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

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:

CAP Cluster	NUTRITION

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.

Cluster Priority Activities

Cluster objectives and activities as outlined in CAP
Treatment services for Severe Acute Malnutrition and Moderate Acute Malnutrition in children under 5 years, P&LW and other vulnerable groups, through SCs, OTPs and TSFPs - including training of staff
Prevention services for children under 5 years and P&LW through - micronutrient supplementation U5 & P&LW, community screening (MUAC) and referral of U5, blanket supplementary feeding in hunger gap and in acute emergency 3-36mths, promotion and support of IYCF; includes training health workers, MSGs and CBOs
Strengthen Nutrition emergency preparedness and response capacity - Cluster coordination, Management and analysis of nutrition information, Rapid assessments and SMART surveys in line with cluster standards, Capacity building of CBOs, MSGs, NNGOs and CHD & SMOH on emergency preparedness and response.

Cluster Geographic Priorities

Hot spot areas in high priority states will be prioritized

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

Requesting Organization

World Relief

Project CAP Code

SSD-12/H/46277/5926

CAP Project Title

Community-based nutrition in complex humanitarian emergency project South Sudan in Unity state

Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented)

Unity State in Koch, Abiemnom and Mayom Counties
Payam(Abiemnom, Boaw, Pakur, Bieth, Mankien, Ruothnybol, Bieh, Kwyerek and Riak)

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Resources Secured
US$ **400,000**	**US$ 150,000**	**US$ 144,080**

Direct Beneficiaries	
Women:	**50**
Men:	**50**
Girls:	**3,226**
Boys	**2,151**
Total number of beneficiaries	**5,477**

Total Indirect Beneficiary

-

Catchment Population (if applicable)

-

Beneficiary breakdown		
Women	P&LW	
	Trainees	**50**
	Beneficiaries of IYCF promotion	-
	Other vulnerable	-
Men	Trainees	**50**
	Beneficiaries of IYCF promotion	-
	Other - vulnerable	-
Children U5 Yrs	SAM	**1,763**
	MAM	**3,614**
	BSFP	-
	Micronutrient supplementation	**5,377**
	De-worming	**5,377**

Implementing Partners (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)

No,

Project Duration (max. of 12 months, starting from allocation date)

Start Date (mm/dd/yy): 04/01/2012

End Date (mm/dd/yy): 12/31/2012

Address of Country Office

Project Focal Person: Getish Tamirat, Health and Nutrition Program Manager, World Relief South Sudan, Email: gtamirat@wr.org Tel: +211955562362

Paul Okello, Country Director World Relief South Sudan
Hai Cinema POBox 41, Juba, Southern Sudan Tel: +211 915 790 539 / +211 977407420
e-mail country director: pokello@wr.org

e-mail finance officer: TKikulube@wr.org

Address of HQ

e-mail desk officer
Belletech Deressa, Director of International Operations
Email: bderessa@wr.org
Tel: (+1-443-451-1900)
Mailing Address: 7 E. Baltimore St Baltimore, MD 21202
Fax: 443-451-1955
e-mail finance officer:

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[1]

According to the Sudan Country Analysis only one third of the population has access to adequate health services. The average population per functional health facility ranges from 4,000 to up to 34,000.[2] Facilities are generally very weak and in some areas have been non-existent for years. The problems are many and wide ranging, from lack of funding, investment and poor infrastructure and services, to more specific problems such as scarcity of qualified staff and a high prevalence of communicable diseases. Community awareness of the importance of hygiene practices, sanitation and health issues are low, and there is no functioning health surveillance system. The maternal mortality rate is estimated to be 2,054 per 100,000 births[3], one of the highest in the world, largely accounted for by the lack of emergency facilities and skilled birth attendants. Moreover, for every maternal death, 30 women are expected to develop severe morbidities. The report further noted 30% of mothers give birth without any attendance from either skilled or traditional birth attendants, or only three in every five pregnancies result in a live birth. The UN has said that at present the Millennium Development Goals to reduce MMR by 75% by 2015 is unreachable.[4] Barely one fifth of children aged 0-6 months receive exclusive breastfeeding as recommended by UNICEF[5]. Malnutrition rates in South Sudan are persistently above the

[1] *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.*
[2] *UN Work plan Sudan 2011*
[3] *2006 Sudan Household Health Survey*
[4] *United Nations Sudan Country Analysis. November 2007.*
[5] *2006 Sudan Household Health Survey.*

emergency threshold and exceed 20 per cent of children under-5 in certain areas.[6] Only 2 per cent of children are fully vaccinated, and only 21 per cent of children receive a measles injection before their first birthday.

World Relief's facility based statistics show high prevalence of communicable diseases which can be prevented or treated if they are diagnosed early and correct treatments are administered. Malaria, Diarrheal diseases, Respiratory Tract infections, Urinary tract Infections, STI, skin, and eye infections are the main causes of morbidity and mortality in the area. South Sudan has the highest maternal mortality rate in the world, reaching 2,054 per 100,000 live births, with only 14.7 per cent of women delivering with the help of skilled attendants. Birth registration is low, only 5.8 per cent of children are fully immunized and malnutrition remains above the emergency threshold. Nationwide HIV/AIDS prevalence is estimated at 3 per cent among pregnant women.[7]

The nutrition situation in the three counties is critical as the GAM rate was estimated at above WHO's 15% emergency threshold by WR's July 2010 survey, and the situation has only become worse since then with the steady increase of returnees in the area. According to OTP data, 40% of malnourished children enrolled in the program are from returnees. Returnees are especially vulnerable to malnourishment while their households are in transition and often food insecure. The increasing presence of malnourished returnees has stressed the already very limited nutrition services available.

The targeted counties- Abiemnom, Mayom and Koch have experienced an influx of returnees coming back after independent and eventual resettlement, and are areas which have experienced significant tribal fighting and internal displacement of people. In addition to immediate food and shelter requirements, returnees have a special need for the provision of farming inputs and capacity building in agricultural techniques. The inability of returnees and IDPs to meet their own food needs has led to tensions with host populations and feeds into a cycle of violence where competition for scarce resources reinforces vulnerabilities, which make resources scarcer. The road network is still poor and worst in the rainy seasons with some areas being in accessible this hampers greatly provision of health and nutrition services. It is still vital to maintain emergency nutrition program and a stronger nutritional surveillance system to curb and confine malnutrition in three counties(Koch, Mayom and Abiemnom)

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

World Relief has been providing health and nutritional services to more than 30,500 direct beneficiaries and support approximately 12,000 returnees and IDPs in Unity State of South Sudan. WR also provide support to strengthening the health systems in Abiemnom, Koch and Mayom Counties through building the capacity of the CHDs to manage and support health centers which are overstretched by returnees and improving quality of care through clinical training of health facility staff.

Nutrition situation in Unity State is critical as GAM was estimated above the emergency thresholds of WHO 15% rate in the three counties (Abiemnom, Koch and Mayom). Due to insecurity WR could not carry out nutritional survey in 2011 fiscal year, however according to July 2010 World Relief in depth nutrition and food security survey in those counties indicted that SAM rate was 7.0% (95% CIs: 5.4 –8.7) of children 6-59 months are severely malnourished with a Global Acute Malnutrition rate (GAM) of 15.6% (95% CIs: 13.2–17.9). The implication of above data in programmatically implies that the need of emergency nutritional services. Since the nutrition assessment report indicated that GAM% rate is above the emergency thresholds with current deteriorated security situation it is likely to lead to a nutritional crisis. CHF project will address the persistent causes of nutritional deterioration and death by protecting the nutritional status of under five children through a community-Management of acute malnutrition (CMAM) approach. High under-five deaths are attributable to malnutrition, either as a direct cause or through the weakening of the body's resistance to illness.

The proposed project would continue providing the life saving treatment for severely malnourished children. WR planning in this year to expanding nutrition services to treat the moderately malnourished as well as those with complications. In the last year, WR has had to turn large numbers of moderately malnourished children away from the OTP sites, only to have them return later when they are severely malnourished and at high risk of death. WR seeks to provide targeted supplementary feeding to malnourished children under five years of ages.

WR will provide Out-patient and in-patients Therapeutic Care (OTP and SC) and Supplementary feeding centers (TSFP) for severe and moderate malnourished children at the sites of the 6 PHCUs and 3 PHCCs that WR has worked with in Abiemnom, Koch and Mayom Counties. WR has good relationships with these sites and will be providing ongoing clinical training with the staff there. The nutrition component of this project will have a limited staff and a cadre of community volunteers. The nutrition staff and volunteers will conduct the screening and monitoring activities with beneficiaries, and will distribute the RUTF (Plumpy'nut) and provide caretaker training. Children newly enrolled in the program will be referred to health workers for appropriate treatments (de-worming, Vitamin A, antibiotics, anti-malarial, etc.), and for evaluation for complications. If simple complications are diagnosed, the beneficiary will be referred to the nearest PHCC for treatment at a stabilization center (SC).

Table: Management of Severe and Moderate Acute Malnutrition sites

County	Payam	Facility	Type of care Site	Population	Under five years ages (21% of Popup)	# of children targeted for OPT at SAM rate 7%	# of children targeted for SC at SAM rate 7%*0.15	# of children to be reached by TSFP at GAM rate 16.5%	Total
Abiemnom	Abiemnom	**PHCC**	OTP/SC	5,089	1,069	75	11	176	262
Koch	Boaw	**PHCC**	OTP/SC/TSFP	19,222	4,037	283	42	666	991

[6] *2011 South Sudan Nutrition Cluster Pre-harvest Nutrition Surveys*

[7] *Poverty in South Sudan — Estimates from National Baseline Household Survey (NBHS) 2009 — Southern Sudan Centre for Census Statistics and Evaluation.*

Koch	Pakur	**PHCU**	OTP/TSFP	5,602	1,176	182	12	194	289
Koch	Bieth	**PHCU**	OTP/TSFP	3,304	694	49	7	114	170
Mayom	Mankien	**PHCC**	OTP/TSFP	22,971	4,824	338	51	796	1,184
Mayom	Ruothnybol	**PHCU**	OTP/TSFP	13,727	2,883	202	30	476	708
Mayom	Bieh	**PHCU**	OTP/TSFP	5,588	1,173	82	12	194	288
Mayom	Kwyerek	**PHCU**	OTP/TSFP	7,898	1,659	116	17	274	407
Mayom	Riak	**PHCU**	OTP/TSFP	20,911	4,391	307	46	725	1,078
Total				**104,312**	**21,906**	**1,533**	**230**	**3,614**	**5,378**

The project will conduct one nutrition survey using SMART methodology. This will build the capacity of three County Health Departments and the SMOH in the treatment of under five ages of malnourished children. World Relief does not have internal funds to cover this project, and expects several months of funding gap from other donors in support nutrition activities.

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

This CHF project will address the persistent causes of nutritional deterioration and death by protecting and improving of nutritional status of children under five years of age's through a community-Management of acute malnutrition (CMAM) program approach.

ii) Objective

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

Improve access to acceptable quality of nutritional care services for management of SAM and MAM to children under 5 years of age's.

iii) Proposed Activities

List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries.

1. Treatment and rehabilitate services for SAM and MAM in children under 5 years through SCs, OTPs and TSFPs
2. capacity building through training of local MoH staff and community volunteers in treatment of SAM and MAM in line with national guidelines
3. Provide micronutrient supplementation
4. Provide referral system to severely acute malnourished children with medical complications to the nearest Stabilization Center (SC)/inpatients.
5. Active case finding, defaulter tracing, community mobilization and sensitization
6. Conduct health and nutrition education and promotion
7. Conduct anthropometric nutritional survey through SMART methodology and submit nutritional surveillances report to MoH, UN agency and donors
8. Construction and rehabilitation of health and nutritional facilities
9. Participate and attend cluster coordination and partnership meeting with MoH , UN agency and other local stakeholders

iv). Cross Cutting Issues

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

HIV/AIDS: HIV/AIDS awareness will be integral part of health and nutrition education and promotion activities. The project will continue to build on HIV/AIDS awareness activities under this project. People living with HIV/AIDS are direct beneficiaries of this project.

GENDER: Throughout the project, gender concerns will be taken into considerations. The nutrition project will target individuals affected directly or indirectly regardless of their sex hence promoting gender equality throughout project period. Monitoring and evaluation systems will capture information segregated by sex. Women will be involved in the entire process of the program-assessment, implementation, monitoring and evaluation. Out of the project selected beneficiaries, at least 49% will be women.

PROTECTION MAINSTREAMING: World Relief has a mandate to serve the most vulnerable people around the world. In doing this, it strongly incorporates protection issues into the design, implementation, and evaluation of assistance programs whenever possible and appropriate. This is done in order to assist returnees, IDPs and other vulnerable populations to reduce or manage risks from violence, abuse, harassment, and exploitation.

v) Expected Result/s

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 three of the indicators should be out of the cluster defined Standard Output Indicators.

Reduce the mortality and morbidity associated with severe acute malnutrition in children under five years of ages, PLW and other vulnerable groups.

	Indicator	Target (indicate numbers or percentages)
1	# and % of malnourished childern under five years of age's treated for SAM and MAM	**5,378 (> 75% cure, <15% defaulter and >10% death rates)**
2	# of health care providers and community nutrition volunteers trained on SAM and MAM in line with national guidelines	**100**

3	# of beneficiaries reached with health and nutrtion education and promotion messages	**5,000**
4	# of sites established/rehabilitated for inpatient and outpatient cares	**2OTPs and 1SC**
5	# of anthropometric nutritional survey though SMART conducted according to national standards	**1**
6	# of health and nutrition education and promotion awareness messages sessions conducted in community and facilities levels	**12**

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.

World Relief in partnership with the SMoH, WFP and UNICEF will work together to provide nutrition services that responds to the emergency levels of malnutrition and the growing number of returnees and IDPs in the project areas. This will be achieved by providing critically needed outpatient therapeutic care programming (OTP), targeted supplementary feeding(TSFP) and stabilization centre(SC). Community-based nutrition programming (including of outreach, follow–up home visits, and health education) complements the community-based health work and food security and livelihood activities being implemented by World Relief in the same project area. Community mobilization is the key component of the project for maximum coverage, making the services more accessible to the highest possible proportion of the malnourished population through timely early case detection and management. WR will use its existing systems and community structure, like CMAM coordinators and community nutrition workers, and will be actively engaged in early case detection and defaulter tracing. The project will encourage active participation from the community. The local community leaders or church leader will be informed of the project, and be requested to assist in creating awareness about the program, participate in evaluation exercise, and play a significant role in information sharing and identification of community workers.

WR will use UNICEF and WFP food commodities to support the program in Unity State. During this project, children under 5 years, PLW and vulnerable groups of communities will receive free of charge services and TFSP rations appropriate to their health conditions to avoid falling into severe malnutrition status. World Relief plans to conduct regular measurements (anthropometric) to monitor the status of children under the program. Weight, height and MUAC will be measured on admission and according to national SAM and MAM guideline. Children identified as severely malnourished with medical complications will be referred to nearby SC center. Measles vaccination will be administered if a child has no card or record of measles vaccine. In addition to this, appropriate treatments (de-worming, Vitamin A, antibiotics, anti-malarial, measles vaccination, iron and folic acid) as needed will be administered to beneficiaries as per nutrition protocol of South Sudan.

vii) Monitoring Plan

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

WR will put a regular monitoring scheme in place. Monitoring activities include monthly field visit by the Nutrition and Health Program Manager, regular meetings with project implementers and ongoing discussions with community members, collection of data through formal reports, staff meeting minutes, and informal sources (observations, informal conversions and meetings). Standard indicators for selective feeding program such as discharge, default, death, referral rates, average weight gain and length of stay will be calculated on a monthly basis and will be compared with SPHERE minimum standards.

Community screening and referral of severely malnourish under five children to OTP for nutritional and medical assessment and decision for admission or referral to Stabilization centre. Beneficiaries enrolled in the OTP or SC programs will be given individual Case Number that they will keep regardless of whether they are transferred to different components of the nutrition intervention. This will enable the program to track and follow up on beneficiaries. The case numbers will include a code signifying the component of the program they are first admitted to in order to avoid double counting of beneficiaries when transferred among the different components. The case numbers, along with a minimal amount of information (MUAC and weight gain/loss recorded at every visit, and height is recorded at admission and discharge, and monthly if possible) are kept in registers. A ration card with the case number is given to the care taker as well. Medical, nutritional and follow up information is recorded regularly. Supervisors will review registers for appropriate admission and discharge, medical treatment, and RUTF and supplemental food distribution. Supervisors will also ensure that appropriate action is taken for children whose condition remains static or deteriorates. The project interventions will be evaluated according to input/output and outcomes to assess the impact. Set indicators of this proposal are the basis of impact determination. A 30x30 cluster survey will be conducted using SMART methodology at the end of the project.

E. Committed funding

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

Source/donor and date (month, year)	**Amount** (USD)
OFDA	**144,080**

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/N/46277	**Project title: Community-based nutrition in complex humanitarian emergency project in Unity State South Sudan**	**Organisation: World Relief**

Overall Objective: Improve access to acceptable quality of nutritional care services for management of SAM and MAM to children under 5 years of age's	**Indicators of progress:** Reduce % of GAM and SAM rate	**How indicators will be measured:** End survey/ evaluation reports	
Specific Project Objective/s: Reduce the mortality and morbidity associated with acute malnutrition in children under five years of ages..	**Indicators of progress:** % of individuals with malnutrition treated (cured rate, death rate and defulter rate)	**How indicators will be measured:** Weekly, monthly and quarterly project report	**Assumptions & risks:** Availability of sufecient funds/supplies, stable political trasition and transformation. Improved road infrastructure and security situation in the areas of operation
Results - Outputs (tangible) and Outcomes (intangible): • **5,378** children under 5 years treated and rehabilitated for SAM and MAM through SC, OTPs and TSFPs. • **100** local MoH staff and community volunteers trained on treatment of SAM and MAM in line with national guidelines. • **5,378** children under 5 years, P&LW and other vulnerable groups **(>85%)** received micronutrients supplements and de-worming. • Conduct **(1)** anthropometric nutritional survey through SMART methodology and submit **(6**) monthly nutritional surveillances report to MoH, UN agency and donors • Conduct **(12)** community mobilization and sensitization sessions. • **5,000** beneficiaries reached with nutrtion education and promotion messages.	**Indicators of progress:** • % and # of individuals with malnutrition treated (cured rate, death rate and defulter rate) • # of personnel trained on SAM and MAM nutrition guildline • # receiving vitamin A supplements and de-worming. • # of beneficiaries reached with health education and health promotion messages • # of individual mobilized and sensitized • # of localized nutrition surveys conducted according to national standards	**How indicators will be measured:** Out reach, TSFP, OTP & SC weekly & monthly report Training & workshop reports Nutrition survey report Registration books, supervistion and feild trpis reports	**Assumptions & risks:** Improved road infrastructure and security situation in the areas of operation

Activities: • Treatment and rehabilitate services for SAM and MAM in children under 5 years, P&LW and other vulnerable groups, through SC, OTPs and TSFPs • Train and capacity building of local MoH staff and community volunteers in treatment of SAM and MAM in line with national guidelines • Provide micronutrient supplementation • Conduct referral system to severely acute malnourished children with medical complications to the nearest Stabilization Center (SC)/inpatients. • Active case finding, defaulter tracing, community mobilization and sensitization • Conduct health and nutrition education and promotion • Conduct anthropometric nutritional survey through SMART methodology and submit nutritional surveillances report to MoH, UN agency and donors • Construction and rehabilitation of health and nutritional facilities • Participate and attend cluster coordination and partnership meeting with MoH , UN agency and other local stakeholders	**Inputs:** Staffs, supplies, equipments, vehicles, computers, plumpy nuts, SFP ration, stationers, registrations cards and so on.		**Assumptions, risks and pre-conditions:** Availability of sufecient funds/supplies, stable political trasition and transformation. Improved road infrastructure and security situation in the areas of operation. Full community particpations and willningness. All supplies deliverd on time.

PROJECT WORK PLAN

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

	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
Result 1 Support and running of OTPs, TSFPs and SCs for SAM and MAM	X	X	X	X	X	X	X	X	X	X	X	X			
Activity (1.1) Active case finding, tracing and follow up (home visit)	X	X	X	X	X	X	X	X	X	X	X	X			
Activity (1.2) Treatment and rehabilitate services for SAM and MAM in children under 5 years of age's through SCs, OTPs and TSFPs	X	X	X	X	X	X	X	X	X	X	X	X			
Activity (1.3) Provide referal system from inpatentas to outpateints and vas ves	X	X	X	X	X	X	X	X	X	X	X	X			
Activity (1.4) Construct/Rehabilitation of OTP sites and Stabilization center in Unity state				X	X										
Result 2 Health and Nutrition education and promotion	X	X	X	X	X	X	X	X	X	X	X	X			
Activity (2.1) Community mobilization and sensitization	X	X	X	X	X	X	X	X	X	X	X	X			
Activity (2.2) Health education and health promotion	X	X	X	X	X	X	X	X	X	X	X	X			
Result 3 Capacity building			X												
Activity (3.1) Train and capacity building of local MoH staff and community volunteers in treatment of SAM and MAM in line with national guidelines			X				X								
Result 4 Nutritional survey and surveillances											X	X			
Activity (4.1) Conduct anthropometric nutritional survey through SMART methodology											X	X			
Activity (4.2) Submit nutritional surveillances report to MoH, UN agency and donors	X	X	X	X	X	X	X	X	X	X	X	X			

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