JOINT INTER-AGENCY-GOVERNMENT REPORT
OF GOLO
MISSION

8-13 DECEMBER 2016
EXECUTIVE SUMMARY

A joint inter agency - Government of Sudan humanitarian assessment mission was conducted to Golo town in Central Jebel Marra (CJM) Locality between 8th and 13th December 2016. The mission was requested by the Humanitarian Coordinator/United Nations Resident Coordinator (HC/RC) as a follow up to a previous scoping mission to Golo led by the Deputy Humanitarian Coordinator (DHC) in August 2016. Government participants came from Khartoum and Zalingei while participants from humanitarian organizations came from Zalingei, Geneina and Nertiti. The team was led by Badr El Din Abdallah Mohammed Khair, HAC, and co-led by Felix Omunu, OCHA.

The assessment covered the following sectors: food security and livelihoods (FSL), water, sanitation and hygiene (WASH), health, education, non-food items (NFIs), return, recovery and reintegration (RRR). The methodology of the assessment included key informant interviews, focus group discussions, observation and review of secondary sources of information.

According to the local authorities, over 80 per cent of the estimated 148,000 people who were displaced from the CJM locality have already returned to their areas of origin. There are however some 10,000 Internally Displaced Persons (IDPs) in Golo who are yet to return to their original homes in the villages according to Government sources. The mission was not able to verify the mentioned population figures.

The government provided assistance to the population in Golo during their displacement as well as after their return. To address their urgent humanitarian needs including food, non-food items, health, water and sanitation, the government implemented a six-month response plan. As a follow up to the government’s response, this mission is tasked to assess the situation and to come up with recommendations to deal with gaps (if any).

The mission highlighted some gaps in the different sectors covered by the assessment. In FSL, the returnees missed the planting season since they were in displacement. Therefore, urgent assistance is needed to cover food insecurity concerns of the population including those that are expected to return soon. In WASH, the Government has rehabilitated existing water sources and installed new water sources thereby increasing access to safe water. In health, the situation is under control with no epidemic or major disease outbreaks reported. The hospital has received considerable support in terms of medical cadres, equipment and drugs. However more assistance in terms of drugs and equipment is needed to ensure the smooth running of Golo hospital, the only health facility available in CJM Locality. In education, basic and secondary schools are functioning; however, large average class sizes and inadequate education materials were highlighted as the main challenges.

Although the mission’s main focus was to assess and address the humanitarian needs, it would be crucial to link humanitarian assistance to recovery and development. By doing so, intervention policies that deal with recovery and development concerns could be adopted while taking into account the urgent needs of the affected communities.

In light of the above, the mission made specific recommendations to address the challenges identified in the respective sectors:
Short term (1-6 months)

- Addressing urgent needs of the population specially the provision of food, non-food items and medical support to the recently returned population to sustain their families at least up to the coming agricultural season.

Medium term (1-2 years)

- Focusing on recovery interventions, while also addressing the residual humanitarian needs identified.
- In-depth needs assessment in the locality covering villages outside Golo town to comprehensively determine needs of communities in CJM locality.

In education:

- Building new basic and secondary schools and also holding more classes in the existing schools
- Provision of learning materials and increasing the number of teachers.

In health:

- Rehabilitation and equipping of Golo hospital to improve its capacity to function effectively.
- Provision of equipment
- Training employees and recruitment of new well trained cadres.

In WASH:

- Building of at least 3 new big solar stations as well as 10 hand pumps in remote areas to facilitate access to water.

In food and livelihood:

- Supporting agricultural production (through provision of seeds and tools) and marketing of agricultural produce.
- Improving physical access of CJM locality through rehabilitation of Golo-Nertiti road and reactivating WFP managed United Nations Humanitarian Air Services (UNHAS) flights to Golo.

Long term (2-5 years)

- Supporting community’s primary agricultural activities by providing service to improve the production; building of dams for water harvest and storage, improving the planting and harvesting techniques for farmers as well as packing and marketing.
- Constructing a paved road to link Golo to El Fashir and Zalingei.
- Strengthening the human resource capacity in key Government departments to support recovery and development interventions.
1. INTRODUCTION

Golo town is the capital of CJM locality in Central Darfur State. Since the government launched an operation in the Jebel Marra region in January 2016, a number of people were reportedly displaced from Golo town and the surrounding villages to different areas including South Darfur, North Darfur and other places of Central Darfur including Gildo, Thur, Nertiti and Zalingei. However, according to the Locality Commissioner, majority of the displaced people have since returned to their homes in Golo town and surrounding villages, while others continue to return on a daily basis.

In May 2016, the Government of Sudan launched a six month plan to stabilize the situation in Jebel Marra and support recovery efforts in the area. The plan aimed at improving the security situation and restoring basic services in the area. Implementation of the plan is currently ongoing.

In August 2016, the DHC led a joint United Nations-Government scoping mission to Golo. One of the recommendations from the DHC mission was to conduct a technical assessment across all sectors to inform response to humanitarian and recovery needs in Golo. This mission was a result of a request by the Humanitarian Coordinator/United Nations Resident Coordinator (HC/RC) of Sudan to address the recommendation made by the DHC mission. The purpose of the mission was to conduct technical sector assessment to identify current needs of communities and make appropriate recommendations. As part of the mission, an inter-agency team of humanitarian personnel from Zalingei, together with government officials from line ministries in Khartoum visited Golo between 8-13 December to conduct technical assessment of humanitarian and recovery needs in the area (see list of participants in annex 1). The assessment team was later joined by the Humanitarian Coordinator and the Federal Humanitarian Aid Commissioner General who flew in to Golo town on a half day mission.

2. SECURITY AND ACCESS

During the time of the mission, security situation in Golo town was stable. According to the local authorities, this is attributed to the government commitment to bring peace and stability in the whole of Jebel Marra region. The assessment team was encouraged to drive/move freely in town without any armed escorts. The team also visited the town center including the market area and observed people moving and transacting business normally.

Physical access is difficult due to the bad condition of the road and the rocky mountainous terrain. A lot of impediments delayed the movement of the mission including frequent breakdown of the UNAMID APCs, tyre punctures, constricted and narrow passages and overheating of the vehicles after running on extremely reduced speed for long time. As a result, the team had to stay overnight at Guldo.

In rainy season, the numerous wadis (streams) that cross the road make it nearly impossible to access Golo by road. During the mission, the team had to spend a night on the road before reaching Golo. The road condition is a key constraint expressed by communities, local leaders and locality government to the development of Golo.
Golo can also be accessed by air. There are two helipads in Golo town which can be used for helicopter transport. The helipads were used by the WFP managed United Nations Humanitarian Air Services (UNHAS) several years before the flights were suspended. During this mission, UNHAS made their first flight to Golo in several years, to bring in the HC/RC and HAC Commissioner General. It takes just about forty five minutes from El Fasher to Golo by helicopter.

3. POPULATION MOVEMENT

According to the Locality Commissioner, the population of CJM locality was about 148,000 prior to the displacement that happened this year, with the population of Golo town alone estimated at 60,000. During the conflict, majority of the people were displaced from their homes to other parts of Central Darfur including Golo town, Thur, Gildo, Nertiti, Zalingei. Some people were displaced to North Darfur and South Darfur States. At the time of the mission, the Locality authorities estimate that over 80 per cent of the displaced people have returned to their homes in Golo town and other surrounding villages. The HAC mentioned that an estimated 10,000 people still remain displaced in Golo town and are yet to return to their villages.

4. SECTOR FINDINGS AND RECOMMENDATIONS

4.1 Food Security and Livelihoods (FSL)

The assessment team held two focus group discussions with two groups of local residents (25 women and 20 men). The residents reported that although the rain fall in this season was better compared to the last season, crop production was less compared with the last year. The reduction in crop production was attributed to the smaller size of crop land cultivated compared to the previous year due to the long time people spent in displacement and due to the effect of crop pests that affected production.

Residents mentioned that they have access to Golo market, the only market functional in the whole of CJM locality. However, residents mentioned that there is inadequate supply of food available in Golo market especially cereals. The main source of food is Gildo and Nertiti markets. However, the bad condition of the road makes it difficult to move supplies including food to Golo. As a result, food prices are reportedly very high beyond the reach of ordinary residents. For instance, a 90kg bag of millet is sold at Sudanese pounds (SDG) 500. A number of households mentioned that they cannot afford to buy food from the market.

WFP distributed a one-month Emergency General Food Distribution (E-GFD) in October 2016 covering 25,564 Internally Displaced Persons (IDPs) and returnees in Golo town. The food was to last for only two weeks. Residents also mentioned that Government distributed food to some returnees (numbers unknown) in May 2016. The amount of food distributed was clearly not able to cover all the needs. To cope with the food shortage, families borrow from friends and relatives, decrease number of meals consumed in a day, use forest products, while others allow children to eat first.

Some people managed to do some limited cultivation. The main crop types include millet, sorghum, orange, apple, okra, tomatoes, garlic, onions, beans and ground nuts and Beekeeping.

Recommendations
- General food distribution to new returnees and IDPs in Golo town.
- Provide agricultural inputs including seeds and tools to boost crop production.
- Strengthen extension services to communities.
- Rehabilitation of the Nertiti-Golo road to encourage marketing (transportation of produce to markets outside Golo and shipping of supplies to Golo). Some of the road sections could be rehabilitated by local communities through food for work initiative.
- Capacity building of farmers’ organizations and associations to allow them access micro finance.
- Provision of food processing projects for women groups (food for asset creation).
- Implementation of early recovery programmes including Food for Assets (FFA), Food for Education (FFE) and Farmer to Market (F2M).

4.2 Water, Sanitation and Hygiene (WASH)

4.2.1 Water Supply: According to the Locality Commissioner, a bigger portion of the population in Central Jebel Marra Locality lives in Golo town. In Golo town there are 14 hand pumps, one mini water yard and 12 open dug wells. The Government Water, Environment and Sanitation (WES) department has kept the 14 hand pumps functional, improved the existing mini-water yard, installed a solar system (hybrid system) and upgraded one hand pump to a mini-water yard, powered by solar system. There are now two motorized water systems in Golo which are serving a total of nearly 7,000 people. Although water coverage is generally good in Golo town, some sectors in town are still underserved. Households in such sectors drink water from unprotected sources.

There are no water supply sources in 4 of the five basic schools as well as secondary schools in Golo town. The schools mainly use water which is transported by donkey carts. According to WES, outside Golo town, there are efforts aimed at extending provision of safe water to 56 out of the 85 villages in the Locality. The mission however did not cover the villages outside Golo town.

Recommendations

- Drill and install a new motorized system in the southern part of Golo town.
- Drill additional six hand pumps to cover underserved neighbourhoods.
- Provide and install one elevated tank at Aljami mini-water yard in Golo town.
- Continuous monitoring of water quality and provision of water quality laboratory in the long term.
- Provide water in all schools, preferably through connection and installation of storage tanks.
- Improve drainage control and sanitation at the hand pumps.
- Reactivate and capacitiate water committees and ensure proper management of all water sources.
- Monitoring and reporting system needs to be improved in order to timely respond to maintenance demands.

4.2.2 Sanitation & hygiene: Generally, no open defecation was observed in Golo town. The latrine coverage is estimated at 70 per cent according to WES. However, no comprehensive
latrines assessment was conducted to determine the exact gap of latrine coverage. The schools do not have adequate latrine coverage, while school latrines that are available are all below standard without any separation for boys and girls. No flies and mosquitoes were observed. However, poor solid waste management was observed in the market area. Although an incinerator is available at the main hospital, improper treatment of medical waste in the incinerator was observed.

Personal hygiene of children is generally poor. The general cleanliness of water jerry cans observed at water points is moderate and most of the water containers are in good condition. There are no regular hygiene promotion activities ongoing.

**Recommendations**

- Conduct a further latrines assessment.
- Expand and scale up sanitation coverage.
- Establish solid waste management system in the town with a focus on the market area. Support of the Environmental Health Directorate in the State Ministry of Health is required in this.
- Strengthen inter-sectoral (education, health, WASH) hygiene promotion and Communication for Development (C4D) activities in Golo town.
- Establish adequate and gender sensitive school latrines in the schools in Golo town.

**Other long term recommendations**

- State/locality government to recruit and deploy long term WASH technical staff.
- Protection of solar systems especially in areas away from the town centre.
- Given the complex nature of groundwater aquifers in Golo, geophysical surveys should be prioritized prior to drilling.
- In the long term, surface dams could be explored as an option of artificial recharge inside Golo town.

**4.3 Health**

Rehabilitation of Golo hospital by the Ministry of Health (MoH) was on-going during the time the mission visited. So far two wards, a laboratory, a pharmacy and a delivery room have been rehabilitated. In addition, Zain Telecommunications Company provided anaesthesia machine, electricity generator and some surgery equipment. The equipment is yet to be installed.

There are 2 Medical Officers at the hospital (one was on leave), 2 Medical Assistants, 4 trained Nurses, 35 Midwives (15 employed by MoH while 20 are volunteers), 7 Nutrition Assistants (5 employed by MOH and 2 volunteers), 1 Vaccinator and 10 support staff. Patients have to wait for 2-3 hours to receive treatment due to shortage of staffing.

Golo hospital is the only health facility functioning in the locality. There were other health facilities in the nearby villages but they are not functional since the security situation deteriorated. According to the Federal Ministry of Health, there is an expansion plan for the health facilities around Golo (in Kiling, Baryary and Bory) administration units to rehabilitate 3 health centers. However, implementation has not yet started.
The hospital provides consultation, medication, pediatric treatment, nutrition response, minor surgeries and vaccination through campaigns. According to the hospital records, the average number of out-patients is 100 per day during ordinary days. However, during market days, the average out-patient number increases to between 150 to 200 patients per day.

The main causes of morbidity in CJM locality are seasonal diseases such as malaria, respiratory infections, diarrheal diseases, bilharzia and malnutrition according to the Medical Doctor at Golo hospital. The mortality rates are however low according to Golo hospital records. Vaginal bleeding and obstructed labour are the major causes of referral.

4.3.1 Gaps in Golo hospital:

- Poor structures of the nutrition section, pediatric ward and general theatre. The sewerage system and water supplies network need major repairs.
- There are some beds in the wards but they are not enough for all the patients.
- The laboratory was rehabilitated recently but there is no equipment for laboratory to do proper tests and diagnosis.
- There is one room at the rehabilitated portion identified to be the pharmacy. However, due to unavailability of a Pharmacist, it is not functional.
- To maintain proper temperature for specific medicine, there is no cold chain system available in the hospital.
- An incinerator for medical waste is available in the hospital but it requires rehabilitation. The incinerator is also poorly used- the assessment team observed some medical waste disposed outside the incinerator.
- There is no supplementary feeding program for the MAM cases.
- There is no stabilization center at the hospital.
- There is only one Out Patient Therapeutic (OTP) center at the hospital to manage acute malnutrition in the whole of Central Jebel Marra locality. There is shortage in RUTF for the treatment of children with malnutrition.
- The Medical Officer reported that shortage of medicine is a major problem. The last supply of medicine was received nearly 3 months ago. Medicine for malaria is only available for <5 children. After the doctor’s prescription, adults have to purchase medicine from the market.
- In case of any outbreak such as cholera, there are no kits available for treatment.

4.3.2 Recommendations

- Completion of rehabilitation and equipping of Golo Hospital. The theatre, laboratory, pharmacy all need to be equipped.
- Recruitment of staff to be deployed at the hospital. Some of the critical staff to be recruited includes Laboratory Technicians and a Pharmacist. Training of staff is also recommended.
- Rehabilitation of health centers in the main villages surrounding Golo town to reduce the burden on the hospital and to bring medical services closer to the people.
• Establishment of a stabilization center in Golo hospital. According to the nutrition records in the hospital, there is an urgent need for a stabilization center.
• The OTP program in Central Jebel Mara locality should be scaled up through establishment of new OTPs in the main villages. Findings of the nutrition survey that was conducted should be shared by the nutrition.
• There is need to ensure regular supply of drugs to the hospital to avoid drug stock out as this is the only hospital available in the locality.
• Cold chain needs to be established in the hospital.
• Solid waste management system needs to be established in the hospital. In addition, the available water supply network in the hospital should be improved.
• Public health promotion through community awareness and building capacity of local committees.
• Provide orientation to the medical staff on proper use of the incinerator.

4.4 Emergency Shelter and Non-Food Items (ES/NFIs)

According to HAC estimates, nearly 60,000 people have returned to their original homes in Golo town over the past few months. HAC mentioned that some 10,000 IDPs still remain in Golo town and are waiting to return to their villages in the coming days. The IDPs are living with relatives and friends in the town.

In June 2016, UNHCR in partnership with Sudan Red Crescent Society (SRCS) distributed NFIs to 3000 families (estimated 15,000 people) in Golo town. Each family received one packet of NFI kits which contained 1 blanket, 1 jerrycan, 1 sleeping mat and 1 plastic sheet.

4.4.1 Recommendations

• Registration of IDPs and returnees in Golo town and surrounding villages to provide accurate figures to inform response.
• Assessment and registration of vulnerable groups that need to be supported with NFI kits.
• Targeted distribution of NFIs to new IDPs who are reportedly still arriving Golo from the Southern villages.

4.5 Education

There is one mixed (boys and girls) high secondary school with a total of 400 students. The school however does not have enough classrooms- it needs additional three classrooms.

The assessment team also visited the two basic schools in Golo town and noted the following gaps:
• The average class size in the two schools is 140 students per classroom. This does not provide a good learning environment for students.
• The latrines in both schools are not separated for boys and girls.
• In El-Sadaga School, there are no sitting facilities for students. Government however provided school chairs to El Um School.
• There is no school feeding program in both schools.
• Lack of WASH facilities including water points and hygiene promotion in both schools.
• There are 14 government teachers available in El Sadaga School.
4.5.1 **Recommendation:**
- If necessary conduct an in-depth education needs assessment not only in schools in Golo town but also in schools outside Golo town.
- Conduct hygiene promotion activities in schools to orient children in good hygiene practices.
- Establish school feeding programme in schools in Central Jebel Marra locality.
- Provide sitting facilities in schools.
- Provide educational materials to boost learning.
- Rehabilitation of school classrooms and construction of new classrooms in schools that have needs.

4.6 **Return, Reintegration and Recovery (RRR)**

HAC mentioned that nearly all the 148,000 people who were displaced from the Central Jebel Marra have returned to the locality. They were displaced to Nyala, Zalingei, Gildo, Thur and Kebkabiya. According to HAC, nearly all the people in Golo town were displaced during the recent conflict. However, at the time of this mission, HAC estimates that nearly all the Golo residents (estimated at 60,000) have returned. HAC however mentioned that some 10,000 IDPs still remain in Golo town and are waiting to return to their villages in Koron, Serimam, Longa, Dorsa, Sorong, Kiling, Kero, Zebona, Sega, Balfal, Ternga, Burey and Kela in the coming days. Interviews with some community members in Golo town however indicate that over 45 per cent of the current population in Golo is not originally from Golo. This means that there could be more IDPs in Golo town than the estimated 10,000. There are also unverified reports that new IDPs keep coming from the Southern villages of Golo due to insecurity.

The remaining estimate of 68,000 people is believed to have returned to their villages in other parts of the locality according to the locality authorities. They mentioned that the two villages of Koron and Sirisam have witnessed limited return due to security concerns.

A major challenge is that there has not been any kind of registration of IDPs and/or returnees in Golo town and in the villages of the locality. Without registration, the population figures mentioned above remain as estimates since they have not been verified. The assessment mission though notes that the number of people in Golo town is higher compared to that of the previous mission in August 2016. However, it was not possible to distinguish how many returnees and IDPs constitute the current population in Golo. Golo market is functioning and the number of shops has increased considerably.

In addition to sectoral gaps that are highlighted by other sectors, the RRR sector notes the following gaps that should be addressed to support recovery efforts:

- Lack of clarity on the numbers of IDPs and returnees in Golo town and the surrounding villages. This affects planning for recovery and durable solutions of IDPs.
- Human resource gaps in some of the critical departments of Government - eg Agriculture, Education and health.
- Limited partnership opportunities due to absence of United Nations (UN) agencies and Non-Governmental Organizations NGOs. Only SRCS is present in the area.
• Poor infrastructure—e.g. roads, communication facilities and accommodation limit the movement of personnel to Golo. The poor state of the road also limits the movement of supplies to Golo and agricultural produce from Golo to markets outside the locality. This affects trade and marketing in the locality.

**Recommendations**

• Registration and verification of IDPs and returnees in Golo.
• Once the numbers are determined, a comprehensive response plan should be developed for both IDPs and returnees.
• Rehabilitation of Nertiti-Golo road to improve access to the locality.
• Reactivate the WFP managed UNHAS regular flights to and fro Golo to encourage regular and easy travel to the locality.
• Emergency food distribution to new IDPs who are fleeing to Golo.
• Rehabilitation of former Danish Refugee Council (DRC) guest house to accommodate visitors coming to Golo.
• Conduct a follow up in-depth assessment in the locality covering villages outside Golo town to comprehensively determine needs of communities.
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