPA, distributed 500 dignity kits for women and girls.

A total of 3,573 tents have been pitched in the camp by UNHCR, SRC, IHH, and NRC. 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. UNHCR through COR and SRCS are distributing shelter and non-food items. UNHCR and WHH installed a rub hall for storage. Irish Aid, WHH and Concern commenced the distribution of NFIs to 2,000 households, including kitchen sets, hygiene kits, tarpaulins, mosquito nets, solar lamps, blankets, soaps, plastic sheets, and floor mats. The Forest National Cooperation (FNC) delivered 1,000 improved stoves. WHH distributed NFIs, including sleeping mats, soap, and blankets to 732 individuals.

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) continued to operate its mobile child friendly space with activities including drama, drawing, singing, and sports, reaching over 1,198 children. Overall, Save the Children International (SCI) supported 116 UASC cases with interim care before alternative care arrangement is found for them. Plan established a child friendly space, reaching 300 children.

In **Tunaydbah**, Muslim Aid set up communal kitchens. Initially, the host community provided hot meals for the first group of relocated refugees. Quickly, volunteers from IHH and Muslim Aid mobilised and supported with the distribution of food to refugees. UNHCR and COR distributed NFIs, including jerry cans, sleeping mats, blankets, mosquito nets, tarpaulins, kitchen sets and solar lamps, to 662 individuals. IHH pitched 1,180 tents and a rub hall for registration. MSF built 40 emergency latrines and 40 showers. SRCS installed a water treatment plant. MSF water trucking 40 litres per person per day and conducting water quality checks. ARC is building a PHCC. MSF completed the construction of a PHCC, provided an ambulance, and conducted quick health screening for 54 refugees.

## Urgent needs

Almost two months on, UNHCR and partners continue to work to meet the needs of refugees, but as the situation grows and lasts, these needs continue to grow. There is an urgent need to establish the Tunaydbah camp to accommodate the relocation of new arrivals at the border. Gaps remain in all sectors, from water (incl. water trucking and chlorine tablets), sanitation (incl. latrines, drainage, and waste management) and hygiene (incl. shower rooms and handwashing facilities) to health facilities (incl. general medicine, reproductive health, ambulance, solar power, isolation centre, health staff,

medicines, laboratory tests, and medical supplies), 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.

Overall, 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. The first two cases of COVID-19 cases highlight the urgent need to set up these structures.

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. Furthermore, an increasing number of persons with disabilities have approached the protection desk, requesting services, such as hearing aid, crutches or cash assistance, and currently unavailable at any sites.

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