This Report is a product of Inter-Agency Assessment mission conducted and information compiled based on the inputs provided by partners on the ground including; government authorities, affected communities/IDPs and agencies.
Background:

- The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in Central Darfur informed by UNAMID on 12 June that 800 HHs displaced from North Jebel Marra locality to Sabanga village (N 13 15 04, E 24 19 30). OCHA immediately discussed with the Area Humanitarian Country Team (AHCT) to conduct a rapid needs assessment to inform response. Subsequently, OCHA requested the Humanitarian Aid Commission (HAC) to facilitate the mission between 26 June - 1st July through Nertiti. The mission departed Zalingei on 26 June and arrived Sabanga on 28 June. Upon arrival the team met with SAF commander, IDP leaders and conducted the assessment. The security situation was observed to be calm during the assessment mission. North Jebel Marra locality is difficult to access because of its geographical position. The area does not have all weather roads which makes it difficult to access during the rainy season from July, through September. However, the road to Sabanga is an exception since UNAMID had levelled the road just before the rains started, facilitating movement between Golo and Rokero. UNHCR, WHO and WFP usually preposition NFIs, emergency drugs and food for emergencies in June of each year to cover the rainy season. Regarding UXOs, the road was safe with no incident involving UXOs being reported though sporadic clashes between SAF and SLA-AW occur from time to time on the road between Sabanga and Golo, so far, with no effect on humanitarian operations. Some INGOs in Golo indicated that they are facing difficulties to obtain permission from Military Intelligence (MI) office in Central Jebel Marra to access Sabanga village which is administratively in North Jebel Marra locality. OCHA committed to discuss access impediments with HAC.

- HAC was very cooperative in facilitating this mission, the team visited the targeted area without any obstruction. The communities and local authorities were also cooperative and allowed the assessment team to work without interference. There was no threat that was observed that could hinder humanitarian workers from delivering assistance to the IDPs.

1- Mission Participants:

- The Inter-Agency Assessment Mission took place from 26 June - 1st July 2019. Participants comprised staff from UN (OCHA, UNICEF, WFP, UNHCR, WHO and IOM), INGOs (SCI, NEF, DRC, IRW, TGH and WR,) line Ministries (SMoA, WES and HAC). On 28 June, the team visited Sabanga village in North Jebel Marra locality, but it is easily accessed from Central Jebel Marra Locality, about 15 km north east of Golo.

2- Mission objectives:

- To conduct humanitarian needs assessment in Sabanga, monitor population movements, identify existing resources and capacities of the IDPs and determine type of humanitarian response to meet immediate needs.

- To open and pave way for extending humanitarian operations in North Jebel Marra locality.

- To enhance the coordination among humanitarian agencies in IDP responses in North and Central Jebel Marra localities.
3- Methodology:

- The below findings are based on information collected during individual consultations & group discussions held with community leaders and individual IDPs (direct interviews with men, women and children) and through observations by team members. House to house population verification was conducted, allowing heads of families to tell the assessment team the number of individuals in their families/shelters. It is important to note at this stage that, the team only registered the present members of each families not depending on estimates given by the IDP leaders, immediate IOM’s biometric registration and verification is necessary to confirm the numbers. Then the team divided into sectors to gather information on their respective sectors. After gathering the information, the team used debriefing sessions to cross check information.

4- Key findings:

5.1 Population movements and affected areas

- Community leaders and interviewed individuals confirmed that IDPs arrived in Sabanga between 25 May and 1st June 2019 due to the insecurity in their home villages, according to them, elements of a peace signatory rebel faction (Alfuka) which was recently integrated into RSF attacked their villages of Hilat Ahmed, Krakola, Arrow, Faradolow, Targay and Omu in North Jebel Marra locality in May 2019. These villages are located under the control of SLA-AW, 3 to 10 Kms North and North East of Sabanga gathering site. Because of these attacks, many people fled to Sabanga IDPs gathering site seeking protection while others fled to Saratony in North Darfur State. Total population of the above-mentioned villages prior to the disaster was estimated by community leaders at 5,000 people. The number of IDPs that sought refuge to mountains is not known because of access constrains.

- During the verification, the team registered 2,781 people (366 HHs) as genuine IDPs most of them are women and children (IOM will share the disaggregated data). They stated that they have no plan to return to their original villages yet nor plan to relocate from their current location till security situation improves. They prioritized their needs in Water, Food, Health and Education. The IDPs will continue to require humanitarian assistance until they receive assistance to support development of more sustainable livelihoods or return to their areas of origin.

- Sabanga is an abandoned village located have way between Golo and Rokero towns was affected by conflict between government troops and Sudan Liberation Army led by AbdulWahid Elnour (SLA-AW) in 2004 when all Sabanga residents fled to North Darfur, Golo and Zalingei. The new IDPs stated that the leaders of Sabanga who currently live in Rokero accorded them land to establish shelters close to the ruins of the old villages. No overcrowding or tension among the IDPs over land tenure was observed since all of them are from one tribe (Fur).

- IDP leaders reported that 511HHs, after receiving NFIs from DRC, moved from Thurrajeow to Sabanga on 23 May 2019, but the team did not verify the information because of the limited time
spent on the ground. UNHCR, however, managed to conduct quick post-monitoring assessment for NFIs which were distributed to IDPs who relocated from Thurrajeow to Sabanga.

- No operational partners on the ground during the mission. Thus, operational organizations in Golo in Central Jebel Marra are well positioned to provide humanitarian assistance to Sabanga, these include Danish Refugee Council (DRC), World Relief (WR), Islamic Relief Worldwide (IRW), Near East Foundation (NEF), International Medical Corps (IMC), Save the Children International (SCI) and Catholic Relief Service (CRS).

5.2 Camp Management Camp Coordination (CCCM)

- Sabanga IDP gathering is self-organized, was not planned, it is located in high ground, can host more 6,000 people without overcrowding. The IDP leaders stated they are expecting more people to come should the assistance and services are launched in the short term, according to the IDP community, for safety reasons they cannot venture out far from the camp to exercise livelihood activities because of presence of RSF (AlfuKa). SAF is providing protection for the camp residents.
- Reports from the camp indicate that IDPs commute daily between Sabanga and their farms to plant their crops. It was observed that people are unaware about where to voice their general concerns, especially women and children.
- Distribution points for Food and NFIs are located in Golo (about 15 Km South West Sabanga) which is too far for elderly or disabled heads of households to reach by foot, jeopardizing their families' ability to receive assistance.
- Humanitarian agencies agreed to hold coordination meetings in Golo on monthly bases, set on first Wednesday of each month.

Recommendations:

- IOM to immediately deploy teams in Sabanga to verify the lists registered by the I-A team.
- Sector Leads to form sectoral committees rather than agency -sponsored committees to ensure proper community participations.

5.3 Food Security and Livelihoods (FSL)

- In an assessment to the settlements of the new arrivals, The Sector found that the three pillars of food security of Availability, Accessibility and Utilization (VAM) are not applicable on the new arrivals because they don’t have sufficient food and no accessible market from which they can purchase food, leave alone that all their properties including livestock, food, cash were looted and their huts were burnt so they are relying on food being contributed to them by relatives from the surrounding areas, furthermore, they cannot afford buying high priced food commodities in the nearby markets. Hence, the Sector recommends provision of at least three months emergency General Food Distribution (eGFD) and emergency Blanket Supplementary Feeding Programme (eBSFP) to be followed by an assessment on the impact of the eGFD to inform the long-term interventions.
Rainfalls in central Darfur state ranges from 300 mm in the north to 800 mm in the far south and the highest is 1000mm on the upper summit of Jebel Marra mountains and lessen gradually towards the north until the greater desert on the border with Libya where there is no rain. Last year’s crop performance was better by this time of the season whereby farmers were weeding, compared with this year, rainfall has delayed and farmers have just started ploughing and sowing. The assessment team have not witnessed crops germinated anywhere on both sides of the long way, and of course, there is misdistribution of rainfalls in different locations.

Currently WFP stocks 582.7 MTs of food commodities in Golo in 4 Rub halls and 312.709 MT in Rokero Rub hall which are insufficient to cover the current needs in Jebel Marra. The logistics section indicated that more food in transit is expected to be delivered soon, however this need to be transported before mid-August whereby roads become impassable.

**Recommendations:**

- Three months eGFD and eBSFP ration for Sabanga IDPs. This is because the three pillars of food security availability, accessibility and utilization are not there.
- Logistics have to transport any pending preposition items whether food or NFIs before mid-August due to heavy trucks cannot cross the large Wadis.
- Food stocks need to be increased to the maximum capacity of the Rub Halls in Golo, Rokero and Funga Suk in addition to constructing two more Rub Halls one in Funga Suk, another in Rokero town.

**5.4 Water, Sanitation and Hygiene**

**i) Water Supply**

- Tertiary basalt outcrops indicate that groundwater available mainly in fractured/weathered aquifers. In Sabanga, most of the IDPs are getting water from unimproved open dug wells in nearby Wadi which is turbid and most likely contaminated with no regular chlorination in place and the sanitary situation of all open dug wells is very poor, also there is one hand pump functioning out of two (one totally damaged and unfixable). The functioning hand pump have low yield and decreases
during dry season that indicates groundwater scarcity. The location of the hand pump is very close to SAF base and not accessible during evening especially for women (protection issue).

- Although some community members have previous training on a water supply committee and couple of people have been trained before in chlorination, hand pump mechanics, however committees need proper establishment and refresh training.

**ii) Sanitation & hygiene**

- All IDPs are practicing open defecation, no single latrine in all area, garbage and trash are scattered randomly, thus there is urgent need for emergency communal latrines. There is poor hygiene situation especially the personal hygiene of children. Poor and congested indoor situation especially in communal tents provided by UNAMID. The general cleanliness of water jerrycans is very poor and most of Jerrycans are broken and leaking. There is neither regular hygiene promotion activities ongoing nor trained community hygiene promoters.

**Recommendations**

- Drilling and installation of two hand pumps with proper geophysical survey.
- One of the hand pumps should be sited nearby planned school.
- Improve one of the hand-dug wells to hand pump (after pumping test).
- Provision of chlorine tablets for 3 months for water chlorination and monitor water quality regularly.
- Refresh training for the WASH committees.
- Urgent need for 60 emergency communal latrines.
- Provide adequate and gender separated school latrines and handwashing facilities in the planned school.
- Train community hygiene promoters and start regular hygiene promotion and sensitization messages.
- Train and establish community solid waste management and conduct clean-up campaign.
- Carry out blanket distribution for new jerrycans and hygiene kits for all registered 366 HH.

5.5 Nutrition

- No nutrition activities in Sabanga IDP gathering, they highly need services to handle the Sever Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) cases. The Sector, based on discussions with mothers and observations, found out that the catchment area for nutrition is underserved without any monitoring services, thus Mid-Upper Arm Circumference (MUAC) screening and Infant and Young Child Feeding (IYCF) should by initiated immediately.
- The WR’s Outpatient Therapeutic Programme (OTP) in Kurmul village is far from Sabanga IDP area to provide timely assistance. The INGOs IMC and WR have committed to conduct the MUAC
screening and support Sabanga with nutrition supplies. Common disease raised by mothers is malnutrition among children.

Recommendations

- IMC and WR to conduct MUAC screening for all Children under five years of age, Pregnant and Lactating Women (PLW).
- Establishment of permanent Mother Support Groups (MSGs) and Community Health Workers (CHWs) to improve the IYCF counselling and conducting routine screening in Sabanga IDPs area during mobile clinic.

5.6 Education

- The estimated number of school children in Sabanga are 1,600 girls and boys including adolescents.
- No basic school in the area, 222 boys and girls from Sabanga study in Dongolo village school (about three kms east from Sabanga) the school is currently closed for it is under category B which opens by 15 September; students crossing difficult hills and wadies to access the school which is very dangerous for their safety.
- Out of school children / adolescents estimated to be 1,378 boys and girls.
- The displaced community formed education committee consisting of 15 men and women to manage the expected new school establishment.
- The community have chosen an area for school buildings.
- The community are willing to participate in school establishment.

Recommendations

- Contact Rokero education authorities for school establishment and teachers’ deployment.
- Establishment of six (6) semi-permanent classrooms and two school latrines with WASH facilities.
- Establishment of two Alternative Learning Programme (ALP) centres.
- Teachers and Parent Teacher Association (PTA) training on Education in Emergencies (EiE), psychosocial support and school management.
- Provide education supplies (student kits, sitting mats, teacher kit, recreation kits and blackboards for 1600 formal and ALP students.

5.7 Health

- The sector’s objective was to conduct health facilities’ needs assessment in Sabanga area which was affected by conflict to identify existing health services and gaps. No INGOs providing or supporting the current population in Sabanga area, the nearest health facility is Kurmul and Golo (11 to 15 Km far from Sabanga).
- There are 7 health cadres (1 midwife, 3 traditional midwife and 3 vaccinators for EPI) but no facility, some people seek health care at the nearby military health facility which has limited services, therefore community are traveling long distances to Golo hospital or Kurmul health center for treatment which, according to community, has no enough drugs for adults. Since their arrival, there
was one delivery complication transferred to Golo where due to lack of transportation her baby passed away. Interviewed households on 28 June stated they are not aware of the current Tetanus Vaccination campaign which will finish by 30 June 2019, they however requested mosquito nets due to high prevalence of malaria among the community, other main diseases reported by community are diarrhea, eye infection, malnutrition and injuries.

- WHO will support with Rapid Response Kits (RRK) through partner INGOs; IMC and WR. Both INGOs will conduct 4 mobile missions to Sabanga per month.

**Recommendations:**

- HAC and UNAMID to facilitate the movement of IMC and WR which will conduct the mobile clinic to Sabanga. HAC to timely approve the travel permits and UNAMID to providing escorts on weekly bases
- Provide essential drugs, including emergency drugs from WHO, IMC and WR.
- IMC will facilitate and conduct monthly health coordination meeting to address issues and solving them.

5.8 ES and NFIs

- The specific objectives of the Sector were to assess the humanitarian situation on the ground, specifically ES NFIs need assessment, in Sabanga village following the recent displacement from North Jebel Marra locality in order to identify the actual needs for NFI and to carry out post - monitoring activities for the NFIs distributed earlier to the 511 HHs recently relocated from Thurajeow to Sabanga.
- Based on Sectoral assessment conducted by UNHCR and DRC, the IDP situation was very poor especially availability of sitting mats, blankets, water storage, cooking and hygiene sets. Interviewed families during the mission stated that, they managed to bring with them very limited kitchen items such like one pot and less than three serving dishes and they have only one pot used for cooking porridge and soup, it was observed as well that, due to shortage of sleeping mates the new displaced people sleep on the soil.
- As for emergency shelter, the new IDPs lacking shelter materials majority of whom are living and sleeping in the tents that provided by UNAMID, others cut wood in the area to build an emergency shelter which will negatively affected the environment. There is dire need for plastic sheets to avoid health problems created by the ongoing rainfalls.
- Regarding the 511 IDP HHs who relocated to Sabanga from Thurajeow on 23/05/2019, they have received NFIs from DRC on 16/06/2019. UNHCR conducted quick post distribution monitoring assessment and found out that only one HHs was identified as IDP from Sabanag residents, all houses at the gathering were have neither UNHCR’s plastic sheets nor NFIs, such as kitchen sets blankets, jerrycans and sitting mats. UNAMID tents which are fixed in Sabanga are moved from Thurajeow. The total shelters in Sabanga are not more than 400 shelters.
Recommendation

- NFIs to be distributed as soon as possible.

5.9 Protection

i) General protection:

- According to the group discussion with new IDPs it was shared that, the security situation in the IDP gathering site is relatively good, no incident reported since the arrival of the IDPs who stay near the army base. Community leaders indicated that, they feel security owing to presence of military base albeit with restrictions on freedom of waking and lighting fire at night as well as movement in areas west of the camp due to presence of RSF who, according to IDP leaders, threatened to punish any IDP we decides to return to his village at this time, thus they have no plan to go back to their village of origin.
- Unconfirmed reports indicated that the Military commander in Sabanga has rejected RSF’s request to chase out the new IDPs from Sabanag,
- The community leaders in the new IDP gathering have no list for the vulnerable people among the displaced population, according to youth committee interviewed during the mission, individuals with special needs are not registered but they have an idea about their numbers as follows: 85 elderly persons with specific needs, 35 persons living with disabilities, 240 single women and women headed household, 10 persons with serious medical condition and all children are without birth certificate (no exact number).
- IDPs with serious medical condition, single women, single women headed households are the urgent cases in need of humanitarian support, the youth committee has limited capacity to support the Persons with Specific Needs (PSNs). The community leaders mentioned that, they can provide list of PSNs.
- There is no permanent community structure in the gathering site, leaders mentioned that, they use UNAMID tents for meeting.
- According to youth and women interviewed during the mission that, they have women and youth committee comprised 8 women and 6 men respectively, the committees are recently established, the women and youth committees has no specific role and training on protection issues, there is also need to establish new protection committee such as elderly committee, people with specific needs committee, committee for person living with disabilities and child protection committees.
- Majority of children, even adults, do not possess birth certificate and other personal documents because they have no access to Bureau of Civil Registration before their displacement and no Registration Teams visited them in their villages of origin.
- In Sabanga village, there is no peaceful co-existence committee. No police post or rural court, community solve their problem through traditional mechanism, sometimes they involve the army.
- During the recent incident, cases relating to causalities, injuries, and SGBVs were reported as follows: one male youth was kidnaped for short period and released one child was abducted and
not yet released, 2 women were beaten severely. 126 women were harassed, the cases are not reported to the police, however the army was informed.

- Interviewed women during the mission have reported that, during the attack on their villages, 126 women faced gender-based violence, some women were locked inside their house with the attacker forces, some were beating severely, as a result 2 women suffered serious injuries one was treated at Golo hospital, both women cannot go for farming due to injuries. Majority of women do not have means for Income Generating Activities, they depend on fire wood collection from far distance which placed them at high risk of exploitation. there are 2 trained midwifes but they do not have delivery kits, majority of pregnant women depend on traditional midwifes.

Recommendations:

UNHCR through DRC to

- To identify, register and support all PSNs.
- Distribute community emergency kits.
- Construct a multi-purpose center.
- Train protection committees.

ii) Child protection:

- No child protection services provided to Sabanga children since their arrival on 25 May 2019.
- No child associated with armed forces or armed group in Sabanga IDPs camp recorded.
- There are no Community Base child Protection Networks.
- Most of the children do not have birth certificates and identification papers.
- Under-age marriage was significantly observed during the mission.
- School drop-out rate of more than 60% for children in basic education especially grades one & two, according to community leaders, the number of children before the displacement was 800 children in the six villages, of whom 375 reached the camp, while 222 enrolled in Dongola village or Golo schools. This situation will expose them to different kind of violence and exploitation.
- No cases of unaccompanied or separated children documented since the date of displacement.
- No casualties as a result of UXOs reported
- Most of the children did not wear shoes and clothes.
- Children’s personal hygiene is non-existent in addition; most children do not have safe drinking water, which puts them at risk of disease.
- There are many children with different disabilities who are not provided with any kind of assistance since their displacement to Sabanga.
- Child abuse has been observed. A 13-year-old girl was abused by her family has fled to Sabanga and currently accommodated by Camp leader, her uncle committed to take care for her.
- Regarding immediate response, Save the Children International will provide some of the necessary needs for Sabanga children such as: sport uniform, soap, toothpaste, toothbrushes and sleeping mats.

Recommendations for Child Protection
- Establishment of 2 Child Friendly spaces for Sabanga children.
- Formations of Child Protection Network to supervise and report child protection issues.
- Conduct registration for children with disabilities.
- Provide official certificates through identification and documentation in collaboration with Civil Registration Unit,
- Provision of child protection supplies including recreational materials for children and youth as well as sport materials and sitting mats.
- Community sensitization sessions on Gender Based Violence (SGBV)
- Roll out of psychosocial support training for social workers, animators, teachers, as well as community-based child protection network and community leaders.
- Establishment of referral system from Child Friendly spaces to the nearest service.

Mission participants:

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