



**KENYA COORDINATING MECHANISM MEETING
MINUTES OF SPECIAL KCM MEETING HELD VIRTUALLY ON 17th AUGUST
2020 BETWEEN 2.30 PM TO 5.53 PM**

Present

1. Ms. Susan Mochache, CBS
2. Ms. Faith Ndung'u
3. Ms. Maurine Murenga
4. Mr. John Kamigwi
5. Ms. Jane Wamoko
6. Mr. Stanley Bii
7. Mr. Lattif Shaban
8. Mr. Philip Nyakwana
9. Ms. Rosemary Kasiba
10. Ms. Eva Muthuuri
11. Mr. Peter Njane
12. Mr. John Kihui
13. Ms. Faith Muigai
14. Dr. Jonathan Kiliko
15. Ms. Mebor Abuor
16. Mr. Ahmed Said
17. Ms. Shoko Isokawa
18. Mr. Meshack Ndolo
19. Mr. Samuel Muia

KCM Chair/PS Health
Member/Vice Chair-NGO
Member/PLWD-HIV-NSA
Member/NACC-Gov
Alternate/TNT-Gov
Member/DP-BL
Member/FBO-NSA
Member/PLWD-TB-NSA
Member/KP Rep.-NSA
Member/ Malaria-NSA
Member/KP Rep-NSA
Member/Private Sector Inf-NSA
Member/Private Sector F-NSA
Member/FBO-NSA
Member/COG-Gov
Alternate member /KP Rep.
Alt Member/BL
Alternate/COG-Gov
KCM Coordinator

In Attendance

1. Mr. John Ocheri
2. Ms. Soukeyna Sylla
3. Ms. Khaya Matsha
4. Ms. Dardane Arifaj
5. Mr. Joseph Kagiri
6. Dr. Celestine Mugambi
7. Ms. Jacinta Mutegi
8. Mr. Ahmed Said
9. Ms. Lucy Wanjiku Njenga
10. Mr. Vincent Obwanda
11. Ms. Pamela Kibunja
12. Ms. Zilpha Samoei
13. Ms. Gloria Kerubo
14. Ms. Patricia Kilonzo

Global Fund Country Team
Global Fund Country Team
Global Fund Country Team
Global Fund Country Team
LFA
FR Secretariat Core Team Chair
Alternate FBO/KCCB
Alternate member/KP Rep.
Alternate Member/PLWD-HIV
Alternate to the KP consortium
Alternate/NGOs
Alternate FBO/CHAK
Alternate AYP
Alternate/Private Sector Inf.

15. Ms. Consolata Opiyo
16. Mr. Muiruri Nyakinyi
17. Dr. Daniella Munene
18. Dr. Pacifica Onyancha
19. Dr. Celestine Mugambi
20. Mr. Nelson Otwoma
21. Mr. Olugbenga Mokuolu
22. Ms. Dorothy Agalla
23. Dr. Caroline Olwande
24. Mr. Stephen Macharia
25. Dr. Catherine Ngugi
26. Dr. Newton Omale
27. Dr. Nazila Ganatra
28. Dr. Githuka George
29. Dr. Elizabeth Onyango
30. Dr. Christine Kisia
31. Ms. Jane On'gan'go
32. Mr. Kennedy Mosoti
33. Dr. Dan Koros
34. Dr. Githuka George
35. Dr. Valery Makory
36. Ms. Angela Kairu
37. Dr. Elizabeth Onyango
38. Mr. Stephen Kibira
39. Ms. Josephine Mwaura
40. Mr. Kevin Ogolla
41. Ms. Margaret Mundia

Apologies

1. Dr. Medhin Tsehiau
2. Ms. Rosemary Kasiba

Agenda

- a) Introduction/Apologies
- b) Opening Remarks by the KCM Chair
- c) Declaration of Conflict of interest.
- d) Endorsement of Proposed Modular Splits
 - Presentation by Dr Celestine Mugambi- Funding Request Secretariat Chair
- e) Approval of KCM Strategic Plan 2021 to 2025
 - Presentation by Mr. Stephen Kibira-Consultant
- f) Receive Report from KCM Appeals Committee
- g) AOB
- h) Closure

Alternate /TB cons
 Alternate/PLWD Malaria
 Alternate/Private Sector-Formal
 MOH-Ag. Director MDSPPH
 FR Secretariat Chair
 FR Secretariat-Co Chair
 FR writing team Consultant
 FR Secretariat/ Core Team
 FR Secretariat/ Core Team
 FR Secretariat/Core Team
 Head/NASCOP
 NASCOP Program
 NSPHP MOH
 Division NMP
 Head/National TB Programs
 WHO
 KEMRI
 Member Appeals Com/NACC
 Member Appeals Com/ PEPFAR
 Division NMP
 Office of the Head/Medical Serv.
 Consultant
 Head/National TB Programs
 Consultant-KCM SP
 KCM Secretariat
 KCM Secretariat
 KCM Secretariat

Member/DP-ML
 Member/KP

Min1/2/8/2020 Introduction/ Apologies

Meeting called to order at 2.35PM. Members introduced themselves on the chat box platform.

Apologies registered as above.

Min 2/2/8/2020 Opening Remarks by the Chair

The KCM Vice Chair welcomed all members to the meeting. She informed the meeting that the KCM Chair was held up in another meeting that had started earlier, the KCM Chair was to join the KCM meeting in the next 30 minutes.

The Vice Chair then welcomed Mr. John Ocheri, Senior Fund Portfolio Manager to make introductory remarks.

The GF grant portfolio manager thanked the KCM for extending the invitation to the Country Team. He informed members that the GF CT would be attending the day's meeting in an observer status but would be ready to provide guidance when called upon. He reiterated that Kenya was approaching the tail end of the Funding request proposal writing with a tight submission date and there was need for constructive deliberations to ensure a timely FR Proposal submission.

The KCM Vice Chair, then lead members in adoption of the meeting Agenda.

Discussion

Member/FBO-NSA sought clarification on whether endorsement of Non-State PRs was to be discussed during the day's meeting.

Alternate FBO/CHAK stated that following the August 10th Special KCM Meeting it was recommended that the Management Committee explore and develop a concept note for dual procurement stream for GF Commodities, the member sought clarification if the concept note was to be discussed during the meeting.

Member PLWD-TB, sought clarification on what were the expected next steps once the report was received from the Appeals Committee.

The KCM Coordinator informed the meeting that all issues related to selection of Non-State PRs were to be discussed in details under agenda 6. He informed members that the Management Committee had not finalized the process of exploring and developing concept note for dual procurement stream, hence this was to be discussed during the next meeting.

Alternate member FBO/KCCB -proposed that agenda 6 be amended to read receive and discuss report from the KCM Appeals Committee.

The agenda was amended and adopted.

Proposed by: Mr. John Kamigwi

Seconded by: Mr. Peter Njane

Min 3/2/8/2020 Declaration of Conflict of Interest

No Conflict of Interest was declared.

Min 4/2/8/2020 Endorsement of Proposed Modular Splits - Presentation by Dr. Celestine Mugambi - Funding Request Secretariat Chair

The funding request Secretariat Chair, informed members that the day's presentation was informed by the KCM Meeting held on 10th August 2020, which advised that the secretariat retreats back to the ICCs to iron out prevalent issues raised during the ICC and KCM Meetings. The issues raised included:

(1). The use of the term Comprehensive Sexuality Education (CSE). A meeting convened for the Faith Sector Working Group, Ministry of Education and the Writing Team clarified that Kenya was not implementing CSE. Human Sexuality Curriculum was currently in use in Kenya. A representative of the FBO (Sister Rose) had participated in this meeting.

(2). *Abstinence not given prominence.* It was resolved that Abstinence as an intervention would be given prominence and Sr. Rose, a member of the Funding Request secretariat representing FBOs was mandated to provide the AYP writing team with material through the consultant by COB August 12th 2020. In addition, the proposal needed not mention EBIs by name at this stage but indicate that Government- Kenya Institute of Curriculum Development (KICD) approved Evidence Based Interventions (EBIs) would be used in schools as appropriate i.e. age and focus specific. **The status** was that, Sr. Rose sent the revisions; consultants are incorporating the necessary changes.

(3). *HIV Prevention Interventions for General Population were missing in the proposal.* It was resolved that the General Population would still be reached with HIV Prevention information in other modules such as HTS, Human Rights and PMTCT;

(4). *KP Lack of proper engagement and consensus on activities.* KPs held a 2-day face to face meeting, followed by virtual meetings together with the KP consultant. Activities and budgets were reviewed and inputs given. The KP Consultant incorporated proposed changes as received.

The FR Chair in her presentation gave an overview of the 2021-2024 grant period noting that the HIV Component has a 65 % allocation with an allocation of 271,649,197; TB had 13% allocation; with an allocation of 56,694,297; The Malaria grant had 21% allocation with a total allocation of 86,966,676. **Total Funding of 415,310,170.** These grants will be utilized in the period 1st July 2021 to 30th June 2024. In addition, Kenya was eligible for additional catalytic

matching funding with priority areas of Adolescent Girls and young women in high prevalence setting amounting to USD 4,400,000; scaling up community led KP Programs amounting to USD 10,000,000; Human Rights USD 3,800,000; Finding Missing people with TB USD 8,000,000 **Total USD 26,200,000**. Condition given was to have an increase in the 2020-2022 allocation amount designated for catalytic priority, compared to the budget levels in GF grants from the 2017-2019 allocation period.

Following a successful Joint ICC meeting last week, the proposed Modular splits are as outline below.

TB Modular Splits: - TB Care and Prevention has an allocation of USD 18,765,812; which translates to 34% allocation; revised Allocation USD 21,431,192; Total within allocation of USD 21,431,192; matching funds USD 8,000,000 for finding missing cases. MDR TB has an allocation of USD 12,189,274 which translates to 22% allocation; revised Allocation USD 12,189,274 Total within allocation of USD 12,189,274. TB HIV has an allocation of USD 8,504,145 which translates to 15% allocation; revised Allocation USD 8,504,145, HIV Allocation of USD 7,874,040.0 Total within allocation of USD 16,378,185.0. HRG has an allocation of USD 1,133,886 which translates to 2% allocation; revised Allocation USD 1,133,886;

HIV Allocation of 3,191,567.00 Total within allocation of USD 4,325,453.0' matching funds 3,800,000 for Human rights. Program Management has an allocation of USD 8,504,145 which translates to 15% allocation; revised Allocation USD 7,176,628 Total within allocation of USD 8,504,145. Disease Specific RSSH has an allocation of USD 3,685,129 which translates to 7% allocation; revised Allocation USD 3,685,129; Total within allocation of USD 3,685,129. Cross cutting RSSH has an allocation of USD 3,911,906 which translates to 6% allocation; revised Allocation USD 3,911,906 Total within allocation of USD 3,911,906.

Total allocation USD 56,694,297 which translates to 100% allocation; Total revised Allocation USD 56,694,297; Total HIV Allocation USD 10,214,701 Total within allocation of USD 66,908,998.

Malaria Modular Splits: - (USDs) Mod 1: has an allocation of 51,800,000 which translates to 64% allocation. Mod 2: Case Management has an allocation of 12,800,000 which translates to 16% allocation. Mod 3a: MIP has an allocation of 800,000 which translates to 1% allocation. Mod 3b: Social Behavior Change has an allocation of 2,800,000 which translates to 4% allocation. Mod 4: RSSH(M&E) has an allocation of 5,800,000 which translates to 7% allocation. Mod 4: Prog. Management has an allocation of 3,700,000 which translates to 4% allocation. PR-2 Admin costs including SR administration has an allocation of 3,000,000 which translates to 4% allocation. Total amounts (Current/ Estimated budget ceilings) of 80,960,000 which translates to 100% allocation.

Proposed HIV Modular Splits **Prevention** - 42,865,592 Priority Population Men who have sex with men, Sex workers and their clients, Transgender people, People who inject drugs and their partners Allocation (US\$) 13,300,000 ;5.26 %Allocation; Revised Splits 13,512,727;

5.34 %Allocation; Matching Funds 10,000,000. Adolescent girls and young women in high prevalence settings; Allocation (US\$) 5,000,000; 1.98% Allocation; Revised Splits 5,212,727; 2.06%Allocation; 4,400,000 Matching Funds; HIV prevention (prisons, men and other vulnerable populations, condoms, PrEP) Allocation (US\$) 9,740,138; 3.85 %Allocation; 9,740,138 Revised Splits 3.85%Allocation; **PMTCT** - 6,542,805 Allocation (US\$) 6,452,805; 2.55 %Allocation; 6,452,805 Revised Splits 2.55%Allocation; **Differentiated HIV Testing Services** - 9,585,944; 9,585,944 Allocation (US\$) 3.79%Allocation; Revised Splits 9,585,944; 3.79 %Allocation; **Treatment, care and support** - 178,004,678;(1) 147,841,776 Allocation (US\$) 58.46%Allocation; 147,841,776 Revised Splits; 58.46 %Allocation;(2) Priority population programmatic for treatment; Allocation (US\$) 29,737,448; 2.95%Allocation; 7,874,040 Revised Splits; 3.11 %Allocation. **TB/HIV**; (US\$) 7,448,587; 2.95 %Allocation; 7,874,040 Revised Splits; 3.11%Allocation. **Reducing human rights-related barriers to HIV/TB services** - 4,325,453 Allocation (US\$) 2,766,114; 1.09 %Allocation; 3,191,567 Revised Splits; 1.26 %Allocation; Matching Funds 3,800,000.

Program management - 13,096,564; (US\$) 14,798,377 Allocation; 5.85%Allocation; 13,096,564 Revised Splits; 5.18%Allocation. RSSH disease specific M & E - 6,234,212; (US\$) 6,234,212 Allocation; 2.4%Allocation; 6,234,212 Revised Splits; 2.47%Allocation.

Total (US\$) Allocation 252,905,402; *100 %Allocation; 252,905,402 Revised Splits 100%Allocation and total Matching Funds 18,200,000.*

On cross cutting RSSH modules included (1). Integrated service delivery and quality improvement 10% allocation; USD2,934,885 (2). HRH including Community health workers; 13% allocation; 3,788,271. (3). Procurement and supply chain management systems; 15%; USD 4,198,849. (3). Financial Management systems; 6% allocation USD 1,614,977. (4). Community responses and systems; 21% Allocation USD 5,996,882. (5). Health management information systems and M&E – Cross cutting; 18% Allocation USD 5,040,000(6). Health sector Governance and planning; 8 % Allocation USD 2,160,401. (7). Laboratory services systems 10 % Allocation; USD 2,922,137 **Total 100% USD 28,656,401.**

On the incorporation of blood safety products into the grant, the chair FR stated that this was taken into account by the HIV team however, the modular splits were endorsed by the ICC with that caveat.

Discussion

Member/KP Rep-NSA requested the Chair FR, to once again present the last two slides of the presentation as this was not clear due to internet connection problems.

Member/PLWD-TB-NSA started by congratulating the FR Writing team for a job well done. He however observed that the team had not stated an **Ask**. He observed that TB and HIV teams had incorporated changes as discussed during the ICC meeting. However, he noted that not much change was observed within the malaria grant. All community led interventions had been

drawn to the above allocation which to him was a risky move as GOK priorities may change. He asked for a clear balance of all elements within the malaria program to ensure inclusivity. He added that Endorsement at the ICC was not done properly as individuals from the same department proposed and seconded. He voiced a query on harmonization of HR issues as recommended during the last meeting.

The Representative from Malaria Constituency sought an assurance from the GOK that community led interventions will be considered primarily once funds are available; she requested for a written commitment.

Alternate FBO/KCCB highlighted feedback from KP may have been missed; she Requested Dr. Dan Koros working for PEPFAR to give guidance on whether there was alignment between what is funded under PEPFAR and what is to be funded by the GF grant. To prevent possible double dipping. She also sought clarification that the use of the word CSE would not apply and Abstinence would be given prominence by the MOH.

In response the Chair FR reiterated that Kenya does not implement CSE but Human Sexuality Curriculum. On giving Abstinence prominence; it was resolved that as an intervention it would be given prominence and Sr. Rose, a member of the Funding Request secretariat representing FBOs was mandated to provide the AYP writing team material through the consultant. This was done.

*Dr. Githuka stated that the funding proposal writing was an ongoing process and following a successful meeting early morning (17th August, 2020) Malaria modular splits updated to: LLINs 44.4% proportion; allocation USD 35,971,837; PAAR USD 24,033,320. Ento Surveillance and IRM Proportions 2.5%; on allocation 2,034,871. IRS 0.0%; PAAR 5,414,747. Case Management (commodities) Proportions 11.2% on allocation 9,037,000. Case Management (Quality and Care) Proportions 3.5%; on allocation 2,814,241. Case Management QA proportions 1.4% on allocation 1,126, 609. CCM Proportions 8.8% on allocation 7,086,375; PAAR 7,543,692. MIP Proportions 1.0% on allocation 847, 378. SBC Proportions 5.7%; on allocation 4,580,756; PAAR1,500,000. Elimination Proportions 0.5%; on allocation 385,307. SMEOR Proportions 10.6% on allocation 8,547,360; PAAR 3,846,349. Prog. Mgmt. Proportions 6.2% on allocation 5,034,241. PR2 Administration Proportions 4.3% on allocation 3,500,000. **Total** on allocation 80,965,975 PAAR 42, 338,108*

Chair FR writing team stated that standardizing unit costs in all grant allocations within the modules has been taken note and the core team together with the coasting team are working together to ensure standardization. This work in progress.

She however confirmed that the writing team was not in a position to offer Assurance on the PAAR as this is not determined by the core team. She invited the GF CT to offer guidance on the matter.

The grant portfolio Manager congratulated the writing team for inputs and clarifications given leading the FR application process. He reminded KCM that once the FR was submitted, it would be reviewed by the TRP and GF Secretariat giving opportunity at Grant Making for

comprehensive review. He clarified that no other exercise for prioritization on PAAR would be undertaken; he asked the country to look for high impact interventions which would then be prioritized.

Ms. Soukeyna Sylla, Global Fund Secretariat noted that PAAR would complement the allocation and would be reviewed by the TRP; she clarified that PAAR complements priority needs that cannot be funded within the main grant. TRP is at liberty to recommend activities within the grant to move to the PAAR and vice versa. She advised that the FR WT to ensure that what goes into the grant complements PAAR and is of high impact.

On Matters raised on endorsement process at the Joint ICC, Mr. John Kamigwi-ICC chair, clarified that members present in the meeting went through the module in a systematic manner before any endorsement was done. Member concerns were also taken into account. The eligibility of members in proposing and seconding for endorsement purposes was discussed at length at the meeting and direction was given that any member of an ICC could propose and second. He stated emergent issues within the malaria grant were within the approved modules and did not interfere with the broad budget lines. Each module with splits was endorsed and arising issues were documented.

The KCM Vice Chair requested the Malaria Program lead together with the Member/ Malaria-NSA to look at the malaria module and aspects around the community lead initiatives that can be supported within the grant. This request was well received by both parties.

Member/PLWD-HIV-NSA requested that in future, all decision points should be well written so that people vote for or against the decision points. She expressed concern on new items being introduced example the blood services noting that the Prevention module was already stretched. She sought clarification on what elements would be reduced and whether these could be Considered under above allocation.

FR Secretariat-Co Chair Mr. Otwoma, appreciated the guidance given by the GF Team and KCM members stating that comments and inputs will be incorporated by the Funding Request Secretariat. He asked members to endorse the modular splits.

The KCM Chair appreciated the FR writing team for the presentation and draft funding request proposal. She requested the writing team not to lose focus of high impact interventions example curative, prevention, commodity security, and health promotion. In addition, she requested the County Public health officers to be well engaged especially in malaria elimination and prevention, example indoor malaria spraying. She emphasized on the need to ensure resources are allocated effectively to support high impact interventions and areas such as community sensitization.

She added that online platforms and virtual meetings should be embraced as this would greatly reduce the travel costs which elevate administration costs. She reminded everyone that Kenyans need high impact interventions in solving prevalent issues.

She requested for a rationalization of the Human Resource interventions and ensure salaries for Health Care workers are harmonized with the current Government rates as this will be important in informing transition and sustainability.

Head/NASCOP stated that blood services had been factored in the prevention module. It was however work in progress and the team from the blood transfusion agency was working on the budgets and will be factored in due course. In addition, funds available are not adequate to address all the needs. The blood products would be catered for by the laboratory services/GF funding as well as CPF. She however added that some of the cost could be considered also in above allocation.

The Head/National Malaria Program informed the meeting that there was considerable challenge on vector control, the GOK through the Malaria program with support from Cuba was scaling up residual indoor spraying. He stated that the US PMI had also helped in residual indoor spraying in selected Counties. GF supports LLINS distribution and knowledge on disease entomology including other partners like USPMI and GOK

The writing Team was asked to incorporate the recommendations provided.

After all matters were deliberated and clarifications provided, the proposed Modular Splits for HIV, TB, Malaria and cross cutting RSSH were endorsed as:

Proposed by: Mr. Stanley Bii

Seconded by: Ms. Jane Wamoko

Min 5/2/8/2020 Approval of KCM Strategic Plan 2021 to 2025 - Presentation by Mr. Stephen Kibira-Consultant

The agenda was deferred to the next meeting due to time pressure .

Min 6/2/8/2020 Receive Report from KCM Appeals Committee

During the KCM meeting held on 10th August, 2020, the appeal and letters of concern submitted regarding the PR selection process were received and handed over to the Appeals Committee for review.

Members were asked to where possible, declare a COI before the appeals committee presented report to the KCM for discussion.

No conflict was declared.

The Appeals Committee chair informed the meeting that the Appeals Committee had made major strides in handling the appeal and concerns presented and was committed to delivering on its mandate.

The PR selection appeals review process background is based on the fact that Kenya had been allocate USDs 415,310,170 for the fight against Malaria, TB, HIV and resilient and sustainable health systems by the GF for the period 1st July 2021- June 30th 2024. As part of the GF requirement KCM was to finalize the Non-State PR selection before the finalization and submission of the FR application in 31st August 2020.

KCM choose an open tender process that appointed an Adhoc committee that developed the RFP guidelines and evaluation criteria that would guide the process of selecting a non-state PR for the new grant. A tender advert was carried out in 14th April 2020 on, My Gov. and standard newspaper as well as the KCM website to the above effect with a closing date of 6th May 2020.

KCM appointed technical and Financial evaluation committees who then evaluated the received bids. IRP report was presented to KCM on 9th July 2020 and based on finding one bidder, Amref Kenya attained the highest Scores in the three disease grants and was successful. A 14-day appeals window was granted and one appeal and six letters of concern were received. The KCM then gave the Appeals committee 7 days effective 10th August to review the appeal and letters of concern and report back to KCM on 17th August 2020.

Members of the Appeals committee were DR. Jonathan Kiliko- Chair Appeals Committee; Ms. Faith Muigai –Secretary; Mr. Jackson Mwangi- Member; Dr. Dan Koros- Member; Mr. Kennedy Mosoti - Member. The Secretariat was to provide administrative support.

Their TORs included understanding the KCM endorsed set criteria used by the selection committees on HIV, TB Malaria grants; Receive and review appeals from bidders/ letters of concern ,Review and understand the reason for the decision made by the selection committees; Assess if the decision by the selection Committee was procedural, fair and just; Recommend to the KCM whether to uphold or vary the decision of select committee and make other recommendations for continual improvement of PR selection.

Their approach/Methodology included planning meeting to draw a road map for the assignment' receive relevant documents including relevant minutes of KCM meetings, Adhoc Committee reports and selection guidelines, RFP document and other procurement documents, bidders submissions and evaluation reports; desk review of received key documents; develop appeals committee guidelines ; Review the appeal and letters of concern; Key informant interviews and compile a report with findings and recommendations.

The appeals committee conducted interviews with Key parties on Thursday 13th and Friday 14th August 2020. All targets were met as planned except for KRCS.

The Chair noted that the committee was still consulting in order to wind up the assignment; Important to note was that the malaria component was not subject to any appeal and that component should therefore be treated as a closed procurement and the remaining procedures on the same should be finalized.

On the KRCS Letter of 13/08/2020; the appeals committee had planned to meet with the appellant on Thursday 13th August 2020 any time between 2pm -5 pm either virtually or face to face meeting. This meeting would clarify few issues that were not clear to the appeals committee and provide them with an opportunity for an oral presentation of their appeal. On 13th August

2020 the appellant wrote stating that they had *serious reservations on the procedural aspects of the appeal*. They requested for the meeting to be rescheduled on the grounds that the notice was short and they had not been informed on who would sit in the appeal so as to have confidence of its independence (composition of the Appeals committee); the letter highlighted that KRCS had not been informed of the rules and procedures when they appear before the Appeals committee and needed further time for their technical teams to prepare and assemble information to provide meaningful clarifications on the appeal.

The committee's interpretation of the KRCS letter 13th August 2020 raised 3 issues summarily questioning the credibility and independence of the Appeals committee to render a fair outcome; KCM must either respond to appellants demands on this appeal or expressly render its unequivocal support by performing its mandate.

Requests to KCM

1. *Provide guidance on the appellant's letter dated 13th August 2020*
2. *Approve additional days for appeals Committee to complete the assignment within the week before Friday 21st August 2020*
3. *Award Malaria contract to Amref for there is no appeal relating to bids for this disease. This will allow the PR to join fully the FR Application/writing process*

Discussion

Members unanimously agreed on the request number three, on the Award of the Malaria contract to Amref for there is no appeal relating to bids for this disease, the PR was to join fully the FR application and writing process. The KCM Chair led members in the adoption of the 3rd request.

Proposed by: Mr. Peter Njane

Seconded by: Ms. Maureen Murenga

The Chair highlighted the two remaining issues that the KCM needed to deliberate on and make decisions on the matter. She stated that the appellant raised issues on who sits in the committee; its rules and regulations and sought clarification on how much time was requested by the KRCS. She clarified that this was a procurement process and it was unfortunate that the appellant was challenging the KCM Process.

She opened the floor for additional remarks and contributions

Mr. Ahmed Said requested the Appeals committee chair to introduce his panel again stating what organizations they worked for. The Appeals Committee Chair introduced his team as being composed of Dr. Jonathan Kiliko -member FBO; Dr. Dan Koros –BL/DP /PEPFAR; Ms, Faith Muigai-Formal Private sector; Mr. Jackson Mwangi – Ministry of devolution and Mr Mosoti Kennedy- NACC confirming that they were all appointed by the KCM.

Chair noted that the Lawyers within the appeals committee should give guidance on whether the appellant should guide on the composition of the appeals committees as well as the rules and regulations used. All KCM decisions should be respected as independent and transparent. The KCM had established several other subcommittees and adhoc committees that have been effectively executing their mandate, this includes the appeals committee. By design KRCS had raised retrogressive issues that challenged the credibility of the KCM processes. She asked members to be guided by the spirit and values inculcated in the PR selection guidelines.

The representative from PLWD/HIV stated that the notification of outcome of the evaluation to Amref was done in haste. It was her view that this would have occurred on further deliberation by the KCM. She stated that the IRP presentation from the IRP was what was adopted not the report. She stated that CCMs are bound by their decisions and that a decision to have 2 non state PRs was reached in a past KCM Meeting.

The Chair stated that KCM chose a certain route i.e. open tender when it embarked on the non-state PR selection process ; the KCM must now deliver on its mandate to due completion. She however sought clarity from the KCM Secretariat on whether at the point of commencing the process clear instructions had been given on adoption of more than 1 PR. She cautioned members not to manipulate the process but remain anchored on facts.

The KCM Coordinator clarified that in February, 2020 the KCM explored two options on the non-state PRs to implement the new GF Grant. Option A: 1 Non- State PR- HIV Grant;1 Non-State PR- TB Grant; 1 Non- State PR- Malaria Grant and no Non- State PR- RSSH Grant, 10 out of 15 Members (67%) voted for this option. Option B ;1 Non- State PR- HIV Grant;1 Non-State PR- TB Grant; 1 Non- State PR- Malaria Grant and 1 Non- State PR- RSSH Grant 4 members out of the 15 members (27%) voted for this option. 1 member abstained. In conclusion members recommended option A as the most preferred choice. It was noted that the PR Selection call for proposal should indicate: Principle Recipient for GF Grants for HIV, TB and Malaria.

TB Representative stated that legally after the 14days appeals window the bidders should be prepared to provide any clarification requested regarding any appeal submitted.

The Chair Appeals committee clarified that the KRCS letter was not clear on how much time the KRCS had sought to be given or clarified if the appeal was for HIV or TB Grant; the reference on membership was of no consequence. He asked the KCM to give direction on this matter.

Representative from NACC informed members that the committee had been set up by KCM owing to the expertise members brought to the Appeals committee.

Member/FBO constituency sought clarification on whether the non-state PRs were bound by the Government procurement structure.

KP representative added that the KCM need to make procedural decisions to conclude the PR selection and ensure all parties are heard.

Alternate member from FBO/KCCB, highlighted that as stated in last meeting; compliance to regulations in implementation of KCM resolutions should be undertaken in the spirit of fairness. KCM should not shift goal posts as it had participated in the formulation of the RFP document. The considerations suggested by some of the members would have only occurred if it was stated explicitly in the RFP document.

Representative Informal /Private Sector appreciated the dedication exhibited by the appeals committee. He noted that it was unfortunate that KRCS was discrediting the appeals committee; the Private informal sector made some resolutions on the PR Selection process following a recent meeting by Non state Actors

Alternate member FBO/CHAK, asked members to allow the Appeal's Committee complete its mandate and should not be obligated to give feedback to KRCS. KCM should also give a fixed timeline for the Appeals Committee to present their report.

Representative from the Private Sector/Formal who is also a member of the Appeals Committee, sought guidance on what new time lines would be prescribed to the Committee and to KRCS.

The grant portfolio Manager noted that the KRCS letter was shared with the GF CT and was in agreement with the contents there in as shared by the Appeals Committee (AC). He asked KCM to guarantee an open and transparent process by extending an olive branch to KRCS giving them a last chance to appear before the AC.

The Chair requested members to allow the appeals committee to make final deliberations on the matter; reach out to the KRCS with pre-determined time lines.

At this point, the KCM unanimously agreed that, the Appeals Committee reconvene to finalize the report. The Appeals Committee to meet with KRCS before 20th August,2020.

1. KRCS be notified of the time to appear to the committee, which is between Tuesday (18th August 2020) and Wednesday (19th August, 2020)
2. Appeals committee to Finalize report by 21st August,2020 Friday.

Proposed by: John Kihui
Seconded by: Latif Shaban

Min 7/ 2/8/2020 AOB

There being no other business, the meeting ended at 5.53PM

Sign: 
Mr. Samuel Muia
KCM Coordinator

Date: 25/08/2020

Sign: 
Ms. Susan Mochache, CBS
KCM Chair

Date: 27/8/2020