

Key Figures



57,543
 Individuals arrived at border points as of 10 January



40,969
 Hamdayet



15,141
 Lugdi



1,002
 Abdrafi



431
 Blue Nile



25,546
 Relocated individuals



20,572
 to Um Rakuba camp



4,974
 to Tunaydbah camp



15,249 from Hamdayet
1,012 from Abdrafi
4,087 from Village 8
224 from Shagarab



2,677 from Hamdayet
2,297 from Village 8

Situation overview

Since early November, military confrontations between the federal and regional forces in Ethiopia's Tigray region, bordering both Sudan and Eritrea, have led to the flight of thousands of civilians to border areas in Sudan (most notably at Hamdayet and Lugdi/Village 8).

To mitigate potential health and security risks, the UN Refugee Agency (UNHCR) and partners are working to relocate refugees to camps away from the border. Sudan's Government Commissioner for Refugees (COR) is conducting preliminary registration at transit centres at the household level, while UNHCR is registering new arrivals in Um Rakuba using its electronic registration and case management system (ProGres v4 reception module) at individual level. The relocation of refugees to Um Rakuba has been suspended for the last couple of weeks, as the camp reached its maximum capacity. While work is ongoing to set up additional communal shelters and tents in Um Rakuba in the extension of land allocated by the government, UNHCR has started relocations to the newly set up site in Tunaydbah.





Relocation convoy from Hamdayet, UNHCR/Ali Abdi Ahmed





Response



COVID-19 prevention is streamlined across all activities. 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. In Hamdayet, UNHCR, SRCS and Sudan Vision conduct awareness sessions on COVID-19 and distribute informative leaflets. COVID-19 prevention measures, including wearing masks, and social distancing, are being observed during the relocation of refugees to Tunaydbah camp. Four positive cases have so far been identified in Um Rakuba camp and are currently in isolation in the camp. 63 close contacts have been identified and quarantined. The State Ministry of Health (SMoH), the World Health Organisation (WHO) and COR are leading the response with support from UNHCR and partners.

	<i>Hamdayet</i>	<i>Village 8</i>	<i>Um Rakuba</i>	<i>Tunaydbah</i>
 Protection	<p>Identification of 53 persons with specific needs (PSN) and their referral to specialised services, such as psychosocial counselling, meals and NFIs.</p> <p>Awareness campaigns on the importance of registration, by UNHCR and volunteers.</p> <p>Home visits to families in the Transit Centre (TC) by UNHCR and community volunteers. Refugees reported that they want to move to the camps, as they have overstayed in the TC, they have lost touch with their children during the conflict, and that they have family members in the camps and want to be reunited with them.</p>	<p>Identification of 29 PSN and supporting them with core relief items (blankets, sleeping mats, jerry cans and soaps).</p>	<p>A counsellor to assist with counselling of GBV cases, deployed by Ascend clinic. Cases identified at the Protection desk and through community networks will be referred to Ascend for counselling services.</p> <p>Confidentiality at the Protection desk has been enhanced by case workers using available interview rooms, which will enhance reporting of GBV cases or confidential information by those at risk and PSN.</p> <p>Escort to service points for GBV survivors is set up by Alight through community volunteers.</p> <p>Referral of GBV survivors in need of mental health follow-up to Médecins Sans Frontières (MSF) for assistance.</p>	<p>Follow up with newly relocated refugees: all reported that they are satisfied with being relocated from Village 8 and Hamdayet to Tunaydbah as they have better living conditions and are feeling safe. Concerns expressed include: quick enrolment of their children into schools, continuation of their university studies, prevention of floods during the rainy season, extra tents for adult family members to ensure some private space, psychosocial support for those who have experienced trauma.</p> <p>Home visits to identify PSN and disseminate information about services in the camp are conducted by Alight through 6 community outreach volunteers.</p>
 Child/Youth Protection	<p>Identification of 246 unaccompanied and separated children (UASC) and other vulnerable children, who are received, counselled, and referred as necessary.</p>	<p>Psychosocial counselling services provided to UASC and their foster families by UNHCR and UNICEF.</p> <p>Reunification of 3 children from Hamdayet with their</p>	<p>Ongoing reunification of 118 children with their families from Village 8 and Hamdayet in Um Rakuba.</p> <p>128 UASC have been newly registered.</p>	<p>Work started on a child friendly space by Save the Children, which is expected to open on Sunday, 10 January.</p>

	<p>Reunification of 36 children with their families through the Ministry of Social Welfare, in partnership with UNICEF.</p>	<p>families in Village 8 by the Sudanese Council for Child Welfare (SCCW).</p>	<p>Organization of recreational and sport activities, such as volleyball (approximately 300 boys, and 150 girls playing on a daily basis, and football (630 girls and boys under ten), by UNICEF and SCCW.</p>	
 <p>Water and Sanitation</p>	<p>Trucking of 104,000 litres of chlorinated water per day, by Cooperazione Internazionale (COOPI), benefiting around 7,000 people every day, with UNHCR conducting daily water quality control.</p> <p>Distribution of water purification products and soap to 7800 refugees by UNICEF and SMOH</p> <p>Distribution of 185 dignity kits to adolescent girls and women by Global Aid Hand (GAH) / the United Nations Population Fund (UNFPA).</p>	<p>Trucking of 90,000 litres of water by UNHCR and MSF.</p> <p>Chlorination and latrine rehabilitation conducted by MSF.</p>	<p>Trucking of 90,000 litres of water by UNHCR, using water containers provided by UNICEF.</p> <p>Daily water quality control by SMOH, with the support of WHO.</p> <p>Distribution of 700 dignity kits for women and girls of reproductive age by UNFPA, GAH, UNHCR and COR.</p>	<p>Trucking of 40 litters of water per person per day and conducting water quality check by MSF.</p> <p>Temporary water treatment plant established by MSF, SRC and UNICEF.</p>
 <p>Health and Nutrition</p>	<p>226 medical consultations and 39 psychosocial first aid services, including 43 sexual and reproductive health consultations to women in reproductive age, provision of clean delivery kits to 7 pregnant women, and distribution of contraceptives to 12 women conducted by the Sudanese Organization for Research and</p>	<p>Support to 12 lactating mothers by UNICEF and SMOH.</p> <p>173 reproductive health consultations for women in reproductive age and 171 psychological first aid services for refugees with a focus on women and girls by SORD/UNFPA.</p> <p>Support with clean delivery kits to 4 pregnant women and distribution of</p>	<p>Distribution of 500 dignity kits to women and girls by GAH supported by UNFPA.</p> <p>Support to 26 pregnant and lactating women by UNICEF and SMOH.</p> <p>Vaccinations for 8 children, as well as for 16 pregnant women (against TD) by UNICEF and SMOH.</p>	<p>Health and nutrition services provided to the newly relocated refugees in Zone A by ARC and UNICEF.</p> <p>Provision of vaccines and drug supplies, and therapeutic food for the MSF Holland Clinic in Zone B by UNICEF.</p>

	Development (SORD), with the support of UNFPA.	contraceptives to 144 women by SORD/UNFPA.	Admission of 13 children under 5 for treatment of Severe Acute Malnutrition in the Outpatient Therapeutic Program (9 M and 4 F) by UNICEF.	214 medical consultations conducted in the clinic of MSF-Holland. Main morbidities reported are eye infections, and UTIs.
 Food	Hot meals for new arrivals , including breakfast to around 3,100 and dinner to 4,065 by Muslim Aid with the support of the World Food Programme (WFP).	Distribution of dry-food rations, prioritising PSN , including sorghum, lentils, oil, and salt, as well as high energy biscuits to new arrivals and refugees relocating to Tunaydbah with the support of WFP.	Provision of 2 hot meals per day to those who have not received rations by Muslim Aid, using food and kitchen utensils provided by WFP, who is providing commodities.	Set-up of communal kitchens by Muslim Aid. Hot meals for the relocated refugees are provided by Muslim Aid.
 Shelter	10 Communal shelters were pitched.		A total of 3,573 tents have been pitched in the camp by UNHCR, SRC, IHH, and the Norwegian Refugee Council (NRC).	A total of 1,460 tents were pitched in Zones 1, 2 and 3. and a rub hall for registration.
 Non-Food Items	Distribution to 761 households , including 1,612 individuals by UNHCR and COR.	Distribution to 24 individuals of sleeping mats, plastic sheets, blankets, soaps and jerry cans reaching by UNHCR and COR.	Distribution to 1,305 households of kitchen sets, hygiene kits, turplains, mosquito nets, solar lamps, blankets, soaps, plastic sheets, and mats by Irish Aid, WHH and Concern.	Distribution to 2,464 individuals of jerry cans, sleeping mats, blankets, mosquito nets, tarpaulins, kitchen sets and solar lamps by UNHCR and COR.
 Education			Two primary schools from grade 1 to 8 with students from 6 to 13 years old , operated by NRC. The schools operate in two shifts, using an informal curriculum.	

Urgent needs

Three months on, UNHCR and partners continue to work to meet the growing needs of an increasing refugee population. 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, ambulances, solar power, isolation centres, health staff, medicines, laboratory tests, and medical supplies), food (incl. quality and variety), shelter (incl. durable emergency shelters) and protection response, especially youth protection activities, mental health and psychosocial support and GBV response. 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. There is a dire need of energy especially alternative cooking energy.

Overall, communication with communities on promoting COVID-19 prevention measures, isolation centres, and health and hygiene practices have just started and need more support. Four active of COVID-19 cases highlight the urgent need to enhance these structures both for host and refugee community.

Core relief items, shelter, 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 aids, crutches or cash assistance, currently unavailable at any sites.

FOR MORE INFORMATION PLEASE CONTACT:

Doris Kuen

Associate Reporting Officer,
UNHCR Office in Khartoum
kuen@unhcr.org

Desislava Ivanova

Reporting Officer,
UNHCR Office in Gedaref
ivanova@unhcr.org

LINKS:

[Sudan Data Portal - Twitter](#)