

Requesting Organization :	Aweil Window of Opportunities and Development Agency				
Allocation Type :	2nd Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
WATER, SANITATION AND HYGIENE		100.00			
		100			
Project Title :	Emergency hygiene and Sanitation support as integrated responses to high Acute Malnutrition in OTP/TSFP sites Northern Bahr El Ghazal.				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-16/WS/88755	Fund Project Code :	SSD-16/HSS10/SA2/WASH/NGO/3431		
Cluster :	Water, Sanitation and Hygiene (WASH)	Project Budget in US\$:	144,000.00		
Planned project duration :	6 months	Priority:	3		
Planned Start Date :	30/08/2016	Planned End Date :	01/03/2017		
Actual Start Date:	30/08/2016	Actual End Date:	01/03/2017		
Project Summary :	<p>Due to the ongoing conflict both in border areas of Sudan and inside South Sudan over 1.5 million people are internally displaced or moved to safer locations or across south Sudan in to neighboring countries. The counties of Northern Bahr El Ghazal have been harshly affected by the food insecurity which led to chronic malnutrition and has forced many communities to unfavourable situation, like diarrheal illnesses and deaths.</p> <p>In Northern Bahr El Ghazal; the one of contributing factors has been low access to safe water and sanitation, rate at 41% and 14% respectively; with poor operation and maintenance of safe WASH facilities which increased pressure on the existing facilities in host communities, continuing emergencies leave the populations exposed to the risk of waterborne diseases and deny them livelihood opportunities, the host population is dire with limited access to food, water, sanitation and proper hygiene. Diarrheal, malaria, Acute Respiratory Infection (ARI) and high Acute Malnutrition diseases are the leading cause of child mortality. Among the causes of the chronic malnutrition is poor food insecurity due to low agricultural productivity, devaluation of the SSP and inadequate supplies in the market; suboptimal IYCF practices and sub optimal access to portable water. Given the extremely low practices of hygiene and sanitation e.g. it is estimate open defecation is practiced by over 99% of the population both in Urban and rural areas, hygiene practices are quite low and access to clean water remains a mirage.</p> <p>The ongoing humanitarian crisis in South Sudan has been further complicated by the current financial crises with very high inflation that resulted in increased prices of all food items, goods and services, which seriously limited the capacity of partners to provided WASH services for all the affected populations. This Emergency hygiene and Sanitation support as integrated responses to high Acute Malnutrition activities will be implemented in complementarily to other sectors such as Health, Nutrition and food security including disaster risk reduction (DRR) focusing on strengthening community coping mechanisms, provided as per SPHERE standards and minimize the suffering of the vulnerable host communities as well in OTP/TSFP sites Northern Bahr El Ghazal. AWODA will scale up its WASH intervention by targeting 25,000 beneficiaries including health –WASH related facilities and OTP/TSFP sites with vulnerable environments.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	4,500	12,000	5,000	4,500	26,000
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	5,000	4,500	9,500
People in Host Communities	3,950	11,000	0	0	14,950
Pregnant and Lactating Women	0	200	0	0	200
Trainers, Promoters, Caretakers, committee members, etc.	150	200	0	0	350
Indirect Beneficiaries :					

The AWODA will continue to mainstream disease prevention into hygiene promotion activities and ensure WASH Cluster core pipeline supplies are per-positioned in locations, The hand washing, treatment and safe storage of drinking water, safe disposal of feces, and food hygiene will be the key intervention to women and children and beyond the OTP areas in Northern Bahr El Ghazal.

Catchment Population:

The most acute and vulnerable populations remain in the Counties of Northern Bahr El Ghazal State which have most active displacement throughout the South Sudan crisis. The state of Northern Bahr El Ghazal have been heavily affected by a major high rates of malnutrition and are at risk of emergency food insecurity in the beginning of 2016.

Link with allocation strategy :

Hygiene practices have been proven to reduce diarrhea rates by 30–40 percent. This level of reduction can be achieved through a comprehensive approach—promoting improvements in key hygiene practices (hand washing, treatment and safe storage of drinking water, safe disposal of feces, and food hygiene); improving access to safe water and sanitation technologies and products; and facilitating or supporting an enabling environment (improved policies, community organization, institutional strengthening, and public-private partnerships).

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Gabriel Thiep Piol	Senior WASH Officer	nbegwashclusterfocalpoint@gmail.com	+211954026296
David Ayaga	Executive Director	agency.awoda@gmail.com	0955808111

BACKGROUND

1. Humanitarian context analysis

Due to the ongoing conflict both in border areas of Sudan and inside South Sudan over 1.5 million people are internally displaced or moved to safer locations or across south Sudan in to neighboring countries. The counties of Northern Bahr El Ghazal have been harshly affected by the food insecurity which led to chronic malnutrition and has forced many communities to unfavourable situation, one of contributing factors has been an increases pressure on the already limited water and sanitation infrastructure, poor hygiene practices increases the risk of water borne diseases which in turn directly affects nutrition status. Severe acute malnutrition is compounded by knowledge and behavioral issues such as poor hygiene practice, water quality, nutrition knowledge and practice etc. Structural issues such as poor roads, lack of proper treatment and access to markets contributes to an environment that limits the potential for equitable economic growth. Communities have low access to safe water and sanitation, rate at 41% and 14% respectively; with poor operation and maintenance of safe WASH facilities which exposure to the risk of waterborne diseases i.e diarrheal, malaria, Acute Respiratory Infection (ARI) leading cause of child mortality. Among the causes of the malnutrition is poor food insecurity due to low agricultural productivity, devaluation of the SSP and inadequate supplies in the market; suboptimal IYCF practices and sub optimal access to portable water. Given the extremely low practices of hygiene and sanitation e.g. largely open defecation is practiced by over 99% of the population both in Urban and rural areas, hygiene practices are quite low and access to clean water, safe sanitation facilities remains a mirage.

This Emergency hygiene and Sanitation support as integrated responses to high Acute Malnutrition activities will be implemented in complementarily to other sectors such as Health, Nutrition and food security as clusters multi-sectoral approach to improving nutrition is coherent with current WASH, Health, Food security and Nutrition strategies including disaster risk reduction (DRR) focusing on strengthening community coping mechanisms, provided as per SPHERE standards and minimize the suffering of the vulnerable host communities as well in OTP/TSFP sites Northern Bahr El Ghazal. AWODA will scale up its WASH intervention by targeting 25,000 beneficiaries including health –WASH related facilities and OTP/TSFP sites with vulnerable environments.

2. Needs assessment

AWODA is a very active national NGO and a lead focal point actor in the water, hygiene and sanitation cluster (sector) in Northern Bahr El Ghazal (NBeG) since 2009. Whereas, this area has not experienced active conflict even when the rest of South Sudan was mired in strife, NBeG became a haven of peace. This meant that many people sought refuge in it. In so doing, the sudden rise in population negatively impacted in the sanitation in this region by exerting a burden on the few water and sanitation facilities in the area. The evidence of a link between poor sanitation and nutrition was provided by an assessment by Food Security Nutrition Monitoring System (FSNMS) in July 2016 noted that:

‘Given the extremely low practices of hygiene and sanitation e.g. it is estimated open defecation is practiced by over 99% of the population both in urban and rural areas, hygiene practices are quite low. Each year diarrhea alone causes the death of 760,000 children under 5 (11 percent of all child mortality).Diarrhea is also a leading cause of under nutrition in this age group and one-third to one-half of all child mortality cases are linked to under nutrition and unhygienic practices’

Therefore, over the years, vulnerable women and children face very poor hygiene and sanitation especially in situations of emergencies. This situation resulted in children and their caregivers (if any) not having access to sanitation and water facilities constrained to use them because the facilities due to a number of reasons namely: (a) a rise in numbers of displaced persons puts a lot of pressure on the few existing water and sanitation facilities, (b) since the communities are displaced, there is no community system to support the facilities, (c) due to acute shortage of food, sanitation tends to be looked down upon and relegated as lesser need.

3. Description Of Beneficiaries

As per the Round 17 FSNMS, the nutrition situation in NBeG State remains critical at (GAM 20% and SAM 4.9%) through there was a slight decline by 4% compared to 24.2 percent in Round 16th. This is still high above the WHO emergency thresholds based on the FSNMS Round 17 findings. The two SMART surveys conducted in Aweil East with (GAM 25.6% and SAM (7.2%)), Aweil North with (GAM 19.2% and SAM (4.3%)) and Aweil West (GAM 18.2% and SAM 4.0%). Based on outcomes from the Round 17 of FSNMS survey, the food security indicators are not favourable for the households. It was estimated that 55 per cent of households had poor and borderline food consumption score (20 percent), this meant among pregnant and lactating women, under 5 children some community members are the most vulnerable in host community

4. Grant Request Justification

AAWODA is supporting NBeG state to implement the WASH project in Aweil Centre, Aweil North and Aweil South counties Northern Bahr El - Ghazal State; ensuring increase in availability and utilization of WASH services in marginalized and underserved areas and AWODA is the only NNGO supporting the implementation of WASH cluster coordination activities in NBeG. AWODA has capacity and experience in successfully engaging and mobilizing communities throughout Northern Bahr el Ghazal for the promotion of improve community relations and health promotion.

Based on AWODA's rich experience in this sector and in the region, the success of the intervention and therefore the grant will be guaranteed. We will make available our Community Hygiene Promoters (CHP) to support the successful implementation of project. In addition, we will mobilize the community in the successful construction of latrines, a process which we are very familiar with owing to our suitable location and longstanding location in the area.

5. Complementarity

After 2014 UNICEF PCA with AWODA ended in February 2015, AWODA remains WASH Cluster State Focal point in NBeG. The roles is to chair the meeting, write meeting minutes, managing core-pipeline supplies, conduct WASH assessments and reporting to the National Cluster. AWODA has constructed additional rooms for Malek Alel PHCU Aweil South county support by UNMISS quick impact project. AWODA is conversant with local geographical, political, and socio-economic and security situation of the counties we work in and familiar with community leaders very good relations with local government officials in NBeG. This good relation will ensure positive working partnership to implement integrated WASH activities. AWODA has demonstrated experience in successfully engaging and mobilizing communities throughout Northern Bahr el Ghazal for the promotion of improve community relations and health promotion. The following projects demonstrate their capacity and extensive knowledge of the community structures in the State.

LOGICAL FRAMEWORK

Overall project objective

Affected populations have reduced risk of WASH-related diseases, or negative impacts on nutritional status, through access to improved sanitation, hygienic practices, hygiene promotion and delivery of hygiene products and services on a sustainable and equitable basis.

WATER, SANITATION AND HYGIENE

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO2: Affected populations are enabled to practice safe excreta disposal with dignity in a secure environment	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	50
CO3: Affected populations have knowledge and appropriate behaviors to prevent and mitigate WASH related diseases and practice good hygiene	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	50

Contribution to Cluster/Sector Objectives : Affected populations have reduced risk of WASH-related diseases, or negative impacts on nutritional status, through access to improved sanitation, hygienic practices, hygiene promotion and delivery of hygiene products and services on a sustainable and equitable basis.

Outcome 1

Affected population will have improved sanitation and hand washing facilities or service in those centers

Output 1.1

Description

30 sanitation facilities constructed and 10 rehabilitated, equipped with 40 hand washing facilities in OTP centres

Assumptions & Risks

Increased displacement due to renewed violence
Timely disbursement of funds from the donor
Willing of the communities to participate in some of the activities.

Activities

Activity 1.1.2

Consultative and site mobilization meetings with counties authorities and community leaders in NBeG

Activity 1.1.3

Construction materials acquisition and transportation to sites.

Activity 1.1.4

Clearing the latrines site, setting out excavation of latrines pits

Activity 1.1.5

Raising the latrines foundation, sub-structures and finishing.

Activity 1.1.1

Construction of 30 sanitation facilities, rehabilitated of 10 sanitation facilities and equipped with 40 hand washing facilities in OTP centres

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected people with access to improved sanitation facilities	2,312	3,209	1,345	1,875	8,741
Means of Verification : Assessment of functionality health facilities and photos of physical latrines constructed							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Frontline # of new latrines constructed					30
Means of Verification : Assessment of functionality health facilities and photos of physical latrines constructed							
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	Frontline # of latrines rehabilitated					10
Means of Verification : Assessment of functionality health facilities and photos of physical latrines rehabilitated							
Indicator 1.1.4	WATER, SANITATION AND HYGIENE	Frontline # of hand washing facilities constructed					40
Means of Verification : 40 hand washing facilities constructed in OTP centres							
Outcome 2							
Targeted population will have improved knowledge of hygienic behaviors and access to WASH NFI supplies and that results in the reduction of hygiene related diseases							
Output 2.1							
Description							
26,000 target population receive WASH NFIs (soap, aqua tabs, collapsible jerry canes, bucket with tap and bucket without tap)							
Assumptions & Risks							
Security situation allows the implementation of activities as predicted Political party pressures project to leave the area Timely delivery of the WASH NFIs to the state							
Activities							
Activity 2.1.1							
Distribution of WASH NFIs (soap, aqua tabs, collapsible jerry canes, bucket with tap and bucket without tap)							
Activity 2.1.2							
Request for WASH NFI supplies from UNICEF for distribution							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	WATER, SANITATION AND HYGIENE	Core Pipeline # of jerry cans/ buckets distributed					26,000
Means of Verification : Hygiene Promotion Campaign schedules. Attendance of receivers and Weekly and monthly Hygiene Promotion reports							
Indicator 2.1.2	WATER, SANITATION AND HYGIENE	Core Pipeline # of water treatment products distributed					30,000
Means of Verification : Hygiene Promotion Campaign schedules. Attendance of receivers and Weekly and monthly Hygiene Promotion reports							
Outcome 3							
Better and improved sanitation practices by the attendees of OTP centres							
Output 3.1							
Description							
150 OTP site locations received hygiene messages through hygiene promotion or campaigns.							
Assumptions & Risks							
Hygiene Promotion Campaign schedules Weekly and monthly Hygiene Promotion reports Security situation is stable							
Activities							
Activity 3.1.2							
Selection of 150 hygiene promoters by AWODA and conduct the trainings.							

Activity 3.1.3							
Carrying out regular detailed reporting and communication on the project progress.							
Activity 3.1.4							
Providing regular financial and material accountability on the project							
Activity 3.1.1							
training of 150 community hygiene promoters in 150 OTP locations (AWODA selects and UNICEF trainings)							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	WATER, SANITATION AND HYGIENE	Frontline # of emergency affected people equipped to practice good hygiene behaviors through participatory hygiene promotion	5,200	5,400	8,400	7,000	26,000
Means of Verification : Weekly and monthly Hygiene Promotion reports and Hygiene Promotion Campaign schedules							
Indicator 3.1.2	WATER, SANITATION AND HYGIENE	Frontline # of people trained/sensitized to use emergency sanitation methods	40	80	10	20	150
Means of Verification : Weekly and monthly Hygiene Promotion reports and Hygiene Promotion Campaign schedules							
Additional Targets :							
M & R							
Monitoring & Reporting plan							
Implementation, Monitoring and Reporting Plan will involve CHP, AWODA Field Staff, AWODA Management, A comprehensive monitoring and evaluation framework for the overall organization programme shall be designed by AWODA. CHF will lead in the monitoring and evaluation of this project. AWODA shall support CHF in the Monitoring and Evaluation of the project in a participatory process that includes staff.							
Field Visits							
AWODA shall carry out daily visits to the various project sites. The visits shall also be collaborated by WASH Cluster and CHF and mobilized through the office of the respective State line ministry and RRC representative; During the visits the visiting technical team mentioned above shall have a checklist that shall be used to evaluate the infrastructure where these services are being offered. This will generate a report based on the findings from the visit and shall forward this report to the office of the RRC, and avail a copy of the same to line ministries.							
REPORTING							
AWODA staffs are expected to produce weekly and monthly reports of the activity implementation. The reports shall be generated from the field reports that shall be generated by the field officers. The field officers shall then forward these reports through the Project officer to AWODA Programme leader, who shall then compile an overall narrative report of the whole project and forward this report to the Cluster Lead, Co-Lead and OCHA., quarterly and annually narrative and financial reports on the progress of the project shall be submitted to CHF using narrative & financial reporting system.							
These tools shall capture information in the periods mentioned. The reports shall all be sent together with the financial reports, M&E reports on a monthly, quarterly and annual basis by the end of the 1st week of the end of quarter							

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Construction of 30 sanitation facilities, rehabilitated of 10 sanitation facilities and equipped with 40 hand washing facilities in OTP centres	2016										X	X	X
	2017												
Activity 1.1.2: Consultative and site mobilization meetings with counties authorities and community leaders in NBeG	2016									X			
	2017												
Activity 1.1.3: Construction materials acquisition and transportation to sites.	2016									X			
	2017												
Activity 1.1.4: Clearing the latrines site, setting out excavation of latrines pits	2016									X			
	2017												
Activity 1.1.5: Raising the latrines foundation, sub-structures and finishing.	2016										X	X	X
	2017												
Activity 2.1.1: Distribution of WASH NFIs (soap, aqua tabs, collapsible jerry canes, bucket with tap and bucket without tap)	2016									X	X	X	X
	2017	X	X										

Access

Access to some locations remains challenge due to flooding, poor roads; AWODA will rely heavily on the Logistics Cluster for support with movement of supplies. However, NBeG have not encountered any road insecurity incidents, the state rural locations roads remains secure. AWODA will continue to seek guidance from the UN security/International NGO system while conducting the operations and some rural locations if found with limited access will be scheduled during the dry season.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	WASH Project Officer	D	2	900.00	6	100.00	10,800.00
	<p><i>-Monitoring project indicators. A large monitoring component in the programme, as donors and CHF require a significant amount of data to be collected and reported on a weekly and monthly basis.</i></p> <p><i>-Technical input and support to the team. Monitor project implementation and provide support to the team to ensure the quality of construction, trainings, and provide guidance on future improvements.</i></p> <p><i>-Lead weekly team meetings, reviewing progress and planning for the week ahead.</i></p> <p><i>-Update the team on the wider humanitarian, security, political context in which we operate – as well as communication with donors and other partners.</i></p> <p><i>-Line management of providing encouragement, constructive feedback, support, coaching, as well as conducting formal appraisals.</i></p>						
1.2	Field WASH Assistants	D	3	650.00	6	100.00	11,700.00
	<p><i>Under the guidance and supervision of the WASH officers and have responsibilities that include:</i></p> <p><i>-Mobilize rural communities and involve community leaders in facilitation of program implementation and on program goals and approaches.</i></p> <p><i>-Organize and facilitate hygiene training sessions with WASH officer.</i></p> <p><i>-Ensure the vast involvement of community member and encourage community participation in trainings.</i></p> <p><i>-Ensure hygiene messages spread among the target communities based on local knowledge and understanding.</i></p> <p><i>-Conduct training as per action plan designed by direct supervisor</i></p> <p><i>-Encourage the participation of women within the training and have them involved in the decision-making process and hygiene committee members selection.</i></p> <p><i>-Support in creation of Hygiene Clubs training them on the child to child approaches</i></p> <p><i>-Provide a daily activity report to WASH officers</i></p> <p><i>-Other duties as required by the line manager</i></p>						
1.3	Finance Manager	S	1	650.00	6	60.00	2,340.00
	<i>In charge of project accounting and administration, and overseeing documentations and reporting. 60% salary costs charged</i>						
1.4	Accountant	S	1	500.00	6	70.00	2,100.00
	<p><i>-Accountable of his/her area accountancy follow up.</i></p> <p><i>-Follow up of financial and accountancy procedure of AWODA and CHF</i></p> <p><i>-Accountable of efficient flow of financial and accountancy information.</i></p> <p><i>-Cash book and payments follow up.</i></p> <p><i>-Monthly Cash book report and financial vouchers transfer to AWODA Finance Manager.</i></p>						
1.5	Drivers	D	2	200.00	6	100.00	2,400.00
	<i>incharge of transportation and movements of project staffs from location to location during implementation period. 80% salary is charged</i>						
	Section Total						29,340.00

Contractual Services							
4.1	Construction and Rehabilitation of 40 sanitation facilities equipped with hand washing facilities in OPT centres	D	40	1,420.00	1	100.00	56,800.00
<i>40 sanitation facilities equipped with hand washing facilities at OPT centres costing an estimate of \$1,420</i>							
4.2	Incentives for 150 hygiene promoters	D	150	30.00	6	100.00	27,000.00
<i>Incentives to 150 hygiene promoters monthly at a monthly rate of \$100 x 6 months</i>							
4.3	Distribution of WASH package (soap, aqua tabs, collapsible jerricans, buckets with tap and bucket without tap)	D	8	600.00	1	100.00	4,800.00
<i>8 trips of WASH package distributed during the period costing \$600 per trip</i>							
4.4	Training of 150 hygiene promoters	D	150	20.00	1	100.00	3,000.00
<i>150 HP x \$ 10 x 2 days</i>							
Section Total							91,600.00
Travel							
5.1	Air travel-UNHAS Flights	D	2	1,140.00	1	100.00	2,280.00
<i>The ticket to facilitate air travels for the chief of program and Executive Director for 2 returns flights during project field monitoring visits</i>							
Section Total							2,280.00
General Operating and Other Direct Costs							
7.1	Office rent contribution	S	1	1,000.00	6	50.00	3,000.00
<i>Proportional costs in AWODA based on the number of people dedicated to the project as a percentage of the total staff in office. This is a small contribution to AWODA Aweil office rent since WASH Officers, and all the programme support team will be using the office</i>							
7.2	Office Stationery	S	1	200.00	6	50.00	600.00
<i>Proportional costs based on the number of people dedicated to the project, photocopy cost, cartridge, toner</i>							
7.3	Internet services	S	1	1,000.00	6	50.00	3,000.00
<i>Proportional costs based on the number of people dedicated to the project, photocopy cost, cartridge, toner</i>							
7.4	Vehicle maintenance	S	2	200.00	6	50.00	1,200.00
<i>vehicle to support this project will be serviced monthly, given that they are going to be fully used since its the only travel means servicing will be helpful.</i>							
7.5	Fuel for vehicles	S	5	200.00	6	50.00	3,000.00
<i>Fuel for the vehicle to support this project will be used monthly, given that they are going to be fully used since its the only travel means .</i>							
7.6	Bank charges	S	1	559.44	1	100.00	559.44
<i>Bank charges for the monthly costs will be charged directly on the project</i>							
Section Total							11,359.44
SubTotal			370.00				134,579.44
Direct							118,780.00
Support							15,799.44
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							9,420.56
Total Cost							144,000.00
Grand Total CHF Cost							144,000.00

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Northern Bahr el Ghazal -> Aweil Centre	30	1,056	2,030	3,010	2,050	8,146	
Northern Bahr el Ghazal -> Aweil North	30	1,364	3,020	1,254	2,035	7,673	
Northern Bahr el Ghazal -> Aweil South	20	654	2,320	1,234	1,040	5,248	
Northern Bahr el Ghazal -> Aweil West	20	1,250	1,133	1,530	1,020	4,933	

Documents

Category Name	Document Description