

Requesting Organization :	United Nations Children's Fund		
Allocation Type :	1st Round Standard Allocation		
Primary Cluster	Sub Cluster	Percentage	
NUTRITION		100.00	
		100	
Project Title :	Scaling up Lifesaving emergency nutrition interventions in priority counties in South Sudan		
Allocation Type Category :	Frontline services		

OPS Details			
Project Code :	SSD-17/H/103663	Fund Project Code :	SSD-17/HSS10/SA1/N/UN/5173
Cluster :	Nutrition	Project Budget in US\$:	835,465.10
Planned project duration :	12 months	Priority:	Not Applicable
Planned Start Date :	01/04/2017	Planned End Date :	31/03/2018
Actual Start Date:	01/04/2017	Actual End Date:	31/03/2018

Project Summary :	<p>The recent Integrated Food Security Phase Classification (IPC) report (February 2017) estimates that 4.9 million people (42% of the population) will be severely food insecure (IPC Phases 3, 4, and 5) until the start of the lean season (April 2017). This is projected to increase to 5.5 million people (47% of the national population) at the peak of the lean season in May – July 2017. One of the major consequences of the current ongoing complex humanitarian and food security crisis is the increasing rates of acute malnutrition, mortality, and morbidity among children, related to increased vulnerability to common and vaccine-preventable diseases, as well as increased protection risks for women and children in the 11 priority counties:- Leer, Mayendit, Panyijar, Rubkona, Guit, Aweil South, Koch, Gogrial West, Fangak, Mayom, Aweil North.</p> <p>UNICEF plans to reach about 2430 children with SAM with lifesaving nutrition interventions together with 97300 pregnant and lactating mothers with MIYCN messages mainly through increased RRM missions (about 10 missions per month) in the priority remote locations and hard reach areas in south Sudan. In addition UNICEF will build the capacity of health workers and community through different training on MIYCN and CMAM packages for quality service delivery in line with the revised guidelines for South Sudan.</p>
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Direct beneficiaries :				
Men	Women	Boys	Girls	Total
0	97,300	1,191	1,239	99,730

Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	1,191	1,239	2,430
Pregnant and Lactating Women	0	97,300	0	0	97,300
Other	0	0	0	0	0

Indirect Beneficiaries :

The indirect beneficiaries will be men who are fathers of children screened for SAM and husbands to PLW reached with nutrition services during RRM missions.

Catchment Population:

Population of PLW and Children U-5 years living in Leer, Mayendit, Panyijar, Rubkona, Guit, Aweil South, Koch, Gogrial West, Fangak, Mayom, and Aweil

Link with allocation strategy :

The project's main focus is to ensure treatment of severe acute malnutrition (SAM) among boys and girls under the age of 5 years in 11 conflict affected states, high malnutrition burden locations some of which currently experience access constraints therefore hard to reach with regular nutrition services. The counties include Leer, Mayendit, Panyijar, Rubkona, Guit, Aweil South, Koch, Gogrial West, Fangak, Mayom, Aweil. UNICEF works with partners in the priority counties to deliver timely outpatient therapeutic programme (OTP) services to children with SAM without medical complications as well as inpatient SC treatment for children with medical complications in order to reduce loss of life. Additionally, UNICEF as the nutrition cluster lead will build the capacity of government and NGO partners to ensure quality service delivery across the entire country. UNICEF will employ Rapid Response Mechanisms and the social mobilisation interventions to support active case finding, early detection and treatment of SAM children in remote locations and hard to reach areas in South Sudan.

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
Vagarwal	Chief of Nutrition	vagarwal@unicef.org	+211957799220

BACKGROUND**1. Humanitarian context analysis**

The ongoing conflict and protection crisis since the end of 2013 have resulted in a complex humanitarian crises that is manifested by displacements, violence against women and children, loss of livelihoods, high level of malnutrition, and disruption of infrastructure and basic social services. As a result of repeated shocks and ongoing conflict, the situation in South Sudan has been classified as a chronic protracted emergency. Previously resilient households are no longer able to cope with the cumulative effects of the protracted crisis. The recent Integrated Food Security Phase Classification (IPC) report (February 2017) estimates that 4.9 million people (42% of the population) will be severely food insecure (IPC Phases 3, 4, and 5) until the start of the lean season (April 2017). This is projected to increase to 5.5 million people (47% of the national population) at the peak of the lean season in May – July 2017. One of the major consequences of the current ongoing complex humanitarian and food security crisis is the increasing rates of acute malnutrition, mortality, and morbidity among children, related to increased vulnerability to common and vaccine-preventable diseases, as well as increased protection risks for women and children.

Before the crisis, malnutrition in South Sudan was one of the major public health concern given the poor public health situation and caring practices such as sub-optimal infant and young child feeding practices, and low coverage of hygiene and sanitation facilities. As per the recent IPC for acute malnutrition, out of 23 counties with recent data, 14 have a global acute malnutrition rate (GAM) at or above 15%, whilst GAM above 30% was observed in former Unity (Leer, Mayendit, and Panyijar). Similarly, a worsening nutrition situation atypical to a harvest season is observed in the Greater Equatoria region – particularly in former Central Equatoria. Also, perturbing levels of GAM persist in parts of Northern Bahr el Ghazal. In Aweil North, higher than usual levels of acute malnutrition (GAM 28.2%) for the post-harvest season were reported from the recent SMART survey, indicating worsening situation. In Aweil East, West and South, although GAM estimates are similar to GAM in the same season, it has persisted above the 15% emergency threshold. Aweil Centre registered the lowest GAM with the October 2016 SMART survey showing GAM at 14.4% while the November 2016 assessment showed GAM of 9.9%. The acute malnutrition situation is expected to deteriorate further in the upcoming months, peaking in the lean season. It is estimated that 1.1 million children will be acutely malnourished in 2017, out of which 276,343 will be severely malnourished. Furthermore, the continued violence and hostilities in Southern Unity combined with the famine situation are impacting negatively the community coping mechanisms and care practices that are critical in the nutrition wellbeing of children.

2. Needs assessment

The food insecurity situation in Southern Unity State is at life threatening level and requires urgent humanitarian action. There exists a narrow window of opportunity during the dry season to preposition and scale up interventions to meet the needs of the population prior to the lean season. Experience shows that when dealing with a famine and nutrition crisis, it is paramount that interventions be scaled up immediately to prevent excess death due to malnutrition. As per the recent IPC report released on 20th of February 2017, 14 out of 23 SMART surveys result showed above the WHO emergency thresholds of 15 percent. Unity State has highest prevalence of acute malnutrition in the country with 3 counties (Leer, Mayendit, and Panyijar) having extremely critical levels of acute malnutrition.

3. Description Of Beneficiaries

The target beneficiaries will be 2430 (5%) children (1191 boys ,1239 girls) under five (6-59 months) with SAM and 97300 (70%)of vulnerable pregnant and lactating women from 11 priority communities affected by food and nutrition crises to be reached mainly through RRM missions.

4. Grant Request Justification

The food insecurity situation in Southern Unity State is at life threatening level and requires urgent humanitarian action. There exists a narrow window of opportunity during the dry season to preposition and scale up interventions to meet the needs of the population prior to the lean season. Experience shows that when dealing with a famine and nutrition crisis, it is paramount that interventions be scaled up immediately to prevent excess death due to malnutrition. As per the recent IPC report released on 20th of February 2017, 14 out of 23 SMART surveys result showed above the WHO emergency thresholds of 15 percent. Unity State has highest prevalence of acute malnutrition in the country with 3 counties (Leer, Mayendit, and Panyijar) having extremely critical levels of acute malnutrition. The acute malnutrition situation is expected to deteriorate further in the upcoming lean season. The deteriorating food security situation and conflict in many parts of the country are likely to further aggravate the acute malnutrition levels beyond the routine levels expected during the lean season. The higher than usual increase in acute malnutrition levels is likely to get worse gradually and peak during the latter part of the lean season (May-July 2017).

As nutrition lead agency, UNICEF will continue to provide lifesaving nutrition services particularly in collaboration with implementing partners including NGOs, and MOH. Nutrition services will include nutrition screening and surveys, implementation of integrated management of acute malnutrition (IMAM), Maternal infant and young child nutrition (MIYCN) programming, and micro-nutrient interventions. In remote and hard to reach areas, the regular programming by implementing partners will be supplemented by rapid response mechanism (RRM), Famine is likely in Mayendit and Panyijar and expected to continue in Leer and Koch through at least July. RRM so far remains the only modality of delivering lifesaving interventions to these hard to reach areas. UNICEF plans to scale up the RRM mission with both scope and capacity in order to reach more areas that are currently cutoff. On the other hand, in a situation where the food sources are limited or absence, social and public health services collapsed, promotion of breastfeeding is the most important for the survival of infant and younger children. Between 12 to 24 months of age, about one third of energy comes from breastmilk. In view of this fact, caregivers of children under two and Pregnant will be targeted for individual and group counselling.

UNICEF in discussion with the cluster identified capacity development as one of the areas to prioritize in order to improve quality of nutrition service delivery by partners in South Sudan. The capacity building of nutrition partners through training is so crucial to the roll out of newly validated CMAM guideline and MIYCN Strategies /guidelines for South Sudan. Proper training will ensure nutrition programming aligns to the recently developed and validated guidelines. The high staff turnover in South Sudan and recent declaration of famine have contributed to increased recruitment of new staff among partners responding to the scale of nutrition hence the need to train and reorient the new staff. UNICEF therefore will use the capacity development funds proposed in this project to train all the NGO partners implementing nutrition interventions together with MoH staff both at State and county level.

In addition UNICEF shall use the funds proposed in this project to do mass printing of nutrition program tools for management of children with SAM ,training materials as well as guidelines and strategy documents. These materials will be made readily available for use by all nutrition partners at the state and county level.

5. Complementarity

This project will complement other UNICEF funds to respond to lifesaving interventions in South Sudan

LOGICAL FRAMEWORK

Overall project objective

The overall objective of the project is to prevent excess morbidity and mortality in children due to severe acute malnutrition.

NUTRITION							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Deliver quality lifesaving management of acute malnutrition for the most vulnerable and at risk.		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection			70		
Increase access to integrated programmes preventing under nutrition for the most vulnerable and at risk.		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection			30		
Contribution to Cluster/Sector Objectives : The project conforms to the cluster and sector objectives of treating children (0-59) with SAM through timely and quality life-saving nutrition services as well as provision of integrated nutrition services preventing under-nutrition among the most vulnerable population.							
Outcome 1							
Children 6-59 with SAM have access to timely and quality life-saving treatment							
Output 1.1							
Description							
Boys and girls (6-59 months) with SAM treated at the OTP and Inpatient SC							
Assumptions & Risks							
Insecurity and access constraints will permit access to the vulnerable population							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	The number of children U-5 yrs screened for acute malnutrition during RRM missions					80,000
Means of Verification : RRM Mission reports							
Indicator 1.1.2	NUTRITION	[Frontline] Estimated number of girls and boys (6-59 months) newly admitted with SAM in OTPs and treated with RUTF supplies from the pipeline			1,191	1,239	2,430
Means of Verification : RRM Mission reports							
Activities							
Activity 1.1.1							
Train nutrition screening volunteers and health workers on MUAC screening, oedema detection and management of SAM							
Activity 1.1.2							
Train health workers in the priority locations on community management of acute malnutrition based on the new CMAM guidelines for south sudan							
Activity 1.1.3							
Carry out active MUAC and oedema screening of children 6-59 months in targeted communities							
Activity 1.1.4							
Conduct regular monitoring and supportive supervision missions to the project locations							
Activity 1.1.5							
Coordinate CMAM progress through nutrition sub-cluster meetings							
Activity 1.1.6							
Refer SAM and MAM cases to OTP/IPF and targeted supplementary feeding programmes (TSFPs) accordingly							
Outcome 2							
Pregnant and lactating mothers with children less than 24 months have improved knowledge and skills on appropriate IYCF practices in order to prevent malnutrition							
Output 2.1							
Description							
Health workers and Mother Support Group (MSG) leaders are trained on IYCF skills and provide counseling to Pregnant and lactating mothers and caregivers of children < 24 months.							
Assumptions & Risks							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	[Frontline] Number of pregnant and lactating women and caretakers of children 0-23 months reached with IYCF-E interventions		97,300			97,300

Means of Verification : Monthly routine data and RRM reports							
Indicator 2.1.2	NUTRITION	[Frontline] Number of health workers trained in Infant and Young Child Feeding	60	40			100
Means of Verification : IYCF training reports							
Activities							
Activity 2.1.1							
Train health workers on IYCF counselling package							
Activity 2.1.2							
conduct IYCF counselling to pregnant and lactating mothers with children < 24 months in the project locations							
Outcome 3							
Timely and reliable nutrition data is provided in priority counties for evidence based nutrition interventions							
Output 3.1							
Description							
10 SMART surveys are conducted in priority counties							
Assumptions & Risks							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	NUTRITION	[Frontline] Number of pre and post SMART surveys undertaken					10
Means of Verification : SMART Survey Reports and NIWG Assessment database							
Activities							
Activity 3.1.1							
Identify priority counties for SMART survey through Nutrition Information Working Group (NIWG)							
Activity 3.1.2							
Conduct Nutrition SMART surveys in priority counties							
Activity 3.1.3							
Submit Survey proposal and results for NIWG validation							
Activity 3.1.4							
Disseminate survey results to nutrition cluster members and partners for programme interventions.							
Additional Targets :							

M & R

Monitoring & Reporting plan

This project is designed to be delivered through RRM model. UNICEF and RRM task force usually identify priority areas for RRM missions using different sources of information mainly agency situation reports and assessments reports like IRNA , RRM teams then develop scheduled RRM mission plans on monthly basis. The Community Nutrition Volunteers and RRM Nutrition officers conduct MUAC screening and information on the number of Children screened is collected and recorded using tally sheets, while information the children identified with SAM or MAM receive initial treatment ration to last them about a month besides being referred to the nearest CMAM site using referral slips. The information on Pregnant and Lactating women counselled/reached with MIYCN messages , children screened ,treated and referred form integral part of the RRM field mission reports usually developed at the end of RRM mission ,the report is reviewed and circulated widely through the cluster for any follow up by partners . RRM matrix will be updated regularly to provide information on the location, estimated population, and number of beneficiaries screened and number identified as SAM and MAM and treated. This matrix will be also be shared widely through the cluster. Recent developed MUAC screening tally sheets that disaggregates children by sex and age below and above 2 years will be utilized to use for prevalence estimates. Furthermore the CDC developed MUAC analysis sheet will be used to control for the obvious bias of MUAC and use information to understand severity of the malnutrition in the different locations .

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Train nutrition screening volunteers and health workers on MUAC screening, oedema detection and management of SAM	2017				X	X	X	X	X	X			
	2018												
Activity 1.1.2: Train health workers in the priority locations on community management of acute malnutrition based on the new CMAM guidelines for south sudan	2017				X	X	X	X	X	X			
	2018												
Activity 1.1.3: Carry out active MUAC and oedema screening of children 6-59 months in targeted communities	2017				X	X	X	X	X	X			
	2018												
Activity 1.1.4: Conduct regular monitoring and supportive supervision missions to the project locations	2017				X	X	X	X	X	X			
	2018												
Activity 1.1.5: Coordinate CMAM progress through nutrition sub-cluster meetings	2017				X	X	X	X	X	X			
	2018												
Activity 1.1.6: Refer SAM and MAM cases to OTP/IPF and targeted supplementary feeding programmes (TSFPs) accordingly	2017				X	X	X	X	X	X			
	2018												
Activity 2.1.1: Train health workers on IYCF counselling pacakge	2017				X	X	X	X	X	X			
	2018												
Activity 2.1.2: conduct IYCF counselling to pregnant and lactating mothers with children < 24 months in the project locations	2017				X	X	X	X	X	X			
	2018												
Activity 3.1.1: Identify priority counties for SMART survey through Nutrition Information Working Group (NIWG)	2017				X	X	X	X	X	X	X	X	X
	2018	X	X	X									
Activity 3.1.2: Conduct Nutrition SMART surveys in priority counties	2017				X	X	X	X	X	X	X	X	X
	2018	X	X	X									
Activity 3.1.3: Submit Survey proposal and results for NIWG validation	2017				X	X	X	X	X	X	X	X	X
	2018	X	X	X									
Activity 3.1.4: Disseminate survey results to nutrition cluster members and partners for programme interventions.	2017				X	X	X	X	X	X	X	X	X
	2018	X	X	X									

OTHER INFO

Accountability to Affected Populations

UNICEF nutrition programme will be accountable to the project beneficiaries by working closely with communities from project initiation through implementation and monitoring of results. UNICEF will ensure active community consultations from in project planning to implementation of the planned activities. Regular field and onsite monitoring and coaching will be provided. During the direct implementation, the project will engage beneficiaries in project implementation. All Community Nutrition Volunteers will be selected and serve their community where the rapid response intervene.

Implementation Plan

UNICEF will provide direct implementation through the RRM missions .RRM missions are preceded by a situation assessment (a desk review assessment) of the location to better inform the type of rapid response nutrition intervention needed. The information will include Site specific assessments, Global Acute Malnutrition (GAM) rate, nutrition partner presence & capacity, population, projected caseload and Food Security response modality.

Once the location identified, RRM team are deployed jointly with potential partners to continue the services after the mission. Supplies are also transported . Training of health workers and nutrition community volunteers will be done in line with MOH CMAM/MIYCN guidelines. The capacity building of partners will include CMAM trainings, on the job training, provision of key tools and job aids, on the job training, provision of key tools and job aids and monitoring of existing activities. On the other hand SMART surveys will be coordinated through NIWG .

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

Population of boys, girls and women in need of nutrition interventions in South Sudan are based on findings of different surveys and nutrition assessments conducted across South Sudan. Accordingly the nutrition programmes are designed to meet the needs of these target vulnerable groups who are mainly boys and girls under the age of 5 years together with pregnant and lactating women. Therefore gender segregated needs of the target beneficiaries has been considered in the planned project activities. In addition there is planned engagement of target beneficiaries - boys and girls and women at all levels to ensure this project contributes to gender parity.

Protection Mainstreaming

In collaboration with the child protection section, UNICEF will ensure that children and their mothers are provided with psychosocial counselling to ensure that women are able to continue to care for their children. Children undergoing nutrition treatment at the inpatient SC will be provided will toys and play materials for stimulation as part of SC treatment.Lastly efforts will be made to link all the children discharged from CMAM to existing social protection schemes .

Country Specific Information

Safety and Security

Women and children will be provided with safe and child friendly spaces so they can play and care for their children.

Access

Nutrition services will be set up in close proximity to beneficiaries to ensure safe access by the beneficiaries. The RRM program as designed will ensure services are taken closer to the beneficiaries as much as possible even those in hard to reach areas.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	RRM Nutrition consultants- NOB	D	2	3,500.00	6	100.00	42,000.00
	<i>The nutrition consultant will conduct Monthly RRM missions to remote and hard to reach locations</i>						
1.2	Nutrition Specialist -RRM -P3	D	1	19,274.00	6	100.00	115,644.00
	<i>Plans ,coordinates and supervises RRM missions and teams</i>						
1.3	Nutrition Information Specialist -P-3	D	1	19,271.00	6	25.00	28,906.50
	<i>Management of Nutrition information including RRM data</i>						
	Section Total						186,550.50
Supplies, Commodities, Materials							
2.1	Transportation and distribution of Therapeutic Nutrition supplies /IEC materials	D	1	2,750.00	6	100.00	16,500.00
	<i>This cost is for transportation and distribution of lifesaving nutrition supplies to 11 priority counties</i>						
2.2	Printing of Nutrition program documents and Training materials (CMAM and IYCF guidelines plus training materials)	D	10	12,000.00	1	100.00	120,000.00

	<i>The Materials will be based on the newly validated CMAM/MIYCN Guideline and Strategy. The printing cost components include: OTP registers , OTP treatment cards ,ration cards ,CMAM monitoring checklist ,monthly reporting tools ,CMAM training manuals for Skilled health workers ,CNV/HHP and Supportive supervision package for both participants and trainers. .For MIYCN the printing includes MIYCN counselling cards ,Training manuals for participants and trainers .MIYCN reporting tools and MIYCN IEC materials and flyers</i>						
2.3	Nutrition surveys (SMART surveys)	D	10	20,00 0.00	1	100.00	200,000.00
	<i>UNICEF as the custodian of NIWG will be in charge of the survey money on behalf of the NGO partners. The funds will be made available to partners for surveys within the project duration.</i>						
2.4	Incentives for Community Nutrition Volunteers	D	25	50.00	6	100.00	7,500.00
	<i>Incentives for community volunteers taking part in RRM missions 25 per RRM</i>						
2.5	Training of health workers on IYCF/CMAM based on new CMAM/IYCF guidelines and strategy	D	10	10,00 0.00	1	100.00	100,000.00
	<i>UNICEF therefore will use the capacity development funds proposed in this project to train all the NGO partners implementing nutrition interventions together with MoH staff both at State and county levels @ USD 10,000 per states .</i>						
	Section Total						444,000.00
Travel							
5.1	Local travel (flight cost) for 7 National /international nutrition staff and consultants conducting Rapid Response Missions: two mission /month for each staff April 2017 – Sept 2017.	D	7	1,200 .00	6	100.00	50,400.00
	<i>Rapid Response Missions: Two missions /month for each staff April 2017 –Sept 2017</i>						
5.2	DSA for Nutrition staff and RRM team missions at a rate of USD 91/day for an average of 14 days/mission. Estimated one missions/month for each staff during the period April 2017- September 2017	D	7	1,274 .00	6	100.00	53,508.00
	<i>This cost includes DSA for RRM missions at a rate of USD 91/day for an average 7 days/mission. Estimated at 2 missions/month for each staff during period April-Sept 2017</i>						
	Section Total						103,908.00
General Operating and Other Direct Costs							
7.1	Office running and maintenance ,fuel and security costs	s	1	15,45 0.00	6	50.00	46,350.00
	<i>Garbage and cleaning services for @USD 450*6 =2700 ,Fuel for generator and motor vehicle @USD 1150*6= 6900, Security costs: guards +alarms /CCTv and car track @USD 500*6 = 3000 ,Water supplies and copier machines @USD 400*6= 2400 ,Total =USD 15450 per month</i>						
	Section Total						46,350.00
SubTotal			75.00				780,808.50
Direct							734,458.50
Support							46,350.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							54,656.60
Total Cost							835,465.10
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Fangak	6		5,838	71	74	5,983	
Northern Bahr el Ghazal -> Aweil North	16		15,568	191	198	15,957	
Northern Bahr el Ghazal -> Aweil South	9		8,757	107	112	8,976	
Unity -> Guit	3		2,919	36	37	2,992	
Unity -> Koch	8		7,784	95	99	7,978	

Unity -> Leer	7	6,811	83	87	6,981
Unity -> Mayendit	5	4,865	60	62	4,987
Unity -> Mayom	11	10,703	131	136	10,970
Unity -> Panyijiar	4	3,892	48	50	3,990
Unity -> Rubkona	12	11,676	143	149	11,968
Warrap -> Gogrial West	19	18,487	226	235	18,948

Documents	
Category Name	Document Description