



**Global Fund Grant
February 2019**

Request for Proposals

Module 3: Comprehensive Prevention Programs for Transgender people – (TG)

Global Fund Grant Period: April 1st 2019 – March 31st 2022

Reference Number: RFA-BZ-GF_TG0003/2019

Key Point to Note: Any changes made to this RFA and any other documents relevant to this call will be made available on the BZ website: www.beyondzero.org.za

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Treatment
BBBEE	Broad-Based Black Economic Empowerment
BZ	Beyond Zero
CCM	Country Coordinating Mechanism
CD4	Cluster of Differentiation 4
CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
DoH	Department of Health
DSD	Department of Social Development
Eoi	Expression of Interest
GFATM	Global Fund for AIDS, TB and Malaria
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HR	Human Resources
ICDM	Integrated Chronic Disease Management
IEC	Information, Education and Communication
KP	Key Population
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
M&E	Monitoring & Evaluation Officer
MD	Managing Director
MSM	Men having Sex with Men
NDOH	National Department of Health
NPO	Non-Profit Organisation
NSP	National Strategic Plan
PA	Programme Areas
PR	Principal Recipient
RFP	Request for Proposal
SA	South Africa
SARS	South African Revenue Services
SANAC	South African National AIDS Council
SR	Sub-Recipient
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TCS	Treatment, Care and Support
TG	Transgender
ToR	Terms of Reference

1. INTRODUCTION AND BACKGROUND

The South Africa Global Fund Country Coordinating Mechanism (GF CCM) is responsible for leading the implementation of HIV and TB programmes funded by the Global Fund to Fight AIDS, TB and Malaria (GF) in the country. The GF CCM determines the content of the programming, the budget envelope, and the output and outcome indicators and targets.

The GF CCM has selected Beyond Zero (BZ) Not-for-Profit to be appointed by the GF as one of the Principal Recipients (PRs) that will implement programmes to be funded by the grant. The GF CCM decided that a PR should serve as a grants manager while sub-recipients (SRs) will be the main implementers of the programmes.

BZ therefore invites interested non-profit organisations and government departments, experienced in the programme areas listed under the scope of work and with presence in the provinces and districts identified, to apply to be considered as SRs. It is important to note that SRs are recommended by the PR, but appointment is subject to GF CCM approval. **Applicants are not required to submit implementation plans and budgets as part of this call for applications.**

2. THE ROLE OF SUB-RECIPIENTS

SRs have a contractual relationship with, and are accountable to the PR. They are the direct implementers of programmes financed by GF but can sometimes work through or in collaboration with sub sub-recipients (SSRs).

The responsibilities of SRs include the following:

- Sign grant agreements with the PR and contract with SSRs, where necessary, under the guidance of PR.
- Implement grants under the oversight of the PR and GF CCM, and manage SSRs and take responsibility for their performance where applicable.
- Propose changes to the PR on work plans and budgets when necessary.
- Participate in performance review meetings to improve grant performance and impact.
- Report on programme progress and challenges to the PR through regular reports.
- Identify key issues and implementation bottlenecks and escalate to the PR for guidance.
- Provide information to the PR, GF Country Team, and GF CCM and its structures when requested to do so.

The successfully serve as an SR, all interested organisations must meet the following minimum requirements:

- Sound governance frameworks, demonstrated by, inter alia, by a diversified board and management team, and at least one year audited financial statements.
- Appropriate staffing in key areas (programme and financial management, human resources, programme implementation and management, monitoring and evaluation and procurement management).
- Experience of managing grants and SSRs, where applicable.

- A track record of effective and efficient implementation of similar activities, preferably in the target district.
- A sound system of management and financial controls.
- A sound monitoring and evaluation system, tools and procedures amongst other requirements.
- Suitably qualified personnel to deliver the programme interventions.

These organisational requirements will be assessed during the evaluation process. Further information can be found on the Global Fund website: www.theglobalfund.org including the GF Grants Regulations.

3. SCOPE OF WORK

This call for applications seeks to identify organisations that are efficient and effective implementers of the scope of work listed below to deliver a comprehensive, integrated, peer-led HIV/TB/SRHR package for transgender (TG) people in line with the NSP package, and the National LGBTI HIV Plan. Applicants need to have implemented similar programmes before, and preferably in the target province, districts and sub-districts. Applicants are also encouraged to form consortiums or joint ventures

3.1 Background

The 2015 programmatic mapping exercise estimated that there are 139,666 transgender people in South Africa (72,156 transwomen and 67,510 transmen)¹. While no national HIV prevalence estimates exist, programmatic data indicates HIV positivity as high as 49% and linkage to ART below 10%². A transgender Integrated Biological and Behavioral Survey (IBBS) is currently underway in South Africa. It is expected that the interventions in this funding request will be guided by that forthcoming data. Such data currently available requires a comprehensive prevention response to manage incidence and prevalence amongst TGs and also the provision of comprehensive services across the care cascade. TGs also suffer from on-going violence, stigma and discrimination, all of which culminate to poor uptake of health care services. Key populations face distinct human rights and gender-related barriers to accessing services. A 2018 human rights baseline assessment found that key populations report stigmatizing and discriminatory behaviour from HCWs as a key barrier to accessing services, especially for PWID and transgender people. A study investigating hate crimes against LGBTI people found 24% of TG have been threatened with physical violence and a further 13% have been assaulted³.

There is a general lack of competent sexual health services and prevention programmes targeting TG in South Africa. This is particularly true among populations of TG in “township” areas. In terms of HIV prevention, there is a need for approaches that address TG specific HIV risk. The general public health care system lacks adequate commodities for TG including dental dams, lubricants and finger cots which poses a great risk of HIV infection amongst TG. Further, there is a widespread lack of TG-related knowledge, and sensitivity in the public health sector which contributes to the inability of TGs to access relevant prevention messaging and materials.

While there is a clear need to focus on HIV prevention for TG in South Africa in general, it is also important to understand the relative HIV transmission risks within the broader category of TG. Some TG may be at

¹ PEPFAR (2017) In Support of South Africa’s National HIV Program. PEPFAR Oversight and Accountability Results Team (POART) COP16 (FY17 Q4). Slide 28. Key Reference Document

² PEPFAR (2017) In Support of South Africa’s National HIV Program. PEPFAR Oversight and Accountability Results Team (POART) COP16 (FY17 Q4). Slide 28. Key Reference Document

³ HEARD (2018) Programs to Reduce Human Rights Barriers to Access, Uptake and Retention in HIV and TB Services - Baseline Assessment for South Africa. Page 20. Key Reference Document

particularly high risk of HIV infection due to their specific risk behaviours and the risk situations in which TG engage in these behaviours including injecting drugs and sex work.

3.2 Objectives

The goal of the combination prevention approach is to reduce the transmission of HIV, STIs and TB by implementing a combination of behavioural, bio-medical and structural interventions that are carefully selected to meet the needs of TG people. Combination approaches help ensure that people have access to the types of interventions that best suit their needs at different times.

3.3 Programme Description

The components and services that will be offered as part of the peer outreach component that should be demonstrated in the application form, for supporting implementation of programmes to increase coverage and uptake of an integrated STI/TB and HIV Testing services (HTS) are described in the table below. The package will be delivered through a peer education outreach approach, tailored to reaching cohorts of TG people.

Table 1 Combination Prevention Package for Global Fund TG Program

Biomedical	Behavioral	Structural
<p>CORE</p> <ul style="list-style-type: none"> ▶ Male and female condoms and lubricants, HTS, risk assessments, TB screening and STI screening <p>LAYERS</p> <ul style="list-style-type: none"> ▶ HIV self-screening ▶ Dental dams and finger cots (for transmen) <p>LINKAGE</p> <ul style="list-style-type: none"> ▶ PrEP, ART, periodic presumptive treatment for STIs, TB preventive therapy, TB treatment, hepatitis B screening and immunization, PAP smears and PMTCT (for transmen), hormone therapy and other gender affirming care, rectal care (for transwomen), PEP, mental health 	<p>CORE</p> <ul style="list-style-type: none"> ▶ Risk reduction counselling ▶ SRH information (including anal care and anal sex) ▶ Peer education (HIV-negative TG) & peer navigation (HIV-positive TG) ▶ PrEP demand creation <p>LAYERS</p> <ul style="list-style-type: none"> ▶ Emotional & psychosocial support ▶ Support for effective PrEP use ▶ Adherence support for TGLHIV/TB <p>LINKAGE</p> <ul style="list-style-type: none"> ▶ Substance use and rehab programs ▶ Harm reduction for TG who inject drugs 	<p>CORE</p> <ul style="list-style-type: none"> ▶ Community empowerment through social capital building ▶ GBV screening and awareness <p>LAYERS</p> <ul style="list-style-type: none"> ▶ Mechanism to report & record human right violations ▶ Soft support to remove gender-related barriers to care (i.e. laser hair removal) ▶ Improve SRH service delivery by sensitizing health workers and strengthening HTA program <p>LINKAGE</p> <ul style="list-style-type: none"> ▶ Legal services to enhance access to justice ▶ Post-violence care
<p>CORE = Offered to all TG reached, directly provided by sub-recipients (SRs) in the Global Fund program LAYERS = Offered to some TG (needs basis), directly provided by SRs in the Global Fund program LINKAGE = Offered to some TG (needs basis), provided by government/other partner. Referral, linkage & follow-up by Global Fund SRs</p>		

3.4 Approach

The TG cohort data currently presents small numbers and as such, the package will be delivered in supported **safe spaces** where access to personal hygiene services will be provided, alongside peer education and mobile health services. The spaces will be convened by nascent trans organizations and networks. The package will be delivered through a **peer education outreach approach**, tailored to reaching cohorts of TG people. Specialized peer navigators will do intensified outreach and linkage for cohorts of HIV-positive TG people.

Activities in the safe spaces will be led by a team comprising of peer educators, professional nurses, HTS linkage officers etc and will include distribution of commodities including **dental dams, funder cots, lubricants and condoms** coupled with health education (including concepts of pleasure) and demand creation for services delivered through identified safe spaces. Behavioural aspects will include **targeted internet-based social media marketing** campaigns. Skills-based interactive and participatory approaches for adolescent TGs will be prioritized, including online and mobile health approaches, as per the National LGBTI HIV Plan.

Community empowerment interventions will include specific support groups and safe spaces. Funding will also support TG-led organizations and networks to implement community-based monitoring, with a focus on access to, and quality of, services. Small advocacy grants for community-driven policy change and monitoring of human rights will be provided by the new specialized key populations advocacy PR. This will include raising awareness about TG health and linkages to legal literacy and legal assistance, including advice and education on HIV treatment and gender reassignment

Psychosocial support programs will be focused on interventions to address clinical mental health issues, harm reduction with substance abuse and linkage and referral to depression support as needed.

Funding will support **small advocacy grants** for trans-organizations to work on community-driven policy change, monitoring of human rights, and community-based monitoring of access to, and quality of, services. These small grants will be provided by the new specialized key populations advocacy PR.

Economic empowerment support for TG will focus on capacity building related to employment, including how to develop a CV, basic computer and interviewing skills and how to access employment opportunities. These interventions will build on existing programs that address a range of socio-structural factors to increase the ability to make informed life choices for better health outcomes.

BZ will also seek to supporting implementation of programmes to build staff capacity in selected Department of Health (DoH) facilities across selected four priority districts to provide TG competent and LGBTI effective HIV-related services that will include to reach the following outcomes:

- Establishment of TG and LGBTI centres' of excellence and strengthening the capacity of Primary Health Care facilities to provide comprehensive HIV prevention and treatment services for TG
- Training and mentoring Department of Health staff to be able to deliver TG component PHC services
- Development and distribution of TG specific information, communication (IEC) material
- Establishing social networking technologies optimised for improved health outcomes and service utilisation.

4. BZ SUPPORTED TG TARGET SUB-DISTRICTS

The following are the Districts within which TG interventions will be implemented by the selected SRs. TG interventions for BZ on the GF grant will be implemented in 4 Districts. Below is a summary of the Districts:

Province	District
Limpopo Province	Capricorn
Free State Province	Mangaung
Mpumalanga	Ehlanzeni
Western Cape	Eden

TG Indicators and Targets

To measure progress, effectiveness and impact, the GF grant has a set of output/coverage indicators that will be routinely tracked through the lifespan of the grant. SRs are expected to have functional M&E systems in place for monitoring and reporting. Below are the indicators and targets for the TG Module.

Indicators

TG – Other - 1: Percentage of TG people reached with HIV prevention programs – defined package of services

TG – Other - 2: Percentage of TG people that have received an HIV test during the reporting period and know their status

TG – Other - 3: Percentage of TG people using PrEP in priority TG PrEP populations

TG – Other – 4: TG people linked to ART

TG Targets

All the targets for TG people reached at the District level are based on the UCSF consensus estimates 2018 and are set with the aim to reach 70% saturation by YR3 of the grant. TG people provided HTS is based on testing 70% of the TG people reached with a 10% HTS yield of which 90% of the HIV positive are enrolled into HIV care

Capricorn District

Indicator	Capricorn District		
	Year 1	Year 2	Year 3
Reached with HIV prevention	397	476	556
Tested for HIV	278	333	389
TG using PrEP	10	15	15
Linkages to HIV services	90%	90%	90%

Eden District

Indicator	Eden District		
	Year 1	Year 2	Year 3
Reached with HIV prevention	181	217	253
Tested for HIV	126	152	177
TG using PrEP	5	9	9
Linkages to HIV services	90%	90%	90%

Ehlanzeni District

Indicator	Ehlanzeni District		
	Year 1	Year 2	Year 3
Reached with HIV prevention	532	638	744
Tested for HIV	372	446	521
TG using PrEP	16	25	25
Linkages to HIV services	90%	90%	90%

Mangaung District

Indicator	Mangaung District		
	Year 1	Year 2	Year 3
Reached with HIV prevention	235	282	329
Tested for HIV	165	197	230
TG using PrEP	5	12	12
Linkages to HIV services	90%	90%	90%

Disclaimer: Note that the targets are non- cumulative annually and may be subject to revision and change.

5. RESOURCE ALLOCATION – TEAM STRUCTURE

The following are the programme team arrangements which will be structured with the selected SR in line with their program context, needs and expectations:

- Programme manager – leading the programme team and responsible for reporting and engaging with all stakeholders.
- Site coordinator – tasked with leading a team of peer educators – batched per each sub-District.
- Peer educators – tasked with reaching a cohort of unique TG people per month according to the micro planning methodology – peer navigation and case finding.
- Peer educators specialising on human rights defense, adherence and young TG will be trained to support these specific needs.

The programme teams will be supported by the following personnel per district:

- Professional nurse – tasked with providing clinical services including HTS, STI screening, referrals, tracking and tracing and linkages to care and support.
- Trainer Doctor/Nurse – tasked with supporting the provision of TG service including capacity building, mentoring and coaching.
- Social auxiliary worker – tasked with providing psycho-social support to TG including mental health screening and linkage to other services.
- HTS and linkage officers – tasked with providing HTS and linkage to care for TG including routine follow ups to ensure adherence.
- Advocacy officer – coordinating all advocacy and sensitisation for the district, fostering community dialogues and sensitisation on TG people.

Funded programme management and administration support staff include:

- M&E officer – coordinating all M&E for the programme including implementation of the biometric systems.
- Data capturer – capturing all programme data and real time data collection at point of service deliver.
- Driver – assist with transport of peers at night and mobile services where needed
- An allocation towards Financial and other senior management support including Human Resources and Finance.

6. PRE-QUALIFICATION CRITERIA

All applicants must have a valid **Broad-Based Black Economic Empowerment (B-BBEE)** certificate with a **Level one (1) or two (2)** contributor score or a sworn affidavit (for eligible entities) deposed by a Director/Board member and the affidavit should not be older than three months from closing date. No beneficiary recognition certificates will be accepted. Applicants that do not meet the above requirement will be disqualified from further evaluation.

7. EVALUATION PROCESS AND CRITERIA

The evaluation of submissions will be managed by an SR Selection Panel (SSP) which will prepare a shortlist of applicants that meet the threshold for appointment as an SR. The PR will use the shortlist drawn by the SSP to recommend applicants to be appointed as SRs by the GF CCM. The GF CCM will make the final decision taking into account the recommendations by the PR.

The evaluation process will be conducted according to the following stages:

- The first stage of the evaluation process assesses for compliance with pre-qualification criteria. Applications that do not comply will not be evaluated further.
- The second stage of the evaluation process assesses compliance with administrative requirements. Applications that do not comply will not be evaluated further.
- The third stage of the evaluation process assesses technical competency focusing on the ability to fulfil the requirements of an SR, experience and expertise of implementing similar interventions and presence in the selected district. Applicants need to achieve a score of at least 50 points of the technical competency requirements in order to progress further.
- The fourth stage, which is optional and at the discretion of the SSP, may involve an on-site visit to clarify details about the applicant. No points are awarded.

For applicants that satisfy the pre-qualification criteria and the administrative requirements, the weighting of the overall score is as follows:

Technical evaluation score	80%
BBBEE points	20%
Total	100%

The SSP will present its evaluation outcome to the PR for consideration and recommendation to the GF CCM for a decision on the final list of SRs. Aggrieved applicants may lodge an appeal with the Beyond Zero CEO within seven working days of receiving official communication of the SR selection decision, clearly stating the grounds for appeal and providing the necessary evidence.

8. APPLICATION INSTRUCTIONS

All applicants are required to:

- Clearly mark their applications with “**BZ Global Fund Sub-Recipient Application 2019 – TG Module & Name of Organisation**”. Applications submitted electronically should use the same in the email subject line.
- Ensure completeness of the application (including the attachment of all necessary supporting documentation) and not exceed recommended length of sections.
- Attach board resolution authorising submission of application.
- Confirm in writing that the information and statements made in the proposal submission are true and accept that any misrepresentation contained in it may lead to disqualification;
- Ensure timely submission of all documents and reports if requested as part of the assessment of the organisation’s ability to continuously fulfil the role of an SR; and
- Submit application to gfapplications@beyondzero.org.za or deposit 5 copies of the application with all supporting documentation into the tender box located at the 110 Moore Street, Quigney, East London before the deadline of 22 February 2019 at 17H00 CAT.
- Ensure that appropriate staff is available on site if and when the on-site SR capacity assessment visit is done.

9. KEY DATES

- The deadline for the submission of a fully completed application and attachments is **22 February 2019**. The key dates for the application process are shown in the table below.

Key Activity	Dates
1. Publication of call	6 th February 2019
2. Briefing Meeting Dates	Details below
3. Deadline for submitting applications	22 nd February 2019
4. Application Evaluation Period	25 th – 28 th February 2019
5. Final SR selection and decision (communicating the outcomes of applications to applicants)	Week ending March 15 th 2019

10. BRIEFING SESSIONS

BZ will convene non-compulsory briefing sessions in the relevant provinces to provide clarification and additional information to potential applicants and disseminate information as widely as possible. Organisations interested in attending the workshop should inform **Donald Ramodibana** at the following address donaldr@beyondzero.org.za – he will provide the venue details. Any additional material shared at briefing sessions shall also be made available to potential applicants on Beyond Zero’s website at www.beyondzero.org.za. The table below shows the dates of the briefing sessions.

Province	District	Date
Mpumalanga	Ehlanzei	14 th February 2019
Western Cape	Eden	11 th February 2019
Limpopo	Capricorn	13 th February 2019
Free State	Mangaung	11 th February 2019

11. CONTACT DETAILS

Please direct your requests for information and questions/queries by the 15th of February 2019 at 17H00hrs to: Mr. Donald Ramodibana, Contact email: donaldr@beyondzero.org.za

BZ will regularly update our website, www.beyondzero.org.za on frequently asked questions that were not addressed at the briefing session.

12. APPLICATION FORMS AND HOW TO COMPLETE THEM

The application consists of two sections both of which must be completed:

Consortium applications are welcome but these must be led by a single organisation. The lead organisation, if contracted, will be 100% responsible for the programme performance, grant implementation and, importantly, fund management and accountability. If lead applicants are applying on behalf of partners then a Partnering Organisations Form for each organisation is required – see Part 1 of the **Section A** application.

Section A

1. **Applicant Details:** This must be completed in full. No evaluation points will be applied to this section
2. **Executive Summary:** Include a **short overview** of your organisation, why you are applying and what your programme will achieve.
3. **Situational Analysis/Statement of Need:** Describe the problem that you are seeking to address. Applicants under Programme Area 1 are reminded to make sure that you address the full spectrum of target populations (TG) – you should ensure that you address different facets of need, as you may determine, and also address different approaches to these needs in the sections that follow. You should justify your statements and rationale. Across all Programme Areas you should consider variations that may arise as a result of gender, culture, geography (urban/rural), socio-economic status etc.
4. **Description of Proposed Intervention/Programme Activity:** This section should readily address the needs as outlined in the situational analysis/statement of need (above). General statements should be avoided and specific targeted interventions that address need should rather be detailed. Remember that the GFATM strategy is “Investing for Impact”
5. **Targets and Monitoring and Evaluation Capacity:** The GFATM is a performance-based funding organisation. It is important to identify if scale-up of activities is required or whether full implementation will be achieved from day 1. You should give targets as indicated and also identify in this section your approach and capacity for monitoring and evaluation.
6. **Conflict of Interest:** This section should detail any potential or perceived current or future conflict of interest.

Section B

1. **Programmatic Capacity and Previous Experience:** This section should be self-explanatory but it is your chance to “sell” your organisation. Why you? If you have skills gaps or areas of weakness in the organisation it is also a good time to explain them and how you will address them. Knowing the weakness and what you plan to do about them is an important step in organisational development. As part of capacity building the PR will also be obliged to assist in addressing the challenges

2. **Staffing:** Outline the staffing that you (a) have in place to support implementation and (b) those that will be required. This should include both “operational staff” (those necessary to deliver services) **AND** (b) technical, administrative and support staff. You should be particularly careful to make sure your staffing plan in this section aligns with the budget. Note also that GFATM rules regarding human resource costs are **very** strict and you must give particular attention to this section.
3. **Leadership, Governance and Coordination:** Describe the management of your organisation, – Board information (membership and meetings), compliance with governance and legal requirements etc. If you are working with partner organisations you **MUST** explain the role of the different organisations and what their “value added” is and how the programme will be coordinated and managed.
4. **Signatures:** Remember to sign the document!

Applications will only be accepted from legally registered organisations (with a company registration number). Applications from individuals will not be accepted.

No other geographical areas will be considered other than the ones stipulated in this RFP.

13. LIST OF ANNEXES / SUPPORTING DOCUMENTS REQUIRED

Annex 1: Board resolution authorising submission of application

Annex 2: Proof of legal entity (NPC, Trust, NPO, Close Corporation, Pty (Ltd)).

Annex 3: NPO registration status and confirmation of compliance with Department of Social Development requirements.

Annex 4: Profile of the organisation, including history and work experience relevant to this application.

Annex 5: List of board members and management, their current job titles and certified copies of IDs.

Annex 6: Valid SARS tax clearance certificate together with tax compliance status pin.

Annex 7: VAT Registration document

Annex 8: Valid BBBEE certificate or sworn affidavit (for eligible entities) deposited by director/board member not older than three months from closing date. No beneficiary recognition certificates will be accepted.

Annex 9: Latest employment equity report submitted to the Department of Labour.

Annex 10: Last two audited Annual Financial Statements signed by Board chairperson. If your last audited annual financial statement is older than 2 years then supply the most recent management accounts pack.

Annex 11: Audit management letter for the last audit.

Annex 12: Organogram for all management and administrative positions (Human resources, finance, PSM, M&E, project management).

Annex 13: Policies and procedures documents addressing financial management, procurement, travel, human resources, inventory management and occupational health and safety

Annex 14: An executive summary of a recent report to a donor for any of the high-level areas that this grant will focus on.