

Table 2
President's Malaria Initiative - Kenya
Planned Obligations for FY 2015 - revised October 15, 2016

Proposed Activity	Mechanism	Total Budget	Commodities \$	Geographic area	Description of Activity
Insecticide Treated Nets					
Procure and distribute ITNs through routine distribution channels	TBD-Supply Chain Contract	\$10,400,000	\$10,400,000	Endemic/Epidemic Counties	Fill part of the ITN gap for routine distribution by purchasing up to 2.5 million ITNs. Routine distribution: free-of-charge to pregnant women and children under one through the ANC and EPI/child health clinics.
Logistic and program support for ITN distribution	Aphia plus HCM	\$1,500,000	\$0	Endemic/Epidemic Counties	Provide logistical support, including transportation and storage of nets, for distribution of the ITNs within the national routine distribution system.
Logistic and program support for ITN distribution	HCM Project	\$1,225,715	\$0	Endemic/Epidemic Counties	Provide logistical support, including transportation and storage of nets, for distribution of the ITNs within the national routine distribution system and for the 2017/18 mass campaign.
<i>Procure and distribute ITNs through continuous distribution channel</i>	<i>DELIVER TO7</i>	<i>\$0</i>	<i>\$0</i>	<i>One Endemic County</i>	<i>Procure and distribute 100,000 ITNs through the continuous distribution channel.</i>
Support ITN distribution channel planning	VectorWorks	\$150,000	\$0	Endemic/Epidemic Counties	Support a review of ITN distribution channels in Kenya and planning for an appropriate mix of distribution channels (e.g. mass campaign, ANC/EPI, community-based, school-based, etc.) going forward building on the experiences of the current distribution channels and the continuous distribution pilot.
Subtotal		\$13,275,715	\$10,400,000		

Indoor Residual Spraying					
IRS technical support	AIRS Task Order 6	\$500,000	\$0	Endemic County (Migori)	Support GOK's IRS program in Migori county by providing technical assistance. Planning for IRS implementation in 2017.
Entomological and insecticide resistance monitoring in IRS areas	AIRS Task Order 6	\$200,000	\$0	Endemic/Epidemic Counties	Support insecticide resistance monitoring in endemic counties with an IRS program (e.g. NMCP IRS in Rongo sub-county and surrounding areas in Migori county).
<i>Entomological and insecticide resistance monitoring in IRS and other selective areas</i>	TBD	\$0	\$0	Endemic/Epidemic Counties	<i>Continue insecticide resistance monitoring in endemic counties with an IRS program and counties where IRS has been withdrawn. Expansion to selected counties identified as having gaps in insecticide resistance monitoring by the NMCP.</i>
Entomological supplies	CDC IAA (Atlanta)	\$10,000	\$0	Endemic/Epidemic Counties	Support for entomological supplies for ento surveillance and insecticide resistance monitoring activities.
Technical Assistance: CDC TDYs	CDC IAA (Atlanta)	\$24,000	\$0	Endemic/Epidemic Counties	Support two visits from CDC to provide assistance in implementing IRS activities.
Subtotal		\$734,000	\$0		
Malaria in Pregnancy					
Sensitize and train healthcare workers and supervisors on the malaria in pregnancy package of interventions and improve facility reporting	MCSP	\$350,000	\$0	Endemic Counties	Target all healthcare facilities that provide ANC services in two counties. An estimated total of up to 400 healthcare facilities will be reached. Activities will include the orientation and training of facility in-charges and health service providers on the MIP package and ANC data collection, and implementation of a quality improvement framework for healthcare facilities providing ANC services.

Sensitize, orient, and supervise CHVs on malaria in pregnancy package of interventions and improve reporting	MCSP	\$350,000	\$0	Endemic Counties	This activity will include the orientation, training and supervision of CHVs to increase early referral to ANC services, register all pregnant women for follow-up, and provide case management and ITNs. CHVs are trained to undertake BCC activities and to refer and track pregnant women to ensure that they receive IPTp at health facilities. An estimated 5,000 CHVs will be sensitized and oriented using the community strategy and other innovative community approaches. The target is to reach approximately 40,000 women of reproductive age with community MIP messages and services.
Strengthen national and county level policy and monitoring capacity	MCSP	\$100,000	\$0	Endemic Counties	Though most of the activity implementation will be at community level, support will be provided at the national and county levels for policy and monitoring of MIP-specific activities. Technical support will be provided to counties on MIP as necessary.
Procure SP	TBD-Supply Chain Contract	\$260,491	\$260,491	Endemic Counties	Procure approximately 5 million SP tablets for IPTp to support the counties as they transition to procuring SP.
<i>Subtotal</i>		\$1,060,491	\$0		
Case Management					

<i>Diagnostics</i>					
Procure RDTs	TBD-Supply Chain Contract	\$3,792,454	\$3,792,454	Nationwide	Procure and distribute up to 11.3 million RDTs to help fill the gap at level 2 and 3 health facilities (dispensaries and health centers) and to provide RDTs for the community case management strategy.
Provide supportive supervision for malaria diagnostics within the national quality assurance/quality control framework	MalariaCare	\$600,000	\$0	Endemic/Epidemic Counties	Activities will include strengthening capacity of laboratory and healthcare staff for malaria diagnostics through initial and/or refresher trainings and capacity-building for supportive supervision, on-the-job training, and mentoring at the health facility level. Support operationalization, scale up and integration of QA/QC framework and systems for malaria diagnostics in endemic counties. Conduct monitoring and evaluation of QA/QC officer performance and program implementation.
Technical Assistance: CDC TDY	CDC IAA (Atlanta)	\$12,000	\$0	Nationwide	Support one CDC TDY to provide technical assistance for malaria diagnostics.
<i>Subtotal</i>		\$4,404,454	\$3,792,454		
<i>Treatment</i>					
Procure AL	TBD-Supply Chain Contract	\$6,795,355	\$6,795,355	Nationwide	Procure and distribute up to 6.46 million AL treatments to fill in supply gaps in the public sector through September 2016.
Procure severe malaria medications	TBD-Supply Chain Contract	\$1,460,160	\$1,460,160	Endemic/Epidemic Counties	Procure up to 540,000 vials of injectable artesunate to support the NMCP's expansion and switch to this drug for management of severe malaria.

Provide warehousing and distribution for PMI-procured malaria commodities	KEMSA MCP	\$1,266,355	\$0	Nationwide	Provide warehousing and distribution for RDTs, ACTs, SP and injectable artesunate from central to facility level nationwide, covering commodities procured in 2014-2016. KEMSA, the central medical store, transitioned from quarterly "push" supply system to an order-based (i.e., "pull") system from counties due to devolution.
Strengthen capacity via an integrated health program platform	APHIA plus "Zone 1"	\$0	\$0	Endemic Counties	Support the integrated health program to ensure malaria prevention and control are included in health activity plans across the health system from the community to county levels. Activities supported include initial and refresher trainings, capacity building, supportive supervision, provision of job aids, and strengthening reporting performance at the community and health facility levels. At the sub-county and county levels, activities include building capacity for supervision, mentoring, and data use for decision making, facilitating technical working groups, and supporting supervisory visits to health facilities and community units and on-the-job training. Using existing funding for activities.
Provide supportive supervision, training, and mentoring for healthcare providers for malaria case management	MalariaCare	\$400,000	\$0	Endemic/Epidemic Counties	Provide supportive supervision, training and mentoring for malaria case management at the health facility level in line with national case management guidelines to promote rational use of medicines.
<i>Subtotal</i>		\$9,921,870	\$8,255,515		
<i>Pharmaceutical Management</i>					

Strengthen supply chain management for malaria commodities at the national level	<i>HCSM</i>	\$0	\$0	<i>Nationwide</i>	Support the MCU and KEMSA to strengthen supply chain management and build capacity to ensure commodity data are available (through DHIS2) and used to accurately forecast and quantify commodity needs at the national level and prevent stock outs at all levels of the health system. Areas of technical and operational support to KEMSA will include warehousing, financial management, information systems and monitoring and evaluation of performance.
	GHSC-PSM TO5 (Kenya TO)	\$500,000	\$0	Nationwide	
Strengthen supply chain management for malaria commodities at the county, sub-county and health-facility levels	<i>HCSM</i>	\$0	\$0	<i>Nationwide</i>	Support throughout the supply chain (county, sub-county and health-facility levels) to build capacity and structures to ensure data is available and used to quantify commodity needs and plan orders to prevent stock outs. Activities will focus on improving the organization, management and security of commodities within regional and county warehouses, strengthening county systems to order, track and evaluate commodity distribution from KEMSA and transfer/redistribute commodities to alleviate supply shortages and avoid expiries. Supervision of stock monitoring, on-the-job training and collection of antimalarial drug consumption data. Assist with distributing job aids and materials to health facilities.
	GHSC-PSM TO5 (Kenya TO)	\$872,471	\$0	Nationwide	

Strengthen antimalarial drug quality monitoring and surveillance	USP PQM	\$300,000	\$0	Nationwide	Strengthen antimalarial drug quality monitoring through the provision of technical, strategic and operational support to the MCU, drug monitoring sentinel sites, Pharmacy and Poisons Board, and National Quality Control Laboratory.
Subtotal		\$1,672,471	\$0		
Monitoring & Evaluation					
Support the implementation of the revised national M&E plan	MEASURE Evaluation <i>PIMA</i>	\$200,000	\$0	Nationwide	Continue support for implementation of the revised national M&E plan by providing technical assistance to increase the capacity of M&E staff and to ensure that data is used for decision making. Increase data demand and use for programmatic improvements. Assist with follow-up activities for the 2014 DHS and 2015 MIS, including disseminations and updating county malaria profiles.
Strengthen the malaria surveillance system at county level	MEASURE Evaluation <i>PIMA</i>	\$400,000	\$0	Nationwide	Support for M&E strengthening at the county level. Support continued rollout of the surveillance curriculum training nationally, filling gaps in Global Fund support. Continue capacity building in counties for surveillance and M&E activities, mentorship, and reporting in line with county malaria control plans.
Strengthen the Health Information System and the collection of information at the health facility and county level	AfyaInfo	\$0	\$0	Nationwide	Strengthen the malaria-specific reporting in the District Health Information System (DHIS2), which gathers routine data at the health facility level. Ensure malaria information is captured through the DHIS2. Continue to strengthen the malaria component of the DHIS2 system in a devolved context where M&E will remain at the national level. Use existing funding for activities.

Evaluation of malaria cases in DHIS2, IDSR and KEMRI/WT fever study	HCSM	\$150,000	\$0	Nationwide	Support a study to compare DHIS2 and IDSR data for clinical and laboratory diagnosis of malaria with the results of the recent fever study to determine how often malaria is being diagnosed in areas with very low malaria according to the results of the fever study.
Malaria Impact Evaluation	MEASURE Evaluation <i>PIMA</i>	\$50,000	\$0	Nationwide	Support an evaluation of the impact of the malaria control program in Kenya between 2000–2014. This funding will be combined with funding in previous years for a total of \$170,000.
Monitoring of interventions: the End-use verification survey/Quality of Care Survey	HCSM	\$200,000	\$0	Nationwide	Monitor quality of care for malaria case management and assess stockouts through the End-use verification tool included in the biannual Quality of Care surveys.
Monitoring of interventions: net durability monitoring	CDC IAA (with sub-grant to LSTM)	\$322,000	\$0	Nationwide	Continue net durability monitoring for a second year (Year 1 timepoint). Net attrition/durability, bioefficacy analysis and insecticide content monitoring will be conducted on nets distributed in each phase (currently planned for 3 phases) of the 2014–2015 mass ITN distribution campaign. <i>Reprogramming Memo #1.17: Mechanism change.</i>
Technical Assistance: CDC TDYs	CDC IAA (Atlanta)	\$24,000	\$0	Nationwide	Support two CDC TDYs to provide technical assistance for M&E activities.
<i>Subtotal</i>		\$1,346,000	\$0		
Operational Research					
<i>Evaluation of epidemiological surveillance methods</i>	<i>CDC IAA (KEMRI CDC)</i>	<i>\$0</i>	<i>\$0</i>	<i>Nationwide</i>	<i>Support an evaluation of the available surveillance methods for tracking malaria disease burden and progress towards malaria control targets to support local decision making based on malaria burden and intervention coverage. For example, cMIS, DHIS2, DHS 2014, MIS 2015, HDSS morbidity & mortality, and civil registration mortality data sources will be examined.</i> <i>Reprogramming Memo #1.18 Cancel activity.</i>
<i>Subtotal</i>		\$0	\$0		

Behavior Change and Communication

Integrated community-based IEC/BCC	HCM Project	\$900,000	\$0	Endemic Counties	Expand community-based IEC/BCC efforts by increasing outreach to priority counties and at-risk populations, particularly pregnant women and children less than five years of age, through different strategies and channels of communication, such as IPC. Messages and mode of dissemination will be dependent on the venue and target group but will include health facilities, ANC clinics, homes visits by CHVs, <i>barazas</i> , and public gatherings.
National IEC/BCC promotion and material production	HCM Project	\$100,000	\$0	Nationwide	Support national-level IEC/BCC message development and dissemination on key malaria control interventions; donor coordination; advocacy-related activities, including regular review meetings with malaria partners, donors, and stakeholders to monitor and evaluate program progress. Activities will also strengthen the Division of Health Promotion.
<i>Support to malaria Peace Corps volunteers</i>	<i>New HCM Mechanism</i>	<i>\$0</i>	<i>\$0</i>	<i>Nationwide</i>	<i>Support three malaria PCVs and community-based activities.</i>
<i>Support to Peace Corps volunteer activities</i>	<i>SPA</i>	<i>\$0</i>	<i>\$0</i>	<i>Nationwide</i>	<i>Provide support to PCVs across sectors to carry out small-scale, community-based malaria projects.</i>
Subtotal		\$1,000,000	\$0		

Capacity Building and Health Systems Strengthening					
Support to NMCP	HCM Project	\$200,000	\$0	Nationwide	Provide technical assistance and capacity building to improve the MCU's capacity to fulfill the roles and responsibilities in line with the revised NMS. Provide support for technical working groups and inter-agency coordination committees for robust participation and regular meetings.
Support for county malaria control programs	APHIA plus "Zone 1"	\$0	\$0	Endemic/Epidemic Counties	Provide technical assistance and support to malaria control coordinators and health management teams at the county and sub-county levels to increase supervision and management capacity for program implementation. Support emerging malaria control issues at the county level. Assist with inter-county coordination.
Support CHMT and SCHMT for quality improvement	ASSIST	\$300,000	\$0	Endemic/Epidemic Counties	Support quality improvement activities with CHMT, to improve case management and diagnostics.
Support one FELTP resident	CDC IAA (Atlanta)	\$75,000	\$0	Nationwide	Support one FELTP trainee for the two-year program to increase epidemiologic capacity within the MOH. PMI encourages the MOH to second FELTP graduates to the MCU or endemic/epidemic counties to enhance the capacity of malaria control programs. The budget for each trainee includes tuition, stipend, laptop, materials, training and travel for the two-year program.
Subtotal		\$575,000	\$0		
Staffing					
USAID in-country staffing and administration	USAID	\$0	\$0	Nationwide	USAID staffing and mission-wide support costs
CDC in-country staffing and administration	CDC IAA (Atlanta)	\$1,010,000	\$0	Nationwide	CDC Advisor staffing and support costs
Subtotal		\$1,010,000	\$0		
GRAND TOTAL		\$35,000,000	\$22,447,968		