

**Table 2: Budget Breakdown by Activity  
President's Malaria Initiative -- Guinea  
Planned Malaria Obligations for FY2018  
Revised December 12, 2018**

Proposed Activity	Mechanism	Budget		Geographic Area	Description
		Total \$	Commodity \$		
<b>PREVENTIVE ACTIVITIES</b>					
<b>VECTOR MONITORING AND CONTROL</b>					
<b>Entomologic monitoring and insecticide resistance management</b>					
Entomological monitoring and capacity building	Stop Palu+	350,000		National	Support for vector surveillance and insecticide resistance monitoring in each of the four ecological zones, including transport and analysis of samples; capacity building for entomologists and support for NMCP staff supervision.
Advanced training for entomological technicians	Stop Palu+	30,000		National	Four regional technicians based in the sentinel sites will be trained at the Centre Muraz in Bobo-Dioulasso, Burkina Faso, to allow collections of mosquitoes and insecticide resistance tests to be done in Guinea with reduced supervision from the NMCP.
Support for the insectary and laboratory	Stop Palu+	25,000		National	Operational support for the insectary and associated laboratory to include, electricity, internet, general maintenance, security, and support for the biological specimens (mosquitoes and animal blood sources).
Technical assistance for entomological capacity building	CDC-IAA	29,000		National	Funding for two technical assistance visits from CDC to help develop entomological capacity at the national and prefectural level.
<b>Subtotal Ento monitoring</b>		434,000	0		
<b>Insecticide-treated Nets</b>					

Procurement and delivery of ITNs	GHSC-PSM	0	0	National	250,000 ITNs for the mass campaign distribution in 2019 were procured using using FY17 pipeline funds. \$ 824,500. This sum will be used \$ 360,00 to adjust HRH2030 (salary) and \$ 464,500 to be added to the Mass campaign distribution cost for StopPalu+
Distribution of ITNs for mass campaign	Stop Palu+	4,724,044		PMI target zones	PMI will be responsible for covering campaign distribution costs for the PMI target zones, which covers approximately half of the country and amounts to roughly 3,927,511 ITNs.@ \$1.18 per ITN. Additional \$ 1 million budget adjustment, \$464,500 from ITN and \$ 706,766 from ACT FY 17 procurement pipeline funds were added. \$105,778 added from CDC IAA adjustment
ITN durability monitoring	Stop Palu+	100,000		National	Prospective ITN monitoring to follow ITNs distributed during the 2019 universal coverage campaign, and will provide data on: 1) net survivorship and physical integrity; 2) bio-efficacy of insecticides; and 3) insecticidal content.
SBCC for ITN use	Stop Palu+	0 (Costs covered in SBCC section)		PMI target zones	SBCC for ITN use will be part of an integrated communication package including MIP and case management, following national standards and coordinated with what other donors are doing in their respective target areas.
<b>Subtotal ITNs</b>		4,824,044	0		
<b>Indoor Residual Spraying</b>					
N/A		0			
<b>Subtotal IRS</b>		0	0		
<b>SUBTOTAL VECTOR MONITORING AND CONTROL</b>		5,258,044	0		
<b>Malaria in Pregnancy</b>					
Procurement of SP	GHSC-PSM	161,000	161,000	National	Procure approximately 1,334,700 SP doses to ensure an adequate supply for pregnant women to receive three doses throughout their pregnancy. PMI will cover the entire estimated national need for SP (based on NMCP targets for ANC attendance and IPTp coverage).
Procurement of quinine tablets	GHSC-PSM	42,000	42,000	National	Procure quinine tablets to treat pregnant women diagnosed with malaria in their first trimester of pregnancy

Training/refresher training for malaria in pregnancy	Stop Palu+	0 (Costs covered under Case Management section)		PMI target zones	Provide refresher training for public and private health facility midwives and nurses to correctly deliver SP and MIP services in the context of the focused antenatal care approach. Refresher training will be provided as part of overall refresher training for service providers in health centers and health posts.
Supervision for health workers providing IPTp and other MIP services	Stop Palu+	0 (Costs covered under Case Management section)		PMI target zones	On-site supervision for public health facility midwives and nurses to provide MIP services in the context of the focused antenatal care approach. MIP supervision will continue to be part of an integrated approach for supervision at health facilities.
SBCC for MIP	Stop Palu+	0 (Costs covered under SBCC section)		PMI target zones	Support SBCC to promote ANC clinic attendance and educate pregnant women and communities on the benefits of IPTp. This activity will include support for community-level approaches, such as training of community-based workers as well as mass media (including local radio stations). This will be part of a larger integrated SBCC activity to satisfy needs for case management, ITNs, and IPTp.
<b>Subtotal Malaria in Pregnancy</b>		203,000	203,000		
<b>SUBTOTAL PREVENTIVE</b>		5,461,044	203,000		
<b>CASE MANAGEMENT</b>					
<b>Diagnosis and Treatment</b>					
Procurement of RDTs	GHSC-PSM	923,000	923,000	National	Procure 1,741,500 single-species RDTs for use in communities and health facilities.
Procurement of ACTs	GHSC-PSM	188,234	188,234	National	Procurement of 1,327,680 treatments of AL at \$ 1,235,000 for use in communities and health facilities was revised down, since 1,073,310 treatment were already procured using (\$829,641) from FY17 pipeline funds. Remain 254,370 treatment to be procured at \$188,234. This has freed up \$ 1,046,766 for use in ITN mass distribution and SMC campaigns in 2019 funding Gap.

Procurement of injectable artesunate for treatment of severe malaria	GHSC-PSM	323,000	323,000	National	Procure about 128,000 vials of injectable artesunate to cover the entire national need for injectable artesunate, whose use is restricted to the hospital and CMC level.
Procurement of injectable artemether for treatment of severe malaria	GHSC-PSM	517,000	517,000	National	Procure 1,163,361 (544,745 80mg and 618,616 40mg) vials of injectable artemether to cover 50% of the national need for injectable artemether, targeted for use at the health center level
Procurement of rectal artesunate	GHSC-PSM	50,000	50,000	National	Procure approximately 120,000 capsules of rectal artesunate for community health workers to administer as pre-referral treatment for severe malaria cases in children.
Procurement of medications for SMC	GHSC-PSM	437,500	437,500	8 prefectures	Procure 1,427,608 doses of co-blistered AQ+SP, representing monthly doses for approximately 356,902 children (ages 3-59 months), administered by community volunteers for four months during the high transmission season from July to October.
Other costs for SMC	Stop Palu+	1,593,500		8 prefectures	Implement SMC in eight health districts in northern Guinea including four administrations from July to October, with costs covering planning, training, implementation, supervision, monitoring, SBCC, and advocacy. \$ 200,000 from ACT procurement pipeline funds were added to cover the gap for SMC 2019 campaign
Microscope consumables	GHSC-PSM	50,000	50,000	National	Procure reagents, slides, and repair materials for previously purchased microscopes.
Strengthen malaria diagnostics	Stop Palu+	100,000		National	Work with the NMCP and National Laboratory to develop and support a comprehensive quality assurance and quality control plan for malaria diagnostics, primarily microscopy, at all levels of the health system. This will include refresher training for laboratory technicians (and training on malaria microscopy for new laboratory technicians), training on microscope maintenance, and regular supervision of microscopy performance in health facilities, including systematic review of a predetermined number of positive and negative blood smears collected in the health facility, as well use of the NMCP slide bank. QA/QC for RDTs, based on observation and supportive supervision of health workers and CHWs, will take place during regular supervision.

Training/refresher training for malaria case management (diagnostics, treatment) and MIP	Stop Palu+	150,000		PMI target zones	Training in RDT use and malaria case management for health workers at hospitals, health centers, and health posts. Private health facilities will also be implicated in training. Training of CHWs not yet trained in RDT use, in treatment of uncomplicated malaria and referral for patients with severe malaria, as well as referral of pregnant women to ANCs.
Supervision of health workers and CHWs in case management (diagnostics, treatment, MIP)	Stop Palu+	600,000		PMI target zones	Enhanced clinical supervision at all levels of the health care system, including hospitals, health centers, health posts, and CHWs using comprehensive malaria-specific supervision tool. District Health Team staff and Regional Health Team staff will be actively involved in supervision activities, along with Health Center staff for supervision of CHWs. Supervision visits will include observation of patient consultations and feedback to providers.
Community case management	Stop Palu+	300,000		PMI target zones	Support the continued scale-up of community case management in PMI target areas, including expansion of the number of CHWs to 20 per health center by 2019. Support costs including transport, data collection tools, equipment (boots, gloves, flashlights), and supervision.
Therapeutic efficacy monitoring	Stop Palu+	100,000		National	Efficacy monitoring of Guinea's first-line ACT will take place in four sites every two years (two sites in one year and the remaining two sites the following year). The activity will follow WHO's standard protocol. Funds are meant to cover monitoring activities in two sites.
Malaria RDT QA/QC	Stop Palu+	50,000		National	Quality assurance/quality control to monitor RDT product quality and performance under field conditions.
SBCC for case management	Stop Palu+	0 (Costs covered under SBCC section)		PMI target zones	Support integrated SBCC at the community level to improve behaviors related to malaria prevention and treatment, including use of ITNs, IPTp, and care-seeking for fever. SBCC activities will also be targeted to health workers at all levels of the healthcare system, including health centers/hospitals, health posts, and community health agents.
<b>Subtotal Diagnosis and Treatment</b>		5,382,234	2,438,734		

<b>Pharmaceutical Management</b>					
Strengthen Logistic Management	GHSC-PSM	290,000		National	Support to strengthen the LMIS to enable the pharmaceutical system to collect, compile, and process consumption data to improve forecasting, procurement, and distribution of commodities. Includes support for internet connectivity and eLMIS training, supervision, quantifications/data use at the central (PCG, DNPM), regional, and prefectural levels. Support also includes integration of LMIS into the DHIS2 as well as quarterly malaria reviews. \$ 140,000 from ACT procurement from FY17 pipeline funds to cover cost of Quarterly malaria (eLMIS) program performance review meetings at the regional level.
Improve drug regulatory capacity	GHSC-PSM	100,000		National	Support improvement of the regulatory and oversight capacities of the DNPM, enhanced control of compliance to the pharmaceutical policy and regulations by PCG and the private pharmacies network. Support will also include the development of drug quality assurance tools.
Management of pharmaceutical supplies	GHSC-PSM	200,000		PMI target zones	Manage the distribution of PMI commodities down to the health facility level, including warehousing, transportation, storage and distribution as well as providing commodities assurance.
Strengthen pharmaceutical storage capacity	GHSC-PSM	100,000		PMI target zones	Support the PCG to improve infrastructure necessary to adequately store and manage commodities, focusing on the peripheral (regional and health facility) levels.
Strengthen DNPL and national laboratory for drug quality monitoring	iPQM	100,000		National	Support the DNLM and national laboratories to build capacity for in-country drug quality monitoring.
<b>Subtotal Pharmaceutical Management</b>		790,000	0		
<b>SUBTOTAL CASE MANAGEMENT</b>		6,172,234	2,438,734		
<b>HEALTH SYSTEM STRENGTHENING / CAPACITY BUILDING</b>					
Management support for NMCP	Stop Palu+	16,000		National	Support to the NMCP to assist them with team building, logistics and supervision, office management including communication capacity/connectivity.

Training and capacity building of NMCP staff	Stop Palu+	100,000		National	Support to the NMCP to build capacity via conference and workshop attendance, both national and international, and to improve program management (e.g., M&E, SBCC).
Support health district-level Malaria Focal Points	Stop Palu+	700,000		PMI target zones	Support 19 health district-level malaria focal points in each of the PMI-supported health districts, complementing a structure that has already been implemented with Global Fund support in the remaining health districts. Malaria focal points will be embedded in the DPS and serve as the liaison with the national program. Specifically, they will support commodity/logistics management activities, facility and community-level supervision, data collection and reporting, and assist with M&E and implementation activities (e.g., surveys, net distribution, SBCC).
Peace Corps Response Volunteer and Small Projects grants	PC-IAA	30,000		National	Support to maintain two Response Volunteers: one in Conakry and one in a regional hub (Boké, Labé, or Kankan) to coordinate and support volunteers' malaria activities throughout the country; one volunteer may be embedded with a PMI implementing partner at national or regional level (\$20,000). Support small project grants (\$10,000) for which volunteers can submit applications.
NMCP leadership development	HRH 2030	505,000		National	Support the capacity building of the NMCP, the DRS, and the DPS (training new NMCP staff, support to the coordination of DRS, DPS in the framework of the fight against malaria) through support for the continuation of the long-term technical advisor. Adjusted with \$360,000 from FY 17 ITN procurement pipeline funds.
<b>SUBTOTAL HSS &amp; CAPACITY BUILDING</b>		1,351,000	0		
<b>SOCIAL AND BEHAVIOR CHANGE COMMUNICATION</b>					

SBCC for ITNs, MIP, and case management	Stop Palu+	575,000		PMI target zones	SBCC will be part of a communication package including ITN use, IPTp uptake, and case management at the health facility and community levels. Activities will be focused in PMI target zones but will be consistent with the NMCP's national communication plan and national policies, and coordinated with SBCC activities in the rest of the country. Increased with \$ 75,000 from Breakthrough research to support SBCC for the 2019 mass distribution and SMC campaigns.
SBCC evaluation	Breakthrough-Research	0		PMI target zones	Moved back to SBCC to support BCC for the 2019 mass distribution and SMC campaigns.
SBCC for SMC	Stop Palu+	0 (Costs covered under Case Management [Other costs for SMC])		8 prefectures	Implement a focused SBCC campaign to prepare targeted communities for SMC implementation to encourage acceptance of and adherence to treatment on the part of the community. Specific activities which will include a mix of local radio and interpersonal communications.
<b>SUBTOTAL SBCC</b>		575,000	0		
<b>SURVEILLANCE, MONITORING, AND EVALUATION</b>					
Support routine data collection for malaria	Stop Palu+	100,000		PMI target zones	Provide support at community, health facility, and district levels to facilitate collection and reporting of routine malaria data, including provision of supplies (e.g., registers) and development of standard procedures for data capture and reporting.
Support data quality improvement and data use	Stop Palu+	200,000		PMI target zones	Provide support at district and national levels for routine information systems on data use, including data review and analysis, through the continuation of quarterly review meetings and production and dissemination of malaria bulletins.



Health facility supervision and DQA	Stop Palu+	150,000		PMI target zones	Conduct quarterly on-site supervision missions to select health facilities, including a standardized data quality audit (DQA) tool for reported epidemiological, case management, and commodity data. These missions would include a team of supervisors with representation from the NMCP, PMI implementing partners, and district health offices.
Epidemiological investigations	Stop Palu+	50,000		National	Conduct quarterly epidemiologic investigations in response to trends detected through routine data. Teams will investigate quality of reported data, health service provision, entomological parameters, and community behaviors to understand apparent trends.

ITN durability monitoring	Stop Palu+	0 (Costs covered under ITN section)		National	Prospective ITN monitoring will continue to follow ITNs distributed during the 2016 universal coverage campaign, and will provide data on: 1) net survivorship and physical integrity, 2) bioefficacy of insecticides, and 3) insecticidal content.
Therapeutic efficacy monitoring	Stop Palu+	0 (Costs covered under Case Management section)		National	Efficacy monitoring of Guinea's first-line ACT will take place in four sites every two years (two sites in one year and the remaining two sites the following year). The activity will follow WHO's standard protocol. Funds are meant to cover monitoring activities in two sites.
Support NMCP Research Committee	Stop Palu+	4,000		National	Support a national malaria research committee housed within the NMCP to strengthen coordination of research activities by various individuals and institutions, promote collaboration, identify research priorities, and facilitate dissemination of research findings.
Technical assistance for SM&E	CDC-IAA	20,000			Support for two SM&E visits to provide technical assistance for ongoing SM&E activities including routine system strengthening, the health facility survey, and therapeutic efficacy monitoring. The country team and USAID Mission will help define the priority objectives for these visits.
<b>SUBTOTAL SM&amp;E</b>		524,000	0		
<b>OPERATIONAL RESEARCH</b>					
<b>SUBTOTAL OR</b>		0	0		
<b>IN-COUNTRY STAFFING AND ADMINISTRATION</b>					
CDC	CDC-IAA	154,222			Support one Resident Advisor to support malaria activities and administration costs. Reduction from \$260,000 due to pipeline and a minor overestimation of costs.
USAID	USAID	762,500			Support one Resident Advisor and one Foreign Service National to support malaria activities and administration costs.
<b>SUBTOTAL IN-COUNTRY STAFFING</b>		916,722	0		
<b>GRAND TOTAL</b>		<b>15,000,000</b>	<b>2,641,734</b>		