

**Table 2: Budget Breakdown by Activity
President's Malaria Initiative -- Cambodia
Planned Malaria Obligations for FY2018
Revised May 24th, 2019**

Proposed Activity	Mechanism	Budget		Geographic Area	Description
		Total \$	Commodity \$		
PREVENTIVE ACTIVITIES					
VECTOR MONITORING AND CONTROL					
Entomologic monitoring and insecticide resistance management					
Entomologic monitoring	VectorLink	650,000	-	Sentinel Sites and Residual Foci	Focus on increasing capacity and range of surveillance for insecticide resistance; ad hoc entomological surveys to improve information on malaria transmission risk in particular residual foci and ecosystems.
Entomological technical assistance	CDC IAA	20,326	-	National	2 TDYs for entomologic support (adjusted for pipeline)
Subtotal Ento monitoring		670,326	-		
Insecticide-treated Nets					
Procurement of LLINs/LLIHNs	GHSC-PSM	739,200	739,200	National	Support for approximately 340,000 LLINs and LLIHNs (hammocks) for focus areas, filling potential gaps, and targeting migrant and mobile populations
Distribution of LLINs/LLIHNs	CMEP	340,000	-	9 Operational Districts	Support for distribution of LLINs (approximately \$1/LLIN and LLIHN).
LLIN durability monitoring	CMEP	100,000	-	Sentinel Sites	Continue support durability monitoring of LLINs (incl. physical durability and insecticide content) to inform timing of future LLIN procurements
Subtotal ITNs		1,179,200	739,200		
Indoor Residual Spraying					
		-	-		
Subtotal IRS		-	-		
SUBTOTAL VECTOR MONITORING AND CONTROL		1,849,526	739,200		
Malaria in Pregnancy					
		-	-		
Subtotal Malaria in Pregnancy		-	-		

Proposed Activity	Mechanism	Budget		Geographic Area	Description
		Total \$	Commodity \$		
SUBTOTAL PREVENTIVE		1,849,526	739,200		
CASE MANAGEMENT					
Diagnosis and Treatment					
Procurement of RDTs	GHSC-PSM	261,000	261,000	9 Operational Districts	200,000 RDTs and microscopy supplies procured for focus areas for use by community level health volunteers with expansion to new operational districts.
Procurement of ACTs	GHSC-PSM	87,000	87,000	9 Operational Districts	Procure ~30,000 ACTs or other first line treatment for use by community level health volunteers or workers; targeting migrant and mobile populations and to fill commodity gaps in public and private sector.
Case management at the community level, including implementation, training and supervision	CMEP	2,174,894	-	9 Operational Districts	Training and supervision of community based malaria case management activities both broadly and in relation to malaria elimination; includes specific case management practices for malaria in pregnancy
Expand case management services to high-risk populations	Impact Malaria	-	-	4-5 Operational Districts not covered by CMEP	Improve quality of private sector referral systems of malaria cases; provision of malaria case management using innovative approaches such as through worksites, touch points, and peer-to-peer educators, etc. in high-burden/transitional ODs; improve reporting of malaria data to national surveillance system
Microscopy strengthening	WHO Consolidated Grant	200,000		National	Develop national strategy and plan for strengthening and maintaining microscopy services and capacity at all levels through training at HCs and hospitals; provide TOT trainings to sub-national levels; conduct ECAs for accreditation of microscopists
TES Monitoring	WHO Consolidated Grant	270,000	-	Sentinel sites	For TES implementation costs and PfMDR and K13 or other genetic marker backup testing to support drug policy decisions
Subtotal Diagnosis and Treatment		2,992,894	348,000		
Pharmaceutical Management					

Proposed Activity	Mechanism	Budget		Geographic Area	Description
		Total \$	Commodity \$		
Supply chain strengthening TA	GHSC-PSM	600,000	-	National	Strengthening the pharmaceutical management systems, forecasting, quantification, management and distribution of pharmaceuticals and RDTs through National Quantification. Commodities distribution to PMI's target areas under CMEP
Strengthening the LMIS	GHSC-PSM (TO1)	-	-	National	Leveraging the investments of other USG programs and contribute to this broader effort to support strengthening and updating of Cambodia's LMIS system
Subtotal Pharmaceutical Management		600,000	-		
SUBTOTAL CASE MANAGEMENT		3,592,894	348,000		
HEALTH SYSTEM STRENGTHENING / CAPACITY BUILDING					
Capacity building for in-country coordination and support by CNM and PHDs	CMEP	300,000	-	National	Capacity building for CNM and PHDs/ODs to support oversight and management of control and elimination activities
SUBTOTAL HSS & CAPACITY BUILDING		300,000	-		
SOCIAL AND BEHAVIOR CHANGE COMMUNICATION					
SBCC community level implementation	CMEP	500,000	-	9 Operational Districts	Support for implementing effective SBCC approaches for intensified approaches for elimination activities (e.g., early detection and treatment of individual cases, conducting case notification, investigations, timely responses to cases, strategies to educate malaria patients on the importance of case follow-up and regimen adherence, etc. and ITN use). Including piloting of innovative approaches to reach mobile and migrant populations, based on the findings of FY17 OR on mobile and migrant population.

Proposed Activity	Mechanism	Budget		Geographic Area	Description
		Total \$	Commodity \$		
Develop tools and strengthen capacity to implement SBCC activities for high-risk populations	Promoting Healthier Behaviors	400,000		National	Based on the findings of the behavioral assessment among high-risk populations, develop tools/ interventions and capacity of national, PHD and OD staff to conduct specific targeted SBCC activities for forest goers/MMP
SUBTOTAL SBCC		900,000	-		
SURVEILLANCE, MONITORING, AND EVALUATION					
M&E strengthening	CMEP	200,000	-	National	Build capacity at PHD/OD level to collect, analyze and use data; transition to MIS2 platform, including software development and training.
Enhanced surveillance and M&E in elimination settings	CMEP	800,000	-	5 Operational Districts including SPL	Support for implementing case-based, real-time reporting system in elimination ODs, including training and use of electronic reporting. Includes costing of elimination-specific S, M&E activities
Mid-term Evaluation	TBD	308,674		CMEP Project areas	Conduct mid-term evaluation for CMEP project
CDC technical assistance for M&E	CDC IAA	20,000	-	National	2 TDYs for M&E support
SUBTOTAL SM&E		1,328,674	-		
OPERATIONAL RESEARCH					
Feasibility of scale up of radical cure treatment for <i>P.vivax</i>	IMPACT Malaria	400,000	-	National	Support conducting a study to understand the feasibility of scale up of radical cure treatment for <i>P.vivax</i>
CDC technical assistance for OR studies	CDC IAA	20,000	-	National	2 TDYs for OR studies
SUBTOTAL OR		420,000	-		
PRE-ELIMINATION					
SUBTOTAL PRE-ELIMINATION		-	-		
IN-COUNTRY STAFFING AND ADMINISTRATION					
USAID RA Cambodia	USAID	510,000	-		One USAID RA salary cost
USAID FSN Cambodia	USAID	148,000	-		1.5 FSN salary cost

Proposed Activity	Mechanism	Budget		Geographic Area	Description
		Total \$	Commodity \$		
CDC RA Cambodia	CDC IAA	443,306			Salary, benefits and indirect costs for one CDC RA
Mission support and ICASS for CDC RA	USAID	497,600	-		Mission administrative costs and ICASS cost for CDC RA
RDMA FSN and RA travel	USAID	10,000	-		TA travel from RDMA
SUBTOTAL IN-COUNTRY STAFFING		1,608,906	-		
GRAND TOTAL		10,000,000	1,087,200		