

# Update on Ethiopian Refugees

## UNFPA Sudan Situation Report #2

November 22, 2020



## Situation Update

UNFPA is working alongside partners and UN agencies in responding to the needs of thousands of Ethiopian refugees who have fled the Tigray region and have crossed the border to Sudan since the conflict began in the early weeks of November 2020.

The registered number of arrivals as of 18 November was 31,353 with an average of +2,500 new arrivals per day. The areas and gathering sites are not easily accessible making the movement difficult for refugees and challenging for providing rapid humanitarian assistance.

According to the Commissioner of Refugees (COR) 57% of the arrivals are male and 43% are female while almost half of the arrivals (45%) are under the age of 18 years.<sup>2</sup>

Currently, around 5,300 refugees have been relocated to Um Raquba<sup>3</sup>, with the majority being women and children, as observed by the UNFPA team on the ground. The projection for the camp (as of 18th of November) is to accommodate as many as 30,000 refugees<sup>4</sup>.

UNFPA was part of a joint UN field mission to Um Raquba on 18 November, led by the UN Resident/Humanitarian Coordinator along with UNHCR, UNICEF, and WFP. Thereafter, on 19 November, the UNFPA team proceeded to the Hamdayet Transit Center for needs assessment with a focus on Protection and Sexual and Reproductive Health (SRH) needs of the new arrivals, and the accessibility of quality integrated GBV and SRH services.

---

1 UNHCR, Ethiopian Situation Update #6, 18 November, 2020

3 UNHCR, Ethiopian Situation Update #6, 18 November, 2020

2 Ibid

4 UNHCR Representative, 18 November, 2020 - Um Raquba meeting.



During both the joint field mission to Um Raquba and Hamdayet Transit Center, UNFPA met front-line partners in the arrival and gathering sites who expressed gaps in the availability of medical supplies to provide emergency obstetric care. In addition, accessibility to clinics providing emergency health services is of great concern as the distance between Um Raquba and Doka (the refugee gathering point and referral hospital) is a 40-minute drive. From Hamdayet transit center to Eltehly the distance is a minimum of 2 hours.

The most pressing identified protection needs are psycho-social support, safe gathering spaces for women and girls, hygiene supplies and overall safety and dignity.

## Immediate Response

Between November 4-18, UNHCR and COR recorded 31,353 new arrivals in three different border points (Hamdayet, Lugdi, Abdrafi and other borders). An estimated 7,500 of these arrivals are estimated to be Women of Reproductive Age (WRA, 15 - 49 years), with around 700 currently pregnant and in need of access to ante-natal care (ANC) and safe delivery services for the expected 75 births to take place in the coming month. Furthermore, it is estimated that around 150 GBV survivors may be in need of and will be seeking access to GBV services.

Several sources including the refugee response lead agency, UNHCR, estimate that the expected number of refugees within the next 6 months could reach up to 200,000<sup>5</sup>. Based on these projections, UNFPA anticipates an estimated +50,000 Women of Reproductive Age including 4,533 pregnant women and up to 1,000 GBV survivors over that same period.

UNFPA's current response is focusing on the provision of essential and life-saving Reproductive Health and GBV services.

---

<sup>5</sup> UNHCR, Ethiopian Situation Update #6, 18 November, 2020.



## SRH / GBV Response

Sudanese Organization for Research and Development (SORD) along with UNFPA, and Sudanese Red Crescent/UNHCR are providing essential and complementary services in Hamdayet Transit Center medical clinic and temporary medical facilities.

- The SORD/UNFPA services include the provision of essential SRH medicines and basic supplies, such as treatment for sexually transmitted diseases, contraceptives, clean individual delivery kits to avoid infections in situations of crisis or emergency<sup>6</sup> and mosquito bed nets for pregnant women.
- UNFPA also integrated the services of post rape treatment within the clinic operated by SRC (Sudanese Red Crescent) at Hamdayet transit Center.
- SORD/UNFPA established their services on 18 November and within only one day were able to support a total of 379 pregnant women with antenatal care services. Out of them, 320 pregnant women received clean individual delivery kits which contain basic but essential supplies needed to support hygienic delivery while critical pregnancies in need of basic emergency obstetric care are being referred to the nearest hospital<sup>7</sup> for care.
- Distribution is on-going for 3,000 dignity kits to Lugdi transit center and 1,360 dignity kits to Um Raquba refugee sites. 1,500 dignity kits have already been distributed to Village 8.

---

6 a plastic sheet, a blanket, sterile gloves, soap, a razor blade, and an umbilical cord tie

7 Wadelhelew EMONC facility



# Assessment Findings: Hamdayet Transit Centre & Um Raquba Refugee Sites

## Reproductive Health delivery services

Based on the feedback given by the locality Health Coordinator, two pregnant women have so far been referred to Doka<sup>8</sup> and Eltahely facilities for delivery. The former had a normal delivery while the newborn was initially in a critical health condition but ultimately recovered and they were discharged after 5 days of hospitalization. The latter case at Eltahely facility required an emergency cesarean section. Unfortunately, the mother lost her baby. Since the beginning of the refugee influx, a total of 9 normal deliveries were performed at Hamdayet Primary Health Centre. Deliveries are currently being performed on regular patients' beds as there are no labor beds, and the facility uses only chlorine to disinfect delivery tools, although one of the deliveries was for a woman living with HIV. The health facilities are in acute need for increasing their capacity in order to be able to serve the influx of refugees. According to the health care providers, especially in Um Raquba, the majority of the pregnant women are in their third trimester, meaning they will soon be in need of quality delivery services and care. Health care providers at Um Raquba and Hamdayat clinics were using face masks, temperature is measured at entrance to the facility, however clients were not wearing masks.

---

<sup>8</sup> Doka is 40 minutes away by car from Um Raquba Refugee Sites, and Eltahely is 2 hours away by car from Hamdayet transit centre.



### Psycho-social support:

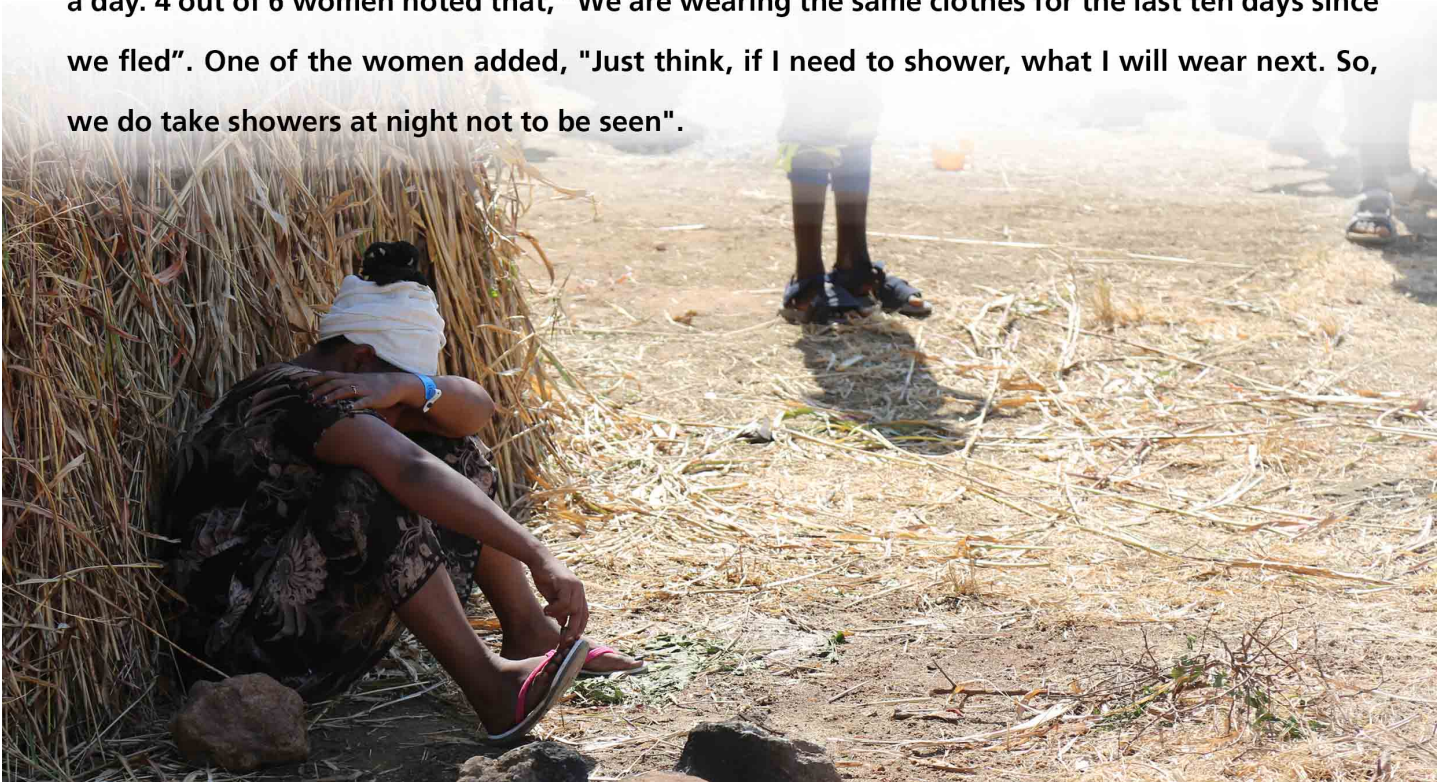
In both Um Raquba and Hamdayet, the options for psychosocial support and GBV case management services are limited. The locations, especially Hamdayet Transit Center, are very remote which provides a challenge for female social workers as there are no options for accommodation or safe transportation means. As a result, there are gaps in skills, availability and candidates for recruiting female social workers. This limitation of social workers is a topic of concern amongst all protection partners and has been echoed during Protection Working Group meetings.

During an interview with two counsellors in Hamdayet Transit center, one of them also voiced that

"It has only been 12 days since the influx of refugees started and I counselled 7 women who are rape survivors, and many more physically abused. This is very alarming to us as more cases remain undiscovered and/or undisclosed."

### Basic needs and protection concerns:

During a focus group discussion at Um Raquba, water and sanitation needs and concerns were very visible and women and girls repeatedly expressed their need for items such as "soap, shampoo, footwear, clothes, undergarments and sanitary pads". One of the women mentioned that she sold her only mobile phone to buy sanitary pads after staying with stained clothes for almost a day. 4 out of 6 women noted that, "We are wearing the same clothes for the last ten days since we fled". One of the women added, "Just think, if I need to shower, what I will wear next. So, we do take showers at night not to be seen".



Talking to some of the men in Um Raquba they expressed their frustration that “you only want to know about women's needs. We also left home in the same situation”. Men’s needs for clothes and basic hygiene items are equally important as they also left their homes with only the belongings they could carry and leaving them out of an equitable response would also create the potential for tension within the communities. The women expressed several additional challenges, including food, nutrition, shelter, sanitation, but also reiterated the need for a political solution that would allow a safe return home.

Safety and dignity concerns were also expressed during the discussion as a 37-year-old woman told us

“Since last night I have been sleeping under the trees. I have two daughters (20 years) and (18 years). I cannot sleep soundly because I fear for the safety of my daughters”.

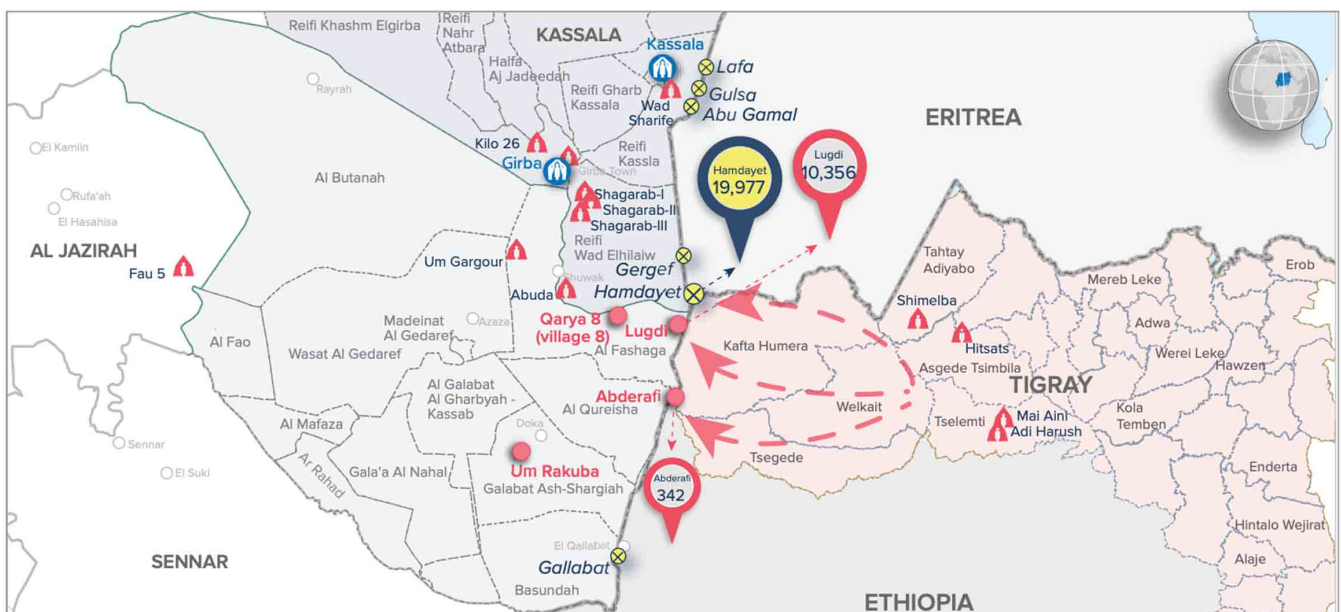
Food distribution is separated between men and women although lines remain very close to one another. Also of concern is the fact that there are very limited latrines and showers and washing facilities are yet to be built. Ensuring gender separation will be critical as well as provision of security lighting for protection of women and girls. There is also no safe space for women and girls that ensure their privacy and gives them a place to support one another.



# Challenges

- In the gathering sites there are gaps in the provision and availability of much needed psychosocial support services especially for women and girls. This is due to language barrier, limited technical skills, and insufficient trained female social workers (especially in the Hamdayet Transit Center).
- Lack of organized protection measures, such as physically separated male and female toilets and shower spaces in both Um Raquba Refugee Sites and Hamdayet Transit Center.
- There are no female-friendly safe spaces for women and girls.
- There is a lack of women's essential items, such as clothes, undergarments, sanitary pads for menstrual hygiene management and soap. Men also lack essential clothes to wear.
- Lack of emergency referral mechanisms, including vehicles and capacity of the referral hospitals with essential human resources, supplies, medical drugs and, crucially, lack of blood bank and anesthesiologist for C-sections as part of comprehensive emergency obstetric and neonatal care.
- While overall capacities at the nearby health care facilities remain poor, the primary health care clinic in Hamdayet<sup>9</sup> has even weaker capacities with no delivery beds nor antiseptic supplies to clean equipments and perform safe deliveries.
- Personal protective equipment stocks are very critical (health staff observed using masks and gloves only) and triaging is not provided. Staff at PHC centers were not using any PPE.

9 To note that this PHC is the first point of referral from the transit/reception area at Hamdayet

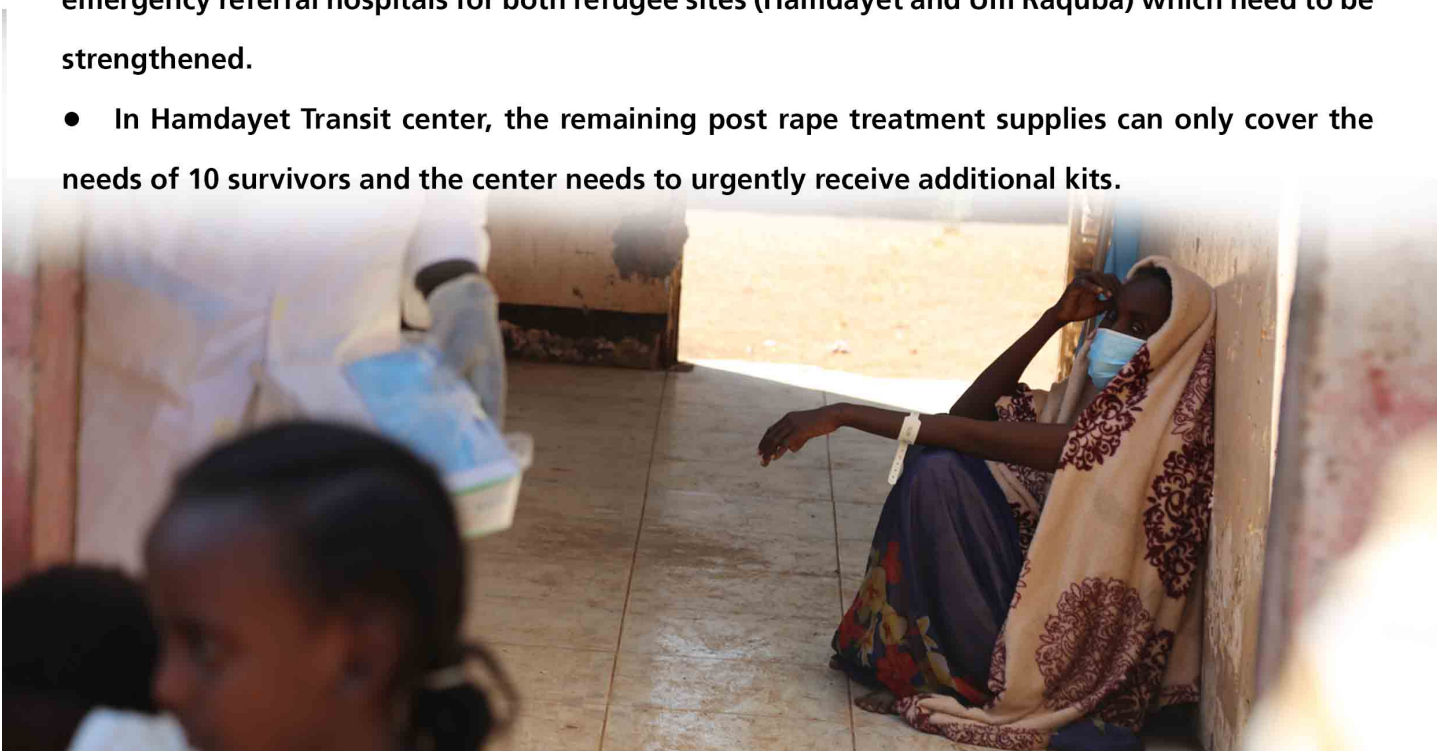


Extracted from UNHCR Ethiopia Situation - Daily New Arrivals Update 18 Nov 2020



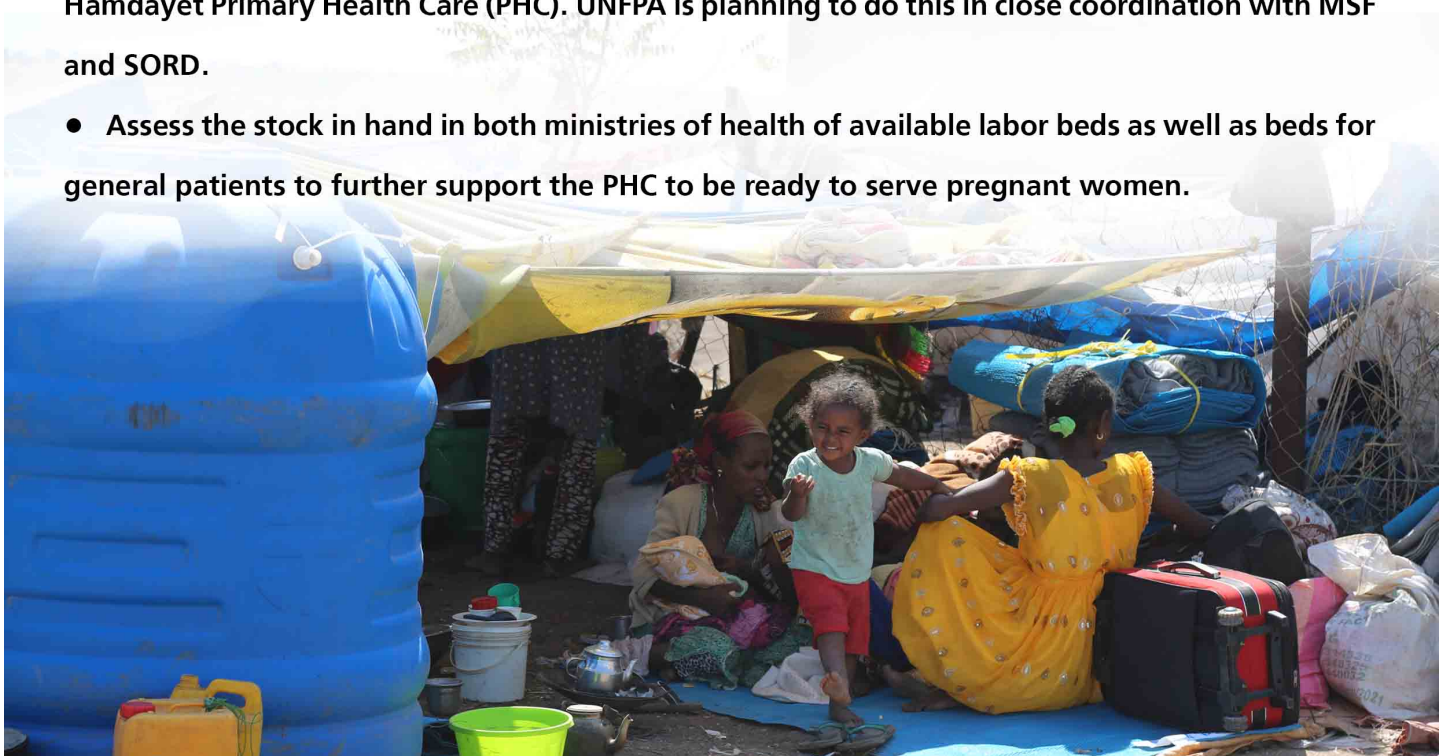
## Identified Priority Needs

- Immediately meeting the needs of women and girls such as providing basic dignity / hygiene kits containing clothing items, sanitary pads, underwear, body and laundry soap, tooth paste & brush to provide minimum dignified lives to women and girls.
- Women and Girls' Safe Spaces are critically needed with culturally appropriate psycho-social support interventions, including enabling women to form their own self-help groups to support each other.
- Capacity building of Doka Health Facility as this is the main referral facility for providing essential health services including comprehensive emergency obstetric and neonatal care, provision of family planning, clinical management of rape, and prevention and treatment of STI and HIV.
- Support health care partners on the ground to ensure women and girls have access to basic health services including: SRH consultations, drugs and supplies for medical care providers, family planning services without any delay.
- Establish a multi-sectoral referral pathway that includes protection of women and girls; and includes health and psychosocial support both within and outside of the refugee sites, along with the system of transportation and freely accessible services from the referral facility.
- In addition, there is a lack of clinical management of rape and STI treatment services in the emergency referral hospitals for both refugee sites (Hamdayet and Um Raquba) which need to be strengthened.
- In Hamdayet Transit center, the remaining post rape treatment supplies can only cover the needs of 10 survivors and the center needs to urgently receive additional kits.



## Next Steps

- Advocacy for concerted efforts to ensure humanitarian partners are sensitized and comply with PSEA (Prevention of Sexual Exploitation and Abuse) framework.
- Establish “Women and Girls Safe Spaces” with psycho-social support programme, skilled staff, volunteers to bridge language barriers, PSS materials, training and develop immediate skills on PFA and PSS.
- UNFPA will continue to strengthen partnerships (currently MSF and Mercy Corps, but also NCA, COOPI and others) to expand the availability and quality of Health and GBV service provision; specifically, UNFPA will equip the facilities with the necessary inter-agency Reproductive Health kits which contain essential medical supplies and equipments for ensuring the minimum initial service package (MISP) for Reproductive Health in crisis.
- Sensitizing health care providers on HIV prevention as well as prevention of mother to child transmission, and establishing linkages and referral with Wadelhelew emergency obstetric care facility is ongoing. The current HIV testing services are supported through SORD.
- Facilitate with the State Ministry of Health to provide HIV counseling and testing, as well as treatment for refugees living with HIV for both Gadarif and Kassala ministries. HIV prevention is integrated as part of the awareness raising associated with the temporary clinic.
- Immediate supply of midwifery kits which includes both consumables and equipment to Hamdayet Primary Health Care (PHC). UNFPA is planning to do this in close coordination with MSF and SORD.
- Assess the stock in hand in both ministries of health of available labor beds as well as beds for general patients to further support the PHC to be ready to serve pregnant women.



- Support to strengthen the nearest referral health facilities from both refugee sites for emergency obstetric and neonatal care and post rape care services,
- Quantify needs for essential SRH medical supplies and identify gaps in Doka, the closest facility to the refugee camps providing comprehensive emergency obstetric care, and all PHC facilities at camps, procure and distribute inter-agency reproductive health kits as required.
- Ensure infection prevention and control measures at Hamdayet Health center, Um Raquba clinics, as well as the nearest referral facilities through provision of IPC training of health care providers and procurement of PPE and disinfectant.
- UNFPA partner Sudanese Red Crescent (SRC) is being supported to expand the provision of SRH services in Um Raquba.
- 1,360 dignity kits<sup>10</sup> will be sent to Um Raquba on 22 November for immediate distribution with support from ZOA international.
- Integration of PSS activities within the existing available partners, such as SRCs and SORD.
- Continuing advocacy to strengthen health service delivery system through SRH service coordination for emergency and obstetric referrals and clinical management of rape.

10 Supporting women and girls with clothes, undergarments, sanitary pads and soap; as well as men with basic needs, such as clothes and hygiene materials



## Funding Gap for Projected Population

For immediate response to priority needs of the current affected populations for a period of six months and as part of the integrated appeal coordinated by UNHCR, which is expected to be finalized and launched within the next few days.

For now, UNFPA will require close to 5 million – this number may increase to some 20 million if refugees continue to arrive as projected by UNHCR.

### **Total of USD 4,680,000**

---

SRH: USD 2,760,000

GBV: USD 1,920,000

### **Reproductive Health intervention (6 months)**

---

Deployment of mobile/temp clinics (seven)	\$ 800,000
Medical supplies & services	\$ 1,500,000
Direct operations costs	\$ 460,000
<b>Sub-Total</b>	<b>\$ 2,760,000</b>

---

### **Gender-based violence intervention (6 months)**

---

Women Girls Safe Space (seven)	\$ 600,000
Dignity Kits	\$ 1,000,000
Direct operations costs	\$ 320,000
<b>Sub-Total</b>	<b>\$ 1,920,000</b>

---

**For more information, please contact:**

Mr. Massimo Diana, UNFPA Representative Sudan, email: [diana@unfpa.org](mailto:diana@unfpa.org)

Ms. Monica Evelyn Sepka, External Relations Specialist, email: [sepka@unfpa.org](mailto:sepka@unfpa.org)