

# Response to the Ethiopian Refugees

## UNFPA Sudan Situation Report #3

December 5, 2020



# Latest Situation Update

- As of December 2nd, 46,412 Ethiopian refugees who fled their country as a result of ongoing clashes in the neighbouring Tigray region, have been registered by UNHCR and COR (the Government's Commissioner for Refugees) in Kassala, Gedaref, and Blue Nile states.<sup>1</sup>
- The initial refugee planning figure is 50,000 but could increase to 100,000 over the next six months if instability in Ethiopia's Tigray region continues.<sup>2</sup>
- Over the past week, the number of refugees arriving has declined to an average of 500 daily at 4 locations along the Sudan - Ethiopia border: Hamdayet (Kassala), Ludgi and Abderafi (Gedaref) and Wad Al Mahi (Blue Nile). Almost half (45%) of all arrivals are under the age of 18, and 43% are women and 57% men.
- Most refugees arrive with no personal belongings, such as clothing or basic items and are temporarily hosted in a transition centre where they are registered, provided with food, water and essential services and then transported to the Um Raquba refugee camp in Gedaref.
- On November 28th, close to 10,000 refugees had been relocated to Um Raquba.<sup>3</sup>
- In Gedaref, refugees are also temporarily hosted in "Village 8" which has partial capacity in providing shelter and basic services. Based on a UNFPA assessment on the 25th of November, the refugees are currently residing in houses built by the Dam authority for evicted citizens and the village consists of around 800 houses with one/two rooms. Most of these houses are in need of rehabilitation.

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1 UNHCR, Ethiopia Situation - Daily New Arrivals Update as of 02 December 2020

3 UNHCR, November 28 Situation Report

2 UNOCHA, November 30: <https://reports.unocha.org/en/country/sudan/>





- COR/UNHCR are considering a new site for hosting refugees in Tonaitba, Mafaza, where UNFPA joined an inter-agency assessment with OCHA, UNHCR, WHO, WFP, UNICEF, IOM, Save The Children and ARC under the leadership of COR. The proposed location in Tonaitaba covers 1 sqkm of flat land supplied with water by a channel from the Blue Nile. The land belongs to the government although some parts are cultivated by the locals.
- UNFPA Sudan is currently in the process of identifying more female counsellors and health workers and has already deployed a senior national GBV female specialist and are looking for the surge capacity for female security officers and experts fluent in Tigrinya language.

## Immediate Response

Based on December 1st figure of 45,689 refugee arrivals, UNFPA estimates that +11,400 of these arrivals are women of reproductive age (WRA, 15-49 years). Around +1,030 women are currently pregnant and in need of access to antenatal care services and an estimated +110 births are expected in the coming month (1,381 in the coming 12 months). In addition, +100 people are living with HIV (PLHIV).



# Sexual & Reproductive Health (SRH)

An estimated +50 women may experience complications over the coming month which require hospitalization and includes C-section, miscarriage or stillbirth<sup>4</sup>. During the reporting period, 17 normal deliveries were performed and out of that 2 cases developed complications and were referred for C-section. RH services will also include clinical management of around 1,800 who are estimated to live with STIs.

UNFPA has so far been able to support implementing partners with a range of life-saving reproductive health supplies and medicines:

- In Um Raquba, Gedaref:
  - 100 pregnant women received clean individual delivery kit supported by UNFPA. The kits were distributed by Mercy Corps (50) and MSF (50) to ensure safe delivery and minimize the risk of deadly infections.
- UNFPA supported Hamdayet Health facility in Kassala, managed by MSF - Holland:
  - 400 pregnant women were provided with a clean delivery. The kits contain basic clean delivery essentials for women delivering at home during a crisis or emergency situation to avoid infections.
  - Clean delivery kits serving 10 midwives with supplies for sterile deliveries which will prevent infection of transmission of infections from mother to child.

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<sup>4</sup> <https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations>.





- Modern contraceptives sufficient for 375 women of reproductive age were provided and will be administered along with family planning counselling.
  - Kit containing treatment of sexually transmitted infections will cover the treatment of 250 patients with sexually transmitted infections.
  - Clinical delivery assistance kit containing reusable equipment to cover the need during normal delivery, which includes delivery sets, suture sets and sterilization kit and 1 clinical delivery assistance kit containing drugs and disposables which will cover the need of 45 normal deliveries.
- UNFPA delivered PPEs (personal protective equipment) to Gedaref State Ministry of Health. This will be distributed at referral level maternal hospitals.
- Wad Elhilwa hospital-Kassala, which is the referral hospital in closest proximity to Hamdayet, has also been supported with reproductive health commodities covering the needs of 105 women who may need caesarean sections and experience pregnancy related complications and/or other obstetric surgical interventions.
  - In Kassala, SORD organization, supported by UNFPA, is providing basic SRH-GBV services through a temporary clinic in Hamdayat reception point. As of December 2nd 3,949 consultations were provided to beneficiaries focusing on Sexual and reproductive health, including antenatal care, family planning, STIs, and referral services in addition to consultations for acute and chronic medical illness. The temporary clinic also provided 786 Psychological First Aid (PFA) and health promotion sessions. 439 (out of the 600 prepositioned) clean individual delivery kits and 150 bed nets were distributed to pregnant women.



# Gender-Based Violence (GBV)

Out of the total population and based on the reporting period, UNFPA estimates that around 230 survivors of sexual violence may seek medical care in the coming month<sup>5</sup>.

The situation across all camps is dire, and there are urgent needs for dignity kits to preserve the dignity for women and girls and also ensure their physical mobility as they are seeking services and assistance. One mother says:

“My daughter is 12 years old and she had her first period 2 days ago. I didn’t have anything for her to use, not even a rag. I took out my only scarf and gave it to her, but I cried so much. My daughter deserves better”<sup>6</sup>

## Response provided so far includes:

- In Gedaref, UNFPA provided 1,360 dignity kits to ZOA for distribution in Um Raquba through community leaders and in coordination with COR and UNHCR.
- In village 8 - Gedaref, 3,000 dignity kits were distributed by ZOA and in coordination with COR and UNHCR.
- In Hamdayet reception centre, Kassala, 4,000 dignity kits were provided by UNFPA to be distributed by Plan Sudan in coordination with COR and UNHCR.
- UNFPA prepositioned post rape kits in Hamdayet reception to ensure availability of services when needed. On the 24th the health facility was visited by a survivor in need of urgent care, and as the kit was already available, the survivor received proper medical care within the treatment window period (72hour).
- UNFPA, through a temporary clinic established in Hamdayet, is providing psychosocial first aid services and GBV awareness sessions to refugees with focus on women of reproductive age (WRA).

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<sup>5</sup> Ibid

<sup>6</sup> Refugee in Hamdayet on November 21st.





# Sexual Exploitation and Abuse (SEA)

Lastly, UNFPA considers it essential to enforce zero tolerance for sexual exploitation and abuse amongst partners working in the refugee's reception points and has in that regard built on a training which was provided to implementing partners last year to ensure principles will remain clear and updated during the continuous influx of refugees. Deployment of a surge SEA officer is currently ongoing in full coordination with UNHCR and partners.

## SRH and GBV Needs and Challenges

Maternal and neonatal mortality and morbidity are some of the most common consequences resulting from the lack of EmONC services (emergency obstetric and newborn care) and needs are high as shown by this example:

"I lost my third baby today; I gave birth all alone. I knew I had a medical problem, but no one was there to translate what I am saying, no one understood. I lost my baby just like I lost everything else in this war"<sup>7</sup>

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<sup>7</sup> Mentioned by woman who lost her baby due to limited referral capacity to treat complicated cases and language barriers (Gadaref).



# Sexual & Reproductive Health Challenges:

- Primary health care providing reproductive health services needs to be strengthened across all levels. This includes supplies, medications and equipment.
- Village 8 has one primary health care centre (with one medical assistant) and a temporary clinic managed by refugees' health care providers (voluntary). This temporary clinic is in need of complete rehabilitation as well as basic equipment and supplies. Gedaref Ministry of Health is supporting this clinic by providing basic emergency drugs, but not enough. Diagnostic equipment is not available in village 8. One doctor mentions: "we are doing the best we could with what we have, the most important thing is that we are here to serve the ones in need".
- There is an urgent need for temporary clinics in underserved sites to ensure access to quality lifesaving medical services particularly in village 8 and Um Raquba.
- Based on UNFPA assessments and other health partner assessments, treatment protocols of common illness must be disseminated among all health care providers working in camps/receptions to ensure adherence to management protocols as well as the efficient use of medical supplies.
- Referral protocols, pathways and mechanisms are in general not clearly identified, which may overwhelm the host community's already weak health system.
- A recently delivered woman mentioned "I am so lucky to have found medical care, I was worried that I might lose my baby or lose my own life, I hope no one goes through what we are going through now".
- Overall shortages in health care professionals including the need for capacity building on SRH is needed. This is essential to ensure quality care is provided, i.e., family planning, syndromic management of STIs and clinical management of rape.
- Community awareness sessions as well as distribution of awareness materials in local languages.





# Gender-Based Violence Challenges:

- Lack of both availability and skills of social-workers and counsellors, including challenges with the remoteness of camps and language barriers. This will impact the provision of GBV services. In some locations I.e., in village 8 the only GBV service available is awareness raising.
- GBV - referral systems are not well established and therefore no clear guidelines are in place for referring survivors of GBV. To establish/strengthen the referral system UNFPA and inter-sectoral partners are working on mapping the GBV services available in Hamdayet, Um Raquba and Village 8. In addition, the establishment of the working groups and subsector groups, which are expected to be in place next week across all camps and meant to further support the referral system.
- Need for the establishment of Women Centre/ space for advanced counselling, awareness raising, PSS and GBV case management services,
- Need for establishment of community protection groups within the refugee's sites,
- Continue distribution of Dignity Kits to cover the urgent need of women and girls in reproductive age.
- Community based awareness programs are critically needed to prevent further GBV.
- Capacity building for social workers with a combination from Sudanese and Refugees (for increased social cohesion and supporting women),
- Distribution of IEC materials in local languages.
- To design GBV programme, there is also a critical need to capacity mapping of each refugee sites to identify local assets to support psychosocial services, referral and community-based protection network activities.



## Inter-agency technical mission to proposed new camp, Tonaitba, Mafaza:

Most present needs discovered from this mission, are comprehensive medical facilities as the health clinic in Tonaitba East has been damaged by floods and is non-functional. The services provided are enough to cover for an average of 25-30 patients and mostly treat common illnesses such as malaria, typhoid, diarrhoea, respiratory tract infections and gastritis in addition to malnutrition. All cases other cases are referred to Almafaza and Alfaw hospital which are 23 and 75km in distance away.

### There is a need for:

- Lab technicians, pharmacists, counsellors and trainings.
- Most supplies for SRH are needed including an ambulance.





## Next planned response interventions

- Supporting SRH-GBV service provision; by procurement and distribution of supplies to health facilities in camps, reception points and referral hospitals expected to serve the refugees.
- UNFPA will support other health partners on the ground with supplies including emergency reproductive health kits, tents and midwifery kits.
- Distribution of additional 18,000 dignity kits to all sites to respond to the urgent needs of refugees and ensure women's needs are accounted for.
- Support deployment of additional temporary clinics to provide lifesaving SRH- GBV services particularly in Village 8.
- Supporting the referral pathway in Um Raquba and Village 8 and Hamdayet to ensure timely access to life saving SRH-GBV services.
- UNFPA is planning to establish women centres in Hamdayet and Um Raquba for women and girls to provide a safe entry point for services and a place to access information. These centres also offer them an opportunity to engage with each other, exchange information, and rebuild community networks and support.
- Capacity building of health care providers by providing trainings in various SRH-GBV topics including in-service trainings, CMR, STIs, FP as well as GBV prevention and response trainings.



# Funding Gap for Projected Population

UNFPA will require close to 5 million – this number may increase to some 20 million if refugees continue to arrive as projected by UNHCR. This amount is included in the integrated appeal issued by UNHCR on November 24th.

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## UNFPA Sudan Updates on the Response to the Ethiopian Refugees:

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Situation Update #1 November 3, 2020

Situation Update #2 November 22, 2020

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