

## South Sudan 2012 CHF Standard Allocation Project Proposal

*Proposal for CHF funding against Consolidated Appeal*

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>  
or contact the CHF Technical Secretariat [chfsouthsudan@un.org](mailto:chfsouthsudan@un.org)

This proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The proposal should explain and justify the activities for which CHF funding is requested and it is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Allocation Matrix (Excel template).

### SECTION I:

<b>CAP Cluster</b>	<b>Health</b>
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#### CHF Cluster Priorities for 2012 First Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

<b>Cluster Priority Activities</b>	<b>Cluster Geographic Priorities</b>
<ul style="list-style-type: none"> <li>➤ Continuation of basic frontline services in high risk counties</li> <li>➤ Increased emergency preparedness activities</li> <li>➤ Continuation of support for agencies able to provide surge capacity</li> </ul>	High risk/hotspot counties

#### Project details

The sections from this point onwards are to be filled by the organization requesting for CHF.

<b>Requesting Organization</b>	<b>Project Location(s)</b> (list State, County and if possible Payam where CHF activities will be implemented)
CARE South Sudan	Nyeel; Biu; Panyang; Nhial Diu; Rubkona; Bentiu; Guit; Rubkuai; and Two Mobile Clinic( Stationed in Bentiu and Pariang )
<b>Project CAP Code</b>	Rubkona County : Nhial Diu payam , Rubkona Payam
SSD-12/H/46148	Pariang County: NyeelPayam ; Biu Payam; Panyang Payam;
<b>CAP Project Title</b>	Guit County Guit Payam
Unity State Emergency PHC Project	Mayiendit County : Rubkuai Payam
	Mobile Out reach( Out reach to Mayendit, Pariang, Guit and Rubkona)

<b>Total Project Budget in South Sudan CAP</b>	<b>Amount Requested from CHF</b>	<b>Other Resources Secured</b>
US\$ 681,392	US\$ 300,000	0

<b>Direct Beneficiaries</b>	<b>Total Indirect Beneficiary</b>
Women: <b>46363</b>	
Men: <b>27452</b>	<b>Catchment Population (if applicable)</b>
Girls: <b>10316</b>	Expected new influx among the returnees and IDPS; expected beneficiaries reached through the mobile outreach service in counties outside the project location. Trained community outreach volunteers and health staff.
Boys <b>8440</b>	

<b>Implementing Partners</b> (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)	<b>Project Duration</b> (max. of 12 months, starting from allocation date)
	Start Date (04/01/12):
	End Date (03/31/13):

<b>Address of Country Office</b>	<b>Address of HQ</b>
Project Focal Person ;Tamba Kassoh	e-mail desk officer <a href="mailto:TKassoh@ss.care.org">TKassoh@ss.care.org</a>
Email & Tel: <a href="mailto:Tkassoh@ss.care.org">Tkassoh@ss.care.org</a> +211955216017	e-mail finance officer:
e-mail country director: <a href="mailto:FClaudia@ss.care.org">FClaudia@ss.care.org</a>	Address:
e-mail finance officer: <a href="mailto:washfaque@ss.care.org">washfaque@ss.care.org</a>	
Address : CARE South Sudan, Tongpng Area; Down Kololo Road; Juba South Sudan	

## SECTION II

### A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population<sup>1</sup>

According to a baseline assessment conducted by CARE in coordination with SMOH in April 2010, it was established that the primary health care services in Unity State Have inadequate number of qualified health personnel, inadequate supplies of essential drugs and medical equipments, very poor infrastructure and there were no health facilities in Alie, Gumbriek, Yida and Wunkur Payams of Panriang County. The most common morbidity includes malaria, ARI, Diarrhea and conjunctivitis. In the rest of ongoing CARE PHC project, in Unity State the daily OPD attendances is between 60 -90 patients per day. In Rubkona County, Norlam and Budang Payams have no functional health facilities and the sick have to walk for approximate 12- 36b hours days to reach Rubkona PHCC or Bentiu hospital. In this situation women and children will suffer most.

Rubkona PHCC and the Drugs' warehouse have never been renovated since their construction in 2002 and now both are in urgent need for rehabilitations because they have several leakages especially labour room, pharmacy and the drugs store.

Overwhelmingly, health providers were not motivated; at the PHCCs and PHCUs levels because some have no salaries while the others' salaries are delayed for longer periods.

The DPT3 and the TT2+ coverage still remained below 50% and 60% respectively and 84.9% of deliveries were attended the local TBAs,

In general, the health care situation, water and sanitation are major concerns throughout the State. The environmental awareness is very low among the communities. There is no solid waste disposal system and wastes are dumped around the homes. Very few household have latrine; standard of personal hygiene is very low; burning of grass and over grazing is widespread.

In the proposed project area, men will be targeted to take a major role in family planning, birth spacing, marriage decisions and contraceptive choice. The women are less able to access health services than men, because they have less control over household and community resources to seek out health care The overall picture showed that the PHC services delivered to the community (pregnant and lactating mothers; under 5yrs children; boys and girls; men and women; and the elderly are inadequate and the situation will be made worst by the arrival of new returnees. Hence there is need to support, expand

### B. Grant Request Justification

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

CARE is currently supporting 14 health facilities in Unity State. The majority of the health facilities (Twelve) including Panyang are supported by BSF, the current BSF grant runs up to December with a total project budget of 999,129 GBP, UNHCR is supporting Yida PHCC and the Nyeel PHCU is currently being supported by CHF.

In anticipation of a possible influx of over 100,000 returnees from Sudan after the 8 April deadline for them to leave the Country; potential displacements in the case of further inter-tribal cattle raiding; continued cross-border insecurity; internal militia groups threats; insufficient humanitarian capacity to meet the ever – increasing needs. CARE is requesting for funding to establish two mobile clinics in Bentiu and Pariang to provide health services in identified way stations, temporary settlements and other under served areas. The influx of returnees is likely to increase the demand of services in the existing CARE supported facilities, to cope with the demand in health services, CARE is requesting for additional resources to increase its capacity to respond to the anticipated increase in health services.

1. Maintain the existing safety net by providing basic health packages and emergency referral services
2. Strengthen preparedness for emergencies including referral.
3. Respond to health related emergencies including control the spread of communicable diseases

### C. Project Description (For CHF Component only)

#### i) Purpose of the grant

Briefly describe how CHF funding will be used to support core humanitarian activities

Project Purpose: Improved and sustainable access to basic Health package

#### ii) Objective

State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

General Objective: Contribute to improved overall health status of the IDPs , Returnees and the poor vulnerable population in seven payam of four Counties of Unity State by March 2013.

1. Specific Objectives: To reduce morbidity in women, men and children through provision of access to the widest package of primary health and reproductive health services which include medical treatment, ante natal care, provision of clean delivery kits, skilled management of deliveries; family planning services, immunization, prevention and management of sexually transmitted diseases.

2. To build the capacity the SMOH and local institutions to deliver high-quality primary health care and maternal, neonatal and reproductive health (MNRH) services.

3. To empower families and communities to serve as informed and effective consumers of primary health care and (MNRH) care and to serve as advocates on their own behalf in securing an enabling environment for the provision of essential PHC and MNRH services.

4. To ensure faster progress in reaching Primary Health Care and maternal reproductive care to the IDPs , returnees and the poor, vulnerable host communities

Project Purpose: Improved and sustainable access to basic and essential primary and reproductive health services for 147149 vulnerable persons 4 underserved Counties of Unity State. This purpose will contribute to MDGs 4, 5 and 6 through reducing child mortality, improving maternal health, and combating disease such as malaria.

<sup>1</sup> To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

<p><b>iii) Proposed Activities</b>  <u>List the main activities to be implemented with CHF funding.</u> As much as possible link activities to the exact location of the operation and the corresponding number of <u>direct beneficiaries.</u></p> <p>Provide a basic package of health services including reproductive health, HIV/AIDS and child survival packages</p> <ul style="list-style-type: none"> <li>• Recruit qualified men and women PHC skilled staff to deliver quality services</li> <li>• The Project will provide outpatient curative services in seven Payams by operating 4 PHCCs in Rubkona, Nhialdui, Rubkuai, Biu and 3 PHCUs in Guit, Nyiel, and Payang and in addition the project will operate two mobile clinic services to provide PHC service to Payams which have no health facilities wherever security allow. (Stationed in Bentiu and Pariang)</li> <li>• The project will conduct daily routine immunizations in the seven health facilities and conduct outreach immunization in the mobile clinic. The project will participate in all Vaccination campaigns.</li> <li>• The Project will conduct Health education sessions at various levels</li> <li>• Sensitize TBAs to refer identify and refer high risk pregnant mothers delivering in the PHCC</li> <li>• Educate / counsel pregnant women and families on birth planning and preparedness plans and referral of high risk pregnant women and families to deliver in PHCC.</li> <li>• Distribute clean delivery kits to pregnant women.</li> <li>• Train health workers men and women in comprehensive integrated ANC, FP, EPI and nutritional screening.</li> <li>• Establish communication and referral system between Health Workers targeting returnee women, infants &amp; children at PHCCs</li> <li>• Support PHCC to provide BEmOC services provided and PHCUs to provide ANC and RH services</li> <li>• Procure and distribute and repositioned essential drugs, medical equipment, &amp; RH supplies e.,g.safe delivery equipment, EmOC guidelines, 'newborn care kits' &amp; home delivery kits to PHCUs and PHCCs</li> <li>• Facilitate the creation of surgical and Obstetrical emergency referral system between health facilities and hospitals.</li> <li>• Develop and distribute IEC materials.</li> <li>• Support CHD staff and health workers men and women to collect, analyze, plan and monitor PHC interventions using HMIS data</li> <li>• Facilitate quarterly coordination meetings between CHD staff, health workers, village health committees and implementing partners.</li> <li>• Promote equitable use of project resources, particularly access to MRH resources and services by pregnant /lactating women and equitable practices between boy and girl children.</li> <li>• Make deliberate attempts to increase women's representation by improving their knowledge of healthy practices and promoting their decision-making power regarding health priorities and expenditures.</li> <li>• Engage stakeholders, community and traditional leaders, men, women and particularly mothers-in-law/grandmothers to facilitate social change and improvements.</li> <li>• Address environmental indicators such as; constructions and usage of latrines; promotion of personal hygiene; burning of grass; destruction of water wells; fencing off areas; over grazing; disposal of garbage and waste products around health facilities will be monitored.</li> <li>• Strengthen community awareness on the prevention and socio-economic and cultural effect of the HIV/AIDS on households and communities through community health promoters, village health committees</li> <li>• Train and mentor community midwives and MCHWs to improve quality of MRH care .Train/ Mentor CHD staff in effective supportive supervision &amp; feedback</li> <li>• Train health partners on epidemic preparedness, surveillance, case management and EWARN</li> <li>• Train key health staff on emergency response.</li> <li>• Assess and respond to the potential outbreaks and other humanitarian</li> </ul> <p><b>iv). Cross Cutting Issues</b>  Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)</p> <p>CARE South Sudan's five year strategic plan identified two Impact Groups (i) vulnerable rural women and girls of reproductive age and (ii) marginalized and vulnerable rural male youth aged 14 to 35 years. CARE has a strategy for increasing women's participation in the provision of basic services by ensuring their active involvement and participation in project decision making structures and empowerment through trainings. Under this project, these two impact groups will actively participate in nutrition and health education - on exclusive breastfeeding, appropriate complementary feeding, hygiene and environmental sanitation and HIV/AIDS awareness, prevention and control campaigns.</p> <p>There will be a particular focus on the targeting of rural women and girls of reproductive age, under five children and youth who represent the most vulnerable segments within the identified counties. CARE's approach under this project will be based on extensive previous and ongoing studies of expressed community needs that will ensure inclusion of the most marginalised groups in primary health care decision making.</p> <p><b>v) Expected Result/s</b>  List below the results you expect to have at the end of the CHF grant period, and provide no more than five indicators you will use to measure the extent to which those results will have been achieved. At least <u>three</u> of the indicators should be out of the cluster <u>defined Standard Output Indicators.</u></p> <p>Increased access to PHC and Maternal and Reproductive Health services by women and adolescent girls in target communities  Increased support by men, community &amp; religious leaders for women &amp; girls need for PHC and MRH services  Improved ability of men and women health workers and community health workers to provide quality PHC and Maternal and Reproductive Health services at facilities in the four counties  Increased access to outreach PHC and MRH services  Increased ability of the village Health Committees to represent needs of women, girls and communities in monthly meetings  Enhanced ability of CHDs to plan, manage, monitor and evaluate PHC and integrated Maternal and Reproductive Health services within the county  Improved health seeking behavior.  MCHWs &amp; TBAs conducting outreach education to pregnant women &amp; adolescent girls, husbands and families at the household</p>

Pregnant women and girls, husband and families aware of where ANC, PNC, normal delivery and BEmOC services are available in the payams  
 TBAs supported for facilitating high risk pregnant women referral to PHCCs for delivery  
 Empowering Women  
 Community mobilization  
 Communities (men & women leaders) mobilized to support women & adolescent girls to use of MH/RH services  
 Men are aware and supportive of women's and adolescent girls MRH needs  
 Birth planning and preparedness plans are created by families  
 Improved Capacity.  
 Community midwives and MCHWs from target communities provided refresher training and mentoring to improve quality of care delivered  
 IDPs and returnee pregnant and lactating women, are provided integrated ANC, FP, and EPI at every contact with PHCU/PHCCs in Unity State  
 Skilled midwives are recruited to provide skilled delivery and Basic EmOC services in the seven target Payams.  
 The 4 PHCCs & 3 PHCUs are equipped and stocked.  
 Obstetrical emergency referral system established between health facilities  
 IEC materials adapted and/or developed in the payams  
 Trained MCHWs & TBAs are conducting outreach education to pregnant women & adolescent girls, husbands and families at the household  
 CHD men and women staff collect and analyze HMIS data for planning and monitoring services  
 Coordination & leadership  
 Quarterly Coordination meetings established to report on activities in counties between CHD staff, health workers, BHCs and implementing partners

	<b>Indicator</b>	<b>Target (indicate numbers or percentages)</b>
1	Birth planning and preparedness plans are created by families and deliveries by trained health worker in facility	25%
2	Emergency Cases referred to Hospital	20%
3	Number of health workers trained in MISP/communicable diseases/outbreaks/IMCI/CMR	30
4	Number of health facilities providing BPHS	6
5	Total number of beneficiaries	73,815

**vi) Implementation Mechanism**

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

Implementation: The strategy of implementation will involve partnerships with state Ministry of Health at its various levels. The County/ Payam authorities and the beneficiaries will actively participate to develop sense of ownership and sustainability of the services. The project will always collaborate with UN agencies and INGO actors on ground to ensure collaborative approach and avoid duplication of interventions. Most of the staff will be seconded from the SMOH, while CARE will hire professional health staff to fill the gaps that SMOH cannot fill. The SMOH staff will receive incentives from CARE while their salaries and other benefits will be paid by the SMOH. CARE will build the capacity of the SMOH staff through training in technical health areas as well as on community participation. CARE will facilitate the improved provision of primary health care services through essential material support (in form of medical drugs equipment and supplies) to the health facilities augmented by capacity building of SMOH staff in technical health and organisational/management issues.

**vii) Monitoring Plan**

Describe how you will monitor progress and achievements of the project.

The M&E activities will be under direct supervision of the CARE South Sudan Program Quality and Learning Coordinator who will pay regular field visit to ensure that the designed project M&E system is implemented in accordance to the objectives and activities in the project proposal including the expected results.

The tools and techniques to be used for monitoring and evaluation of this project will be:

- Monitoring visits to service delivery areas using health facility checklist to ensure the essential equipment and supplies are in place.
- Observations of case managements to assess the practical skills of the service providers.
- Conduction of user (beneficiary) exit interview.
- Regular review meetings monthly (at health facility level) and quarterly (at project level) with staff and partner on the progress of implementation of project plan against the targets as well as discussions on identified challenges and remedial solutions.
- Financial Monitoring. Examination of the project activities against approved budget and the actual expenditures. The project will also undergo mid-term internal audit and final external audit and evaluation at the end of the project
- Field Visits including spot checks, focus group discussions and key informant interviews on project progress and challenges. The monitoring and evaluation officer will conduct scheduled visits to all centres. Project staff will collect raw activities data from the PHCCs on regular basis (weekly, monthly and quarterly). The information collected will be analyzed shared with the relevant partners. The results will be used to improve project implementation and inform decision-making.
- Community beneficiary feedback mechanisms

**E. Committed funding**

Please add details of committed funds for the project from other sources including in-kind supports in monetary terms (USD)

<b>Source/donor and date (month, year)</b>	<b>Amount (USD)</b>

### SECTION III:

This section is **NOT required** at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

LOGFRAME			
CHF ref. Code: SSD-12/H/46148	Project title: Unity State Emergency PHC Project	Organisation: <u>CARE South Sudan</u>	
<b>Overall Objective:</b> Contribute to improved overall health status of the IDPs, Returnees and the poor vulnerable population in seven payam of four Counties of Unity State by March 2013.	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>• Reduced mortality</li> </ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>• HMIS</li> </ul>	
<b>Specific Project Objective/s:</b> To reduce morbidity in women, men and children through provision of access to the widest package of primary health and reproductive health services which include medical treatment, ante natal care, provision of clean delivery kits, skilled management of deliveries; family planning services, immunization, prevention and management of sexually transmitted diseases.	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>• Reduced diseases prevalence by disease</li> <li>• Increased access to PHC and Maternal and Reproductive Health services by women and adolescent girls in target communities</li> </ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>• HMIS</li> </ul>	<b>Assumptions &amp; risks:</b> <ul style="list-style-type: none"> <li>• Staffing and attrition</li> <li>• Continuous funding</li> <li>• Project site accessibility</li> <li>• Stable political situation</li> </ul>
<b>Results - Outputs (tangible) and Outcomes (intangible):</b> <ul style="list-style-type: none"> <li>• Increased access to PHC and Maternal and Reproductive Health services by women and adolescent girls in target communities</li> </ul>	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li>• Number of beneficiaries accessing health services</li> </ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>• HMIS</li> </ul>	<b>Assumptions &amp; risks:</b> <ul style="list-style-type: none"> <li>• Staffing and attrition</li> <li>• Continuous funding</li> <li>• Project site accessibility</li> <li>• Stable political situation</li> </ul>
<ul style="list-style-type: none"> <li>• Improved ability of men and women health workers and community health workers to provide quality PHC and Maternal and Reproductive</li> </ul>	<ul style="list-style-type: none"> <li>• Number of health workers trained in MISP/communicable diseases/outbreaks/IMCI/CMR</li> </ul>	<ul style="list-style-type: none"> <li>• Activity review reports</li> </ul>	<ul style="list-style-type: none"> <li>• Staffing and attrition</li> <li>• Continuous funding</li> <li>• Project site accessibility</li> <li>• Stable political situation</li> </ul>

<p><b>Activities: Result (1)</b></p> <ul style="list-style-type: none"> <li>• Provide a basic package of health services including reproductive health, HIV/AIDS and child survival packages</li> <li>• The project will conduct daily routine immunizations in the seven health facilities and conduct outreach immunization in the mobile clinic.</li> <li>• The project will participate in all Vaccination campaigns.</li> <li>• The Project will conduct Health education sessions at various levels</li> <li>• Procure and distribute and prepositioned essential drugs, medical equipment, &amp; RH supplies e.,g.safe delivery equipment, EmOC guidelines, 'newborn care kits' &amp; home delivery kits to PHCUs and PHCCs</li> <li>• Facilitate the creation of surgical and Obstetrical emergency referral system between health facilities and hospitals.</li> <li>• Develop and distribute IEC materials.</li> </ul>	<p><b>Inputs:</b></p> <ul style="list-style-type: none"> <li>• Medical supplies, staff, facility equipment vehicle</li> </ul>		<p><b>Assumptions, risks and pre-conditions:</b></p> <ul style="list-style-type: none"> <li>• Staffing and attrition</li> <li>• Continuous funding</li> <li>• Project site accessibility</li> <li>• Stable political situation</li> </ul>
<p><b>Activities: Result (2)</b></p> <ul style="list-style-type: none"> <li>• Train health workers men and women in comprehensive integrated ANC, FP, EPI and nutritional screening.</li> <li>• Train and mentor community midwives and MCHWs to improve quality of MRH care .</li> <li>• Train/ Mentor CHD staff in effective supportive supervision &amp; feedback</li> <li>• Train health partners on epidemic preparedness, surveillance, case management and EWARN</li> <li>• Train key health staff on emergency response.</li> </ul>	<p>Medical supplies, facility equipment, staff, materials, vehicle</p>		<ul style="list-style-type: none"> <li>• Staffing and attrition</li> <li>• Continuous funding</li> <li>• Project site accessibility</li> <li>• Stable political situation</li> </ul>

## PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).  
The workplan must be outlined with reference to the quarters of the calendar year.

Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012			Q1. / 2013		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Result 1</b>															
Provide a basic package of health services including reproductive health, HIV/AIDS and child survival packages				X	X	X	X	X	X	X	X	X	X	X	X
The project will conduct daily routine immunizations in the seven health facilities and conduct outreach immunization in the mobile clinic.				X	X	X	X	X	X	X	X	X	X	X	X
The project will participate in all Vaccination campaigns.						X			X			X			
The Project will conduct Health education sessions at various levels				X	X	X	X	X	X	X	X	X	X	X	X
Procure and distribute and prepositioned essential drugs, medical equipment, & RH supplies e.,g.safe delivery equipment, EmOC guidelines, 'newborn care kits' & home delivery kits to PHCUs and PHCCs				X	X	X	X	X	X	X	X	X	X	X	X
Facilitate the creation of surgical and Obstetrical emergency referral system between health facilities and hospitals.					X	X		X		X	X	X			
Develop and distribute IEC materials.					X			X		X	X	X			
<b>Result (2)</b>															
Train health workers men and women in comprehensive integrated ANC, FP, EPI and nutritional screening.				X			X				X				
Train and mentor community midwives and MCHWs to improve quality of MRH care .								X				X			
Train/ Mentor CHD staff in effective supportive supervision & feedback							X		X						
Train health partners on epidemic preparedness, surveillance, case management and EWARN				X						X					
Train key health staff on emergency response.					X						X				

\*: TIMELINE FOR EACH SPECIFIC ACTIVITY MUST BE MARKED WITH AN X AND SHADED GREY 15%