

This Malaria Operational Plan has been approved by the U.S. Global Malaria Coordinator and reflects collaborative discussions with the national malaria control programs and partners in country. The final funding available to support the plan outlined here is pending final FY 2013 appropriation. If any further changes are made to this plan it will be reflected in a revised posting.



Burundi

Malaria Operational Plan FY 2013

**(Supplement to the FY 2012
Malaria Operational Plan)**

The Burundi FY 2013 Malaria Operational Plan (MOP), described below, continues USAID's critical malaria prevention and control investments that were first started in FY 2009. Close coordination of USAID's malaria portfolio with the Global Fund RCC and Round 9 grants has proven to be very beneficial to help ensure that all programmatic needs are addressed and essential commodities are available in Burundi. However, 2014 will see a significant change in the Burundi malaria program. On April 30, 2014, Burundi's RCC grant, the primary vehicle for funding essential malaria interventions, will end. The Global Fund announced on March 1, 2013 that Burundi will be eligible for \$2 million of support to help provide a continuity of services during the end of the RCC grant and the beginning of a new funding opportunity. As of writing, these funds are not yet programmed, and it is unclear what they will be used for. In 2014, Burundi will also be eligible to develop a concept note, submit it to the Global Fund's New Funding Mechanism process, and seek approval for another three years of funding. In the best of circumstances, it is estimated that Burundi will be able to access new Global Fund monies by Quarter 1 of 2015, which means that starting May 1, 2014, USAID will be the primary donor in Burundi to sustain malaria prevention and control efforts during this transition period.

The USAID Malaria team takes this responsibility very seriously and the FY 2013 MOP was developed to ensure that commodity needs were balanced with program and operational support. The FY 2013 planning budget is \$8 million (to be finalized when the final Congressional FY 2013 budget appropriation for the Agency is passed). Of this \$8 million, 48% has been allocated for commodities to ensure that essential prevention and lifesaving products remain available in Burundi throughout 2014.

Insecticide Treated Nets (\$4,450,000)

Progress to date: USAID continued to commit a significant proportion of its malaria control program resources towards strengthening the routine insecticide-treated net (ITN) distribution system. USAID has procured a total of 2,050,000 ITNs over the past four fiscal years (FY 2009- 2012) for distribution through the routine ANC and EPI programs, including 625,000 LLINs with FY 2012 funding which are scheduled to arrive in country in March 2013 and be distributed to district level warehouses in the subsequent months. Throughout the remaining months of FY 2013, USAID will work with the national malaria control program (PNILP) and its partners to strengthen and expand the country's continuous distribution system so that Burundi will be able to successfully maintain high coverage of ITNs. However, as the gap analysis (below) shows, the annual ITN need continues to outpace the number of nets available from donor partners. Technical assistance from USAID continues to ensure that the quantification of the annual demand for ITNs by district is refined and improved based on actual consumption rates instead of population projections.

With the planned national mass distribution campaign scheduled for the first quarter of 2014 (where over 5 million nets are scheduled to be distributed), USAID will support the macro and micro planning of this activity with FY 2012 funding by providing an experienced consultant to advise and assist the PNILP to organize the campaign.

Table 1. ITN Gap Analysis for Routine Distribution (2014)

At Risk Population	
Estimated 2014 Population at risk <i>(targeted population: pregnant women, children under one)</i>	807,807
Number of ITNs needed for ANC/EPI channels <i>(assuming ANC attendance 100%; EPI attendance 92%)</i>	780,323
Number of ITNs needed to begin a third continuous distribution channel <i>(yet to be defined, the strategy is still being developed)</i>	144,843
Total Routine ITNs Needed	925,166
Pledged ITNs	
UNICEF (planned)	100,000
USAID (FY 2013 planned)	850,000
ITN Gap (surplus)	(24,884)

Proposed activities: USAID will continue to support increasing the ownership and use of ITNs through both the routine and mass campaign distribution methods. Specifically, FY 2013 funding will be used to:

- *Procure and distribute ITNs for routine distribution:* Procure and distribute approximately 850,000 ITNs to pregnant women and children under one for free through the ANC and immunization clinics in 17 provinces nationwide. (\$3,750,000)
- *Design and implement the continuous distribution of ITNs:* In the aftermath of the 2014 mass distribution campaign, complete the design (which was started in 2013) and implement the national strategy for supplying ITNs through the new continuous distribution strategy and newly approved channel(s) with the objective of maintaining high ITN coverage once the 2014 universal coverage campaign is completed. An initial distribution of 100,000 ITNs, of which 50,000 will be procured with FY 2013 funding, will be included in the development and design of this activity. (\$700,000)

Entomology (\$500,000)

Progress to date: Burundi is relatively new to entomological monitoring and strategies and little had previously been done to date, the identified sentinel sites are not currently functioning. However, with USAID support there has been progress. A first integrated vector management strategic plan was finalized, translated and disseminated to the Government of Burundi. On May 5, 2012 a new insectary and associated entomology laboratory was completed as a foundation for Burundian entomology monitoring activities. Additionally, 10 entomology technicians were trained in a basic course on standardized surveillance and monitoring methodologies in June of 2012. With FY 2012 funding, continued entomology technical assistance will be provided throughout calendar year 2013 to increase the country's capacity to design and conduct essential entomology activities.

Proposed activities: USAID will continue to strengthen the national entomology capacity. Specifically, with FY 2013 funding USAID will:

- *Develop an entomological surveillance strategy:* Support the PNILP to improve national entomology capacity with continued technical assistance to enable and support entomological monitoring and surveillance, as an integrated component of the national malaria control strategy. (\$500,000)

Malaria in Pregnancy (\$192,000)

Progress to date: There has been significant progress in Burundi's Malaria in Pregnancy program over the past year. Thanks to successful advocacy from key partners (USAID, UNICEF, WHO, and Global Fund), the Ministry of Health has agreed to adopt a new policy allowing intermittent preventative treatment of pregnant women (IPTp) with sulfadoxine-pyrimethamine to be introduced into Burundi. This policy has already been adopted into the National Reproductive Health Program's five year strategic plan. It is anticipated that the PNILP will issue its new IPTp policy before the end of 2013. USAID remains committed to helping Burundi successfully introduce this intervention into antenatal care clinics. While no funding was provided to implementing partners in FY 2012 to support MIP activities, with this policy change USAID will begin to make important investments in this intervention.

Proposed activities: USAID will support the expanded malaria in pregnancy program to include IPTp with policy and programmatic activities. Specifically, with FY 2013 funding, USAID will:

- *Support MOH in finalizing the adoption of their new policy on IPTp:* Facilitate the adoption and subsequent implementation of the new IPTp policy by the Ministry of Health. Facilitate coordination between PNILP and National Reproductive Health Program. (\$50,000)
- *Introduction and roll out of IPTp at facility level:* In partnership with the PNILP, coordinate the introduction of IPTp and rollout of the new policy in targeted facilities, with close supervision and support. (\$100,000)
- *Procure SP to establish a national stock:* Provide a one-time commodity purchase of 1 million SP tablets to facilitate a timely introduction of the new IPTp policy. This is estimated to cover one year's worth of demand for SP. (\$42,000)

Case Management: Diagnosis (\$944,281)

Progress to date: USAID continued to support and strengthen Burundi's malaria diagnosis capacity in the past year. A total of 250,000 rapid diagnostic tests (RDTs) have been procured this year to help fill the national RDT gap estimates. The estimated gap analysis for 2014 is listed below, which documents that despite donor assistance RDT needs still remain. With FY 2012 funds USAID is also procuring 20 microscopes, scheduled to be delivered before August 2013. The microscopes will be used at the National Reference Laboratory (INSP) to allow the laboratory to function as a national training facility to ensure that laboratory technicians throughout the country remain competent in malaria diagnosis. In addition to the commodity procurements, USAID also supported a successful cascade training for microscopists and laboratory technicians in proper diagnosis methods. To date, with USAID funding, 427 laboratory technicians have been trained to perform the new protocols for malaria diagnosis.

Table 2. RDT Gap Analysis (2014)

At Risk Population	
Estimated Cases of Fever in 2014	3,841,751
Estimated Cases to be treated with Microscopy in 2014	381,475
Total Number of RDTs needed <i>(87% of estimated cases of fever diagnosed with an RDT)</i>	3,460,276
Pledged RDTs	
USAID (FY2013 planned)	1,200,000
Global Fund (estimated, to be purchased with RCC Grant)	1,000,000
RDT Gap	1,260,276

Proposed activities: USAID will continue to support improved malaria diagnostic capacity in Burundi. Specifically, with FY 2013 funding, USAID will:

- *Procure and distribute RDTs for malaria diagnosis:* Purchase up to 1,200,000 RDTs to meet about one-third of the estimated national needs. (\$944,281)

Case Management: Pharmaceutical Management (\$350,000)

Progress to date: Burundi has made great strides in the past year in pharmaceutical management; no central level stockouts of ACTs were recorded in 2012, a huge achievement. Through technical assistance USAID continued to ensure strong coordination among donors and partners, including: the PNILP, the Directorate of Pharmacies, Medicines and Laboratories (DPML), and the *Centrale d'Achat de Médicaments Essentiels du Burundi* (CAMEBU).

The Essential Medicines Working Group, a critical venue for partner coordination, brings all partners together to improve forecasting, quantification, and timely arrival and distribution of malaria medicines. Although central level stock maintenance has greatly improved, public sector health facilities continue to experience frequent stockouts. To understand the causes for the ACT and RDT stockouts, USAID partnered with the DPML and PNILP to conduct a qualitative survey at the peripheral levels. The results of this survey (still pending) will be used to improve commodity availability and supply chain management to minimize stockouts from occurring. During this past year, USAID also funded initial and refresher trainings for stock managers to reinforce proper management of malaria commodities. The annual end-use verification exercise was also completed in 63 health facilities in 17 provinces, which showed improvements in malaria commodity stock availability and better compliance to new treatment guidelines.

Proposed activities: Pharmaceutical management continues to be a priority investment for the USAID malaria program, to ensure that lifesaving commodities reach health facilities and the at risk populations who need them. Specifically, with FY 2013 funding will:

- *Strengthen pharmaceutical management:* Continue support for supply chain logistics and pharmaceutical management in collaboration with CAMEBU, which will include the operationalization of the new standard operating procedures to strengthen the pull system. This investment will also strengthen the PNILP's capacity to quantify all malaria commodities, and improve the district-level pharmaceutical management capacity. Efforts will continue in selected districts to strengthen local capacity to improve quantification based on actual consumption and improve local supply chain management capacity to decrease the facility-based stockouts due to poor management. The annual end-use verification study will also be funded under this activity (\$350,000)

Case Management: Treatment (\$1,430,000)

Progress to date: With FY 2012 funding, USAID continues to provide technical assistance to the PNILP to strengthen its malaria treatment policies and implementation strategies. USAID facilitated the changes in the second-line treatment in uncomplicated malaria and first-line treatment in severe malaria in order to meet the recent WHO recommendations. The national essential drug working group was able to correctly quantify malaria commodities for the country needs encompassing the new drugs for severe malaria. With the end of the RCC Global Fund Grant in April 2014, and no confirmed new source of funding for ACTs at the time of writing, the future stability of funding for malaria drugs in Burundi is at risk. To ensure that Burundi's national stock of ACTs was sustained with an adequate buffer stock, USAID is procuring a total of 1,416,000 treatments this year. One million of these treatments are scheduled to arrive in country by March 2013, with the balance arriving by November 2013. USAID's assistance with these procurements will ensure that Burundi has adequate stock of drugs at the national level with the recommended six months of buffer stock through the end of 2014.

The implementation of the community case management project continues successfully. In FY 2012, USAID supported 402 fully functional community health workers (CHWs) who offered community-based management of malaria. During FY 2012, these CHWs assessed 27,934 children under the age of five years of whom 12,226 tested positive for malaria and subsequently received ACT treatment. With 80 percent of those receiving treatment being administered the correct dosage within 24 hours of the onset of fever, this pilot effectively demonstrated to the PNILP the viability of putting malaria testing and treatment in the hands of CHWs in Burundi. The government is now working to change national policy and expand the community-based program

Proposed activities: USAID will continue to support adequate stocks of ACTs, and promote prompt, effective and safe treatment. Specifically, FY 2013 funding will be used to:

- *AS/AQ procurement:* Procure up to 1,000,000 AS/AQ treatments, and approximately 300,000 vials of artesunate injectable for severe malaria drugs, to fill supply gaps in the public sector clinics. This will allow USAID to help prevent any stockouts in calendar year 2014. (\$730,000)
- *Support community case management:* Continue implementation of community case management, including support for 402 CHWs in 402 *sous-collines*. This activity will include: increased supervision of CHWs, community mobilization, and developing the national CCM policy with the PNILP to scale up the intervention. (\$250,000)
- *Strengthen case management:* Strengthen case management capacity at the national level (case management national policy) and district level (case management supervision in selected districts) to operationalize the new malaria treatment policy (adding severe malaria). This activity includes providing technical assistance to the PNILP to supervise and enable high quality malaria case management at the health district level, including reinforcing the supervision of the district health teams to conduct effective supervision, and supporting the PNILP and INSP to complete the training of health facility providers to follow the new diagnostics policy. This support also includes support to oversee and supervise the implementation of the new diagnostic policy in selected districts in collaboration with other projects/partners. (\$450,000)

Behavior Change Communication (\$200,000)

Progress to date: The preliminary results from the 2012 MIS indicate that there was significant progress of key behavior indicators over the baseline 2010 DHS. The use of LLINs amongst pregnant women the night before the survey increased from 50% in 2010 to 63% in 2012. Among children under five, LLIN use the night before the survey also increased from 50% in 2010 to 56% in 2012. Despite these gains, the results are still below the national objective of 80% net utilization amongst these two vulnerable groups. The preliminary results of the 2012 MIS also indicate that prompt care seeking behavior also needs improvement.

Proposed activities: USAID will support increased awareness of malaria prevention and treatment services through integrated behavior change and communication activities. Specifically, FY 2013 funding will support:

- *Support targeted community-based communication efforts on malaria prevention and treatment:* Provide communication support to promote prevention and treatment uptake of malaria services, including correct and consistent use of ITNs, prompt care seeking behavior with fevers, and promoting ANC attendance. This activity will be designed to achieve a programmatic ratio of 70% interpersonal communication and 30% mass communication efforts (per PMI communication guidelines).

Capacity Building and Health System Strengthening (\$50,000)

Progress to date: To improve the organizational structure of the PNILP and the DPML, USAID organized a workshop for Roll Back Malaria (RBM) stakeholders to track progress toward goals, update the plan of activities and conduct a gap analysis of funding necessary to implement 2013 malaria activities. Assistance was also provided to the PNILP and RBM in-country stakeholders to strengthen coordination through a collaborative process of developing a joint annual work plan for 2013 where objectives, targets and interventions for 2013 were defined. The joint work plan will be validated in early calendar year 2013 and monitored on a quarterly basis. USAID provided assistance to improve the PNILP's organizational structure and managerial skills with the implementation of the Management and Organizational Sustainability Tool (MOST), resulting in recommendations for strengthening PNILP's structure. Based on the MOST action plan, PNILP was supported this past year as follows: 1) job descriptions were reviewed for each staff member and a revised organogram was provided to MOH leadership for decision making; 2) a training needs assessment was completed and a training action plan developed; 3) the PNILP's internet access and speed was improved; and 4) a financial management hand book is currently under development.

Proposed activities: USAID will continue to support strengthening malaria program related staffing and administration. Specifically, FY 2013 funding will be used to:

- *Support improved PNILP organizational development, communications and staff capacity.* Support to the PNILP will continue in order to improve the operations and functions of their office including: quarterly meetings with in-country RBM partners;

continued leadership and management training, regional professional development opportunities, organizational development, World Malaria Day support, etc. (\$50,000)

Monitoring and Evaluation (\$75,000)

Progress to date: The 2010 Demographic Health Survey (DHS), the first since 1987, serves as the baseline for tracking the progress of malaria indicators in Burundi. In 2012, Burundi completed its first Malaria Indicator Survey (MIS), a nationally representative household survey that collects malaria-specific data. USAID, in partnership with the Global Fund, supported the implementation of this activity. Preliminary results from this MIS were released in February 2013, and revealed indications of real progress; including: amongst households with at least one LLIN, 78% of children under five and 88% of pregnant women slept under the net the night before the survey. Further, the survey estimates that overall malaria prevalence for children aged 6-59 months is 22% (these RDT results are currently being validated by microscopy). The final results are scheduled to be released in Quarter 2 of 2013, and will help guide future malaria decisions and activities. In addition to supporting the MIS, USAID is partnering with WHO to support the development of a National Malaria Strategic Plan that will outline the government's vision for malaria interventions from 2013 to 2017. Upon completion of the strategic plan, the PNILP would like to create a National Malaria M&E plan.

Proposed activities: USAID will continue to support improved monitoring and evaluation capacity in Burundi. Specifically, FY 2013 funding will be used to:

- *Develop a national malaria M&E plan:* Provide technical assistance to the PNILP to develop its national malaria control monitoring and evaluation plan, and its implementation. (\$75,000)

Staffing and Administration (\$1,038,064)

Progress to date: The USAID/Burundi Field Office continues to staff two malaria advisors to oversee and manage the USAID malaria portfolio. Staffing and administration costs increased during this last fiscal year, with the move in October 2012 to the new embassy compound, which resulted in a significant increase in ICASS costs. As a Field Office, USAID Burundi relies heavily on USAID/East Africa for technical, programmatic, administrative, financial, contracting, and legal support. The field office receives no operating expense budget, so all costs are funded with program funds.

Proposed activities: USAID will continue to support malaria program related staffing and administrative costs. Specifically, FY 2013 funding will be used to support:

- *In-country USAID staff salaries, benefits, travel, and other malaria program administrative costs:* Continued support for two USAID staff personnel to oversee activities supported by USAID in Burundi. Additionally, these funds will support pooled

USAID Burundi field office staff and USAID/East Africa Mission assistance from which the malaria program benefits. (\$1,038,064)

Attachments:

- Table 1: FY 2013 (Year 5) Budget Breakdown by Mechanism
- Table 2: FY 2013 (Year 5) Budget Breakdown by Activity

Table 1: FY 2013 (Year 5) Budget Breakdown by Mechanism

Partner Organization	Geographic Area	Activity	Activity Budget	Project Budget
DELIVER TO7	Nationwide	Procure ITNs for distribution through routine systems	\$3,030,000	\$5,816,281
		Procure SP to establish national stock	\$42,000	
		Procure RDTs	\$944,281	
		Procure AS/AQ and/or severe malaria medication	\$730,000	
		Distribute ITNs to existing ANC and EPI channels	\$720,000	
	Selected Areas	Design and implement the continuous distribution of ITNs	\$350,000	
SIAPS	Nationwide	Support MOH in finalizing the adoption of their new policy on IPTp	\$50,000	\$1,225,000
		Strengthen supply chain management capacity	\$350,000	
		Strengthen case management	\$450,000	
		Support to PNILP	\$50,000	
	Support development and implementation of the PNILP National Malaria M&E Plan	\$75,000		
	Targeted Districts	Support community case management	\$250,000	
AIRS	Nationwide	Support improved vector control capacity	\$500,000	\$500,000
TBD Bilateral	Selected Areas	Design and implement the continuous distribution of ITNs	\$350,000	\$650,000
		Introduction and rollout of IPTp at facility level	\$100,000	
		Support targeted community-based communication efforts on malaria prevention and treatment	\$200,000	
USAID	Nationwide	USAID Staffing and Administration	\$1,038,064	\$1,038,064

Total FY 2013 Budget \$9,229,345

Table 2: FY 2013 (Year 5) Budget Breakdown by Activity

Proposed Activity	Mechanism	Budget	Com-modities	Geographic area	Description of Activity
ITNs					
Procure ITNs for distribution through routine systems	DELIVER TO7	\$3,030,000	\$3,030,000	Nationwide	Procure approximately 850,000 ITNs for routine distribution through the ANC and EPI programs, and up to 50,000 ITNs for distribution through innovative continuous distribution channels, as developed in partnership with the PNILP. Goal: deliver ITNs in country by December 2013, to maintain adequate stock in country.
Distribute ITNs to existing ANC and EPI channels	DELIVER TO7 (PSI)	\$720,000	\$0	Nationwide	Distribute approximately 850,000 ITNs, including support to districts receiving distribution support
Design and implement the continuous distribution of ITNs	DELIVER TO7 (PSI)	\$350,000	\$0	Selected areas	In the aftermath of the 2014 mass distribution campaign, complete the design (which was started in 2013) and implement the national strategy for supplying ITNS through the new continuous distribution strategy (including new distribution channels approved) with the objective of maintaining high ITN coverage once the 2014 universal coverage campaign is completed. A total of 100,000 ITNs will be provided for this activity (50,000 with FY 2012 funding, and FY 2013 listed above).
	TBD Bilateral	\$350,000	\$0		
Subtotal		\$4,450,000	\$3,030,000		

Integrated Vector Management					
Support improved vector control capacity	AIRS	\$500,000	\$0	Nationwide	Building on support already provided, continue to improve national entomology capacity with continued technical assistance to enable and support entomological surveillance, and finalizing the IRS strategy as an integrated component of the national malaria control strategy
Subtotal		\$500,000	\$0		
Malaria in Pregnancy					
Support MOH in finalizing the adoption of their new policy on IPTp	SIAPS	\$50,000	\$0	Nationwide	Facilitate the adoption and subsequent implementation of the new IPTp policy by the Ministry of Health. Facilitate coordination between PNILP and National Reproductive Health
Introduction and roll out of IPTp at facility level	TBD Bilateral	\$100,000	\$0	Selected areas	In partnership with the PNILP, coordinate the introduction of IPTp and roll out new policy in targeted facilities, with close supervision and support, to help implement newly adopted IPTp
Procure SP to establish national stock	DELIVER TO7	\$42,000	\$42,000	Nationwide	Provide a one-time commodity purchase of 1 million SP tablets to facilitate a timely introduction of the new IPTp policy. This is estimated to cover one year's worth of demand for SP.
Subtotal		\$192,000	\$42,000		
Case Management					
<i>Diagnostics</i>					
Procure RDTs	DELIVER TO7	\$944,281	\$944,281	Nationwide	Purchase up to 1,200,000 RDTs to fill the anticipated gap in the national supply

<i>Pharmaceutical Management</i>					
Strengthen supply chain management capacity	SIAPS	\$350,000	\$0	Nationwide	Continue support for supply chain logistics and pharmaceutical management in collaboration with CAMEBU, which will include the operationalization of the new standard operating procedures to strengthen the pull system. This investment will also strengthen the PNILP's capacity to quantify all malaria commodities, and improve the district-level pharmaceutical management capacity. The partner will also work in selected/targeted districts to strengthen local capacity to improve quantification based on actual consumption and strengthen local supply chain management capacity to begin to reduce the number of facility-based stock outs due to poor management. The annual End Use Verification study will also be funded under this activity
<i>Treatment</i>					
Procure AS/AQ and/or severe malaria medication	DELIVER TO7	\$730,000	\$730,000	Nationwide	Procure and distribute up to 1,000,000 treatments of ACTs and/or severe malaria drugs for public health clinics, to fill the estimated gap and to maintain the buffer stock to avert stock outs in
Support community case management	SIAPS	\$250,000	\$0	2 Districts in 2 provinces (Kayanza and Muyinga)	Continue implementation of community case management activity, including 402 CHWs in 402 sous-collines. Includes: increased supervision of CHWs, community mobilization, and developing the national CCM policy with the PNILP.

Strengthen case management	SIAPS	\$450,000	\$0	Nationwide	Strengthen Case Management Capacity at the national level (case management national policy) and district level (case management supervision in selected districts) to operationalize the new malaria treatment policy (adding severe malaria). This activity includes providing technical assistance to the PNILP to supervise and enable high quality malaria case management at the health district level, including reinforcing the supervision of the district health teams to conduct effective supervision, and supporting the PNILP and INSP to complete the training of health facility providers to follow the new diagnostics policy. This support also includes support to oversee and supervise the implementation of the new diagnostic policy in selected districts in collaboration with other projects/partners.
Subtotal		\$2,724,281	\$1,674,281		
Communication					
Support targeted community-based communication efforts on malaria prevention and treatment	TBD Bilateral	\$200,000	\$0	Nationwide	Provide communication support to promote prevention and treatment uptake of malaria services, including correct and consistent use of ITNs, prompt care seeking behavior with fevers, and promoting ANC attendance. This effort will be targeted at achieving a programmatic ratio of 70% interpersonal communication and 30% mass communication efforts.
Subtotal		\$200,000	\$0		

Capacity Building					
Support to PNILP	SIAPS	\$50,000	\$0	Nationwide	Provide PNILP with support to improve the operations and functions of their office including: quarterly meetings with in-country RBM partners; continued leadership and management training, regional professional development opportunities, organizational development, World Malaria Day support, etc.
Subtotal		\$50,000	\$0		
M&E					
Support development and implementation of the PNILP National Malaria M&E Plan	SIAPS	\$75,000	\$0	Nationwide	Support the PNILP to develop its national malaria control monitoring and evaluation plan, and its implementation.
Subtotal		\$75,000	\$0		
Staffing and Administration					
USAID Staffing and Administration	USAID	\$1,038,064	\$0	Nationwide	Support for USAID/Burundi Field Office in-country malaria staff, USAID/Burundi Field Office management costs, and USAID/East Africa LPC management costs.
Subtotal		\$1,038,064	\$0		
GRAND TOAL		\$9,229,345	\$4,746,281		