

**Table 2 - FY 2015 Planned Obligations Ghana**  
**Year 8 (FY 2015) Estimated Budget Breakdown by Intervention – Last Reprogrammed June 13, 2016**

Proposed Activity	Mechanism	FY 2015 Budget	Com-modities	Geographic Area	Description of Activity
<b>ITNs</b>					
Procure ITNs for distribution through routine systems	GHSC-PSM	\$1,500,000	\$1,500,000	Nationwide	Procure approximately 300,000 long-lasting ITNs, estimated to meet 8% of the national need, to provide ITNs to vulnerable populations and to contribute towards maintaining universal coverage of ITNs. The budget of \$5 per unit includes transportation of LLINs to distribution points.
Support for local ITN distribution activities and strengthening the supply chain	GHSC-PSM	\$300,000	\$0	Nationwide	Provide technical assistance to GHS, GES, and other stakeholders to strengthen routine ITN distribution planning, logistics, supply chain management, training, and end-user distribution systems.
	VectorWorks	\$970,000	\$0	Nationwide	Support the continuous distribution of ITNs through schools and health facilities with support to the GHS/NMCP and GES/SHEP. Funds will support the costs of training, planning, supervision, operations and M&E. <b>Reprogramming Memo 2015: Mechanism Change</b>
<i>ITNs Subtotal</i>		<i>\$2,770,000</i>	<i>\$1,500,000</i>		
<b>IRS</b>					
IRS implementation and management	AIRS TO6	\$4,700,000	\$1,410,000	Northern Region	In collaboration with GHS, and with continued focus on capacity building, support IRS implementation and programmatic evaluation in targeted districts. Districts will be selected by December 2014 for optimal IRS impact on morbidity. Targeting will be based on the recommendations of the ongoing national scoping exercise, as well as epidemiologic and entomologic monitoring data from PMI and AGA/Global Fund IRS programs. Encompasses entomological monitoring and limited epidemiologic monitoring, spray operations, data collection, environmental assessment and compliance monitoring, BCC activities including community mobilization, and logistics support.
TA to support entomological monitoring for IRS	CDC	\$34,000	\$0	Northern Region and Nationwide	Conduct two technical assistance and quality assurance TDYs to support entomologic monitoring, including insecticide resistance management. Budget includes entomology equipment and supplies.
<i>IRS Subtotal</i>		<i>\$4,734,000</i>	<i>\$1,410,000</i>		
<b>Malaria in Pregnancy</b>					
Strengthen ANC services and in-service training for health care workers	Systems for Health	\$540,000	\$0	5 Regions	Support the GHS to further improve HCW/health system capacity to effectively deliver a package of malaria prevention and care services to pregnant women. PMI support will focus on supportive supervision, on-site training as needed, quality improvement to increase HCW administration of all three IPTp doses, and support for implementing updated GHS guidance.
Support pre-service training for health care workers	MCSP	\$450,000	\$0	Nationwide	Provide technical pre-service training for nurses, midwives, and medical assistants in prevention and treatment of malaria in pregnancy. <b>Reprogramming Memo 2015: Mechanism Change</b>
<i>Malaria in Pregnancy Subtotal</i>		<i>\$990,000</i>	<i>\$0</i>		
<b>Case Management</b>					
<i>Diagnosis</i>					
Procure RDTs and microscopes to support diagnostic capacity in facilities	GHSC-PSM	\$1,550,000	\$1,550,000	Nationwide	Procure approximately 2,566,666 RDTs, estimated to meet 40-50% of the national need, as well as limited diagnostic supplies (e.g. microscopes and microscopy kits/reagents) to fill identified gaps and ensure that health facilities maintain capacity to test fevers and diagnose malaria cases. The costs are budgeted at \$0.60 per RDT.
	MalariaCare	\$400,000	\$0		Support continued quality improvements to malaria microscopy at the laboratory level, building upon and scaling up the successful OTSS program. Provide supportive supervision and on-the-job training of laboratory personnel,

Strengthen quality of malaria diagnostic capacity in laboratories	G2G: GHS CLU	\$0	\$0	Nationwide	complemented by refresher training for lab supervisors. Focus on improving the efficiency of testing processes and on using the test results to inform clinical decisions and surveillance Emphasize the transfer of increased management responsibility to the GHS CLU. <b>September 2015 Reprogramming Memo: CLU budget decreased by \$300,000; MalariaCare budget increased by \$300,000</b>
Scale up RDT use in clinical settings	Systems for Health	\$500,000	\$0	5 Regions	Collaborate with GHS/NMCP to achieve high rates of parasitological testing, with focus on scaling up RDT use in clinical settings. Accelerate efforts to identify and remove operational, financial and policy barriers to increased RDT use. Support capacity building to ensure consistent availability and use of RDTs at public health facilities, especially at the CHPS level. Support the roll-out of RDTs to community-based agents, licensed chemical sellers and pharmacies.
	MalariaCare	\$500,000	\$0	Nationwide	
TA for diagnostics	CDC	\$12,000	\$0	Nationwide	Provide technical assistance for microscopy QA and to realize full potential of RDTs at all levels
<i>Diagnostics Subtotal</i>		<i>\$2,962,000</i>	<i>\$1,550,000</i>		
<b>Treatment</b>					
Procure ACTs and/or severe malaria treatment	GHSC-PSM	\$8,660,000	\$8,660,000	Nationwide	Procure approximately 10.9 million ACT treatments, estimated to meet 100% of the national pediatric requirement as well as additional quantities of adult ACT formulations, rectal artesunate, and severe malaria drugs as necessary to fill gaps and prevent stockouts.
Support pre-service training for health care workers and physicians to improve malaria case management capacity	MCSP	\$265,000	\$0	Nationwide	Support pre-service training for general nurses, midwives, and medical assistants to improve competencies in knowledge, skills, and practices for malaria diagnosis and case management in compliance with GHS guidelines and protocols. Support implementation of revised school curricula. Develop training for managing cases with negative malaria test results. <b>Reprogramming Memo 2015: Mechanism Change</b>
	MalariaCare	\$140,000	\$0	Nationwide	Support pre-service and/or continuing medical education training for physicians and revision of medical school curricula to improve competencies in knowledge, skills, and practices for malaria diagnosis and case management in compliance with GHS guidelines and protocols.
Provide technical assistance to improve malaria case management at the national and health facility levels	G2G (Institutional Care Division)	\$400,000	\$0	5 Regions	Provide financial support to GHS regional and districts teams to promote improved malaria case management. Focus on implementing supportive supervision and incentivizing health care providers. Provide nationwide technical assistance and support in malaria case management.
	MalariaCare	\$350,000	\$0	5 Regions	Collaborate with GHS to improve compliance with national guidelines for management of uncomplicated and severe malaria in health facilities. Provide technical assistance for supportive supervision, on-the job and class room training, and quality improvement among HCWs, with an emphasis on CHPS staff. Promote provider adherence to test results.
	Systems for Health	\$550,000	\$0	5 Regions	
Support NHIA to implement clinical audits	G2G (NHIA)	\$325,000	\$0	Nationwide	Support NHIA to implement clinical audits to confirm clinical compliance with GHS malaria diagnosis and case management guidelines . NHIA emphasis on confirmatory testing to accompany majority of malaria treatment reimbursements.
Strengthen the malaria case management capacity of licensed chemical sellers and pharmacies	SHOPS Associate Award	\$400,000	\$0	Nationwide	Support activities to build the capacity of licensed chemical sellers and pharmacists to comply with GHS malaria diagnosis, treatment and referral guidelines. Address issues related to for-profit, business motivations to comply with GHS guidelines. Support licensed chemical sellers to achieve NHIA accreditation, with emphasis on geographic areas with gaps in NHIS coverage. <b>Reprogramming Memo 2015: Mechanism Change</b>
<i>Treatment Subtotal</i>		<i>\$11,090,000</i>	<i>\$8,660,000</i>		
<i>Case Management Subtotal</i>		<i>\$14,052,000</i>	<i>\$10,210,000</i>		
<b>Capacity Building and Health System Strengthening</b>					
Strengthen logistics and supply chain systems	GHSC-PSM	\$550,000	\$0	Nationwide	Provide technical assistance for strengthening logistics/supply chain to improve availability of malaria commodities including SP, RDTs, and other commodities. Activities will focus on addressing bottlenecks in finance, management, forecasting, transportation and reporting systems. Support end use verification activities. Implement Supply Chain Master Plan to reform health commodity procurement and supply.

Strengthen drug quality monitoring capacity	USP-PQM	\$200,000	\$0	Nationwide	Support the strengthening of anti-malaria drug quality monitoring in collaboration with the Ghana FDA. Consolidate the recent expansion of the post-market surveillance Support increased enforcement capacity and education. to heighten responsiveness to counterfeit and substandard medicines.
Build management capacity at NMCP, GHS and other GOG partners	MalariaCare	\$100,000	\$0	Nationwide	Continue to provide support to the NMCP, GHS, and GOG for technical capacity building and improved malaria control systems. Support limited information technology investments to enhance malaria program management.
Ensure that the National Health Insurance program provides access to appropriate malaria treatment	Health Financing & Governance	\$400,000	\$0	Nationwide	Provide technical assistance to assure mass access to appropriate malaria treatment through NHIA program, resolve capitation, claims management issues and ensure sustainability.
Develop communications to promote enrollment in NHIA	NHIA Communications G2G	\$0	\$0	Nationwide	Support BCC to promote active enrollment in NHIA and access to NHIA-accredited facilities among the general population to facilitate prompt care-seeking behaviors for malaria, with a focus on high burden rural areas. <b>Reprogramming Memo 2015: Mechanism Change</b> <b>Reprogramming Request July 2018: Activity cancelled; budget decreased to \$0</b>
Strengthen the role of civil society in Malaria Advocacy	People for Health	\$200,000	\$0	Nationwide	Build the capacity of local Ghanaian non-government and civil society organizations to monitor the quality and ease of access to malaria testing and treatment services. Support will include strengthening community structures for advocating for patients' rights and client-centered care, emphasizing public access to quality ACTs and diagnostics. <b>Reprogramming Memo 2015: Mechanism Change</b>
Support Peace Corps Malaria Volunteers	Peace Corps SPA	\$10,000	\$0	Nationwide	Support Peace Corps volunteers to carry out malaria prevention and control activities such as community mobilization for BCC, LLIN distribution, and OR data collection in their communities <b>Reprogramming Memo 2015: Mechanism Change</b>
Support for WHO NPO	WHO Umbrella PIO Grant	\$60,000	\$0	Nationwide	Support WHO's National Professional Officer (NPO) in her ongoing consultative and facilitative role for NMCP, PMI, and other partners in a range of technical and strategic areas, such as strengthening monitoring and evaluation activities, the implementation of integrated community case management (iCCM), and pharmacovigilance issues.
<b>Capacity Building and Health System Strengthening Subtotal</b>		<b>\$1,520,000</b>	<b>\$0</b>		
<b>Monitoring and Evaluation</b>					
Strengthen routine M&E systems	MalariaCare	\$265,000	\$0	5 Regions	Support GHS/NMCP to strengthen routine systems for malaria M&E, including training district and regional staff on data collection, analysis and reporting; and limited computer hardware and software to fill gaps. Support strengthening the quality of malaria data. Support GHS and NMCP stakeholders to perform assessment of routinely collected malaria data.
	Systems for Health	\$250,000	\$0	5 regions	Support GHS at the regional level to strengthen routine systems for malaria M&E, including training district and regional staff on data collection, analysis and reporting. Provide limited computer hardware and software to fill gaps. Support strengthening the quality of malaria data.
Support data review and analysis	G2G /GHS	\$350,000	\$0	Nationwide	Support District Health Teams through GHS/PMEP unit to conduct quarterly data review and analysis to inform decision-making and better target malaria control interventions. <b>Reprogramming Request July 2018: New activity</b>
National insecticide resistance surveillance	G2G: Noguchi	\$0	\$0	Nationwide	In collaboration with other partners and research institutions, continue to support routine insecticide resistance monitoring at a network of sites. <b>Reprogramming Memo 2015: Cancel Activity, budget reduced \$50,000</b>
Support the PMI Impact Evaluation	Evaluate for Health, Task Order 2	\$100,000	\$0	Nationwide	Support the evaluation of the impact of malaria control interventions over the period 2008 – 2014. <b>Reprogramming Memo 2015: Mechanism Change</b>
Support for the Field Epidemiology and Laboratory Training Program	CDC	\$150,000	\$0	Nationwide	Continue to support long-term training of two individuals from GHS/NMCP in epidemiology, surveillance, monitoring and evaluation. To be implemented as a "malaria track" imbedded in FELTP program at the University of Ghana.
Technical assistance for M&E	CDC	\$24,000	\$0	Nationwide	Support for two TDYs from the CDC PMI M&E team to provide technical assistance. Technical assistance will include working with the NMCP to support strengthening HMIS, IRS epidemiologic monitoring and support for the impact evaluation.

Support DHIMS2 digitization	Evaluate for Health, Task Order 3	\$50,000	\$0	National	Provide support to the DHIMS2 digitization effort undertaken by the GHS in partnership with bilateral and multilateral donors and private partners with the eventual goal of strengthening the quality of the system and ability to provide reliable malaria data reports. <b>Reprogramming Memo 2015: New Activity Added</b>
<b>M&amp;E Subtotal</b>		<b>\$1,189,000</b>	<b>\$0</b>		
<b>Operations Research</b>					
Conduct research to improve understanding of case management discordance between treatment results and treatment in Ghana	AIRS TO6	\$100,000	\$0	TBD	Evaluate and improve clinician adherence to diagnostic testing; identify factors associated with clinicians' non-adherence with diagnostic testing and test methods to increase clinician adherence in public and private sectors.
<b>OR Subtotal</b>		<b>\$100,000</b>	<b>\$0</b>		
<b>BCC</b>					
BCC and community mobilization to promote ITN ownership and use, IPTp uptake, and improved care seeking behavior	Communicate for Health	\$650,000	\$0	Nationwide	Support the development and implementation of communications activities to promote ITN ownership and use, improved administration of IPTp by healthcare workers and uptake by pregnant women, and update of IPTp employing an evidence-based approach. Support community mobilization, radio and television spots, and communications materials. Focus on net care and misperceptions about use. Provide technical assistance to the NMCP and the National Malaria Communications Committee, and SHEP. Support community mobilization and mass communication to improve demand for case management, to increase prompt and appropriate care seeking behavior for malaria symptoms. Activities will be integrated with MCH activities as appropriate. Integrate activities with MCH activities as appropriate. Provide technical assistance to GHS (NMCP, National Malaria Communications Committee, and Health Promotion Unit). <b>Reprogramming Memo 2015: Mechanism Change</b>
	VectorWorks	\$250,000	\$0	Nationwide	Support the development and implementation of communications activities to promote LLIN ownership and use, employing an evidence-based approach. Support community mobilization, radio and television spots, and communications materials. Focus on net care and misperceptions about use. Provide technical assistance to the NMCP and the National Malaria Communications Committee, and SHEP. <b>Reprogramming Memo 2015: Mechanism Change</b>
	Systems for Health	\$200,000	\$0	5 Regions	Support the distribution and use of communications materials to improve administration of IPTp by healthcare workers. Support community mobilization and communications materials (print and mass media) to promote IPTp with a particular focus on geographic areas and/or cultural groups with low IPTp rates.
<b>BCC Subtotal</b>		<b>\$1,100,000</b>	<b>\$0</b>		
<b>Staff and Administration</b>					
In-country staff and administrative expenses	USAID Ghana	\$885,000	\$0	Nationwide	Coordination and management of all in-country PMI activities including staff salaries and management costs. Includes posting of one USAID and one CDC resident advisor to Accra.
	CDC IAA	\$660,000	\$0	Nationwide	
<b>Staffing and Administration Subtotal</b>		<b>\$1,545,000</b>	<b>\$0</b>		
<b>GRAND TOTAL</b>		<b>\$28,000,000</b>	<b>\$13,120,000</b>		