

FY 2011 Planned Obligations Kenya

PMI-Kenya FY2011 MOP					
Planned Obligations for Year 4 (FY2011) (\$36,427,000) – Revised April 28, 2017					
Proposed Activity	Mechanism	Total Budget	Commodities	Geographic area	Description of Activity
<b>Insecticide Treated Nets</b>					
Procure LLINs for routine distribution	DELIVER	\$8,250,000	\$8,250,000	Endemic/Epidemic districts	Fill the ITN gap for routine distribution by purchasing 1.5 million LLINs to distribute free-of-charge to pregnant women and children under one through the ANC and child welfare care clinics. Nets are estimated at \$5.5 each.
Logistic support to routine LLIN distribution	APHIA II-HCM Follow-on	\$1,500,000	\$0	Endemic/Epidemic districts	Provide logistical support, including transportation and storage of nets, for distribution of the 1.5 million LLINs within the national routine distribution system <b>Reprogramming #1.1.h: mechanism change</b>
Procure LLINs for rolling mass campaign support	DELIVER	\$2,750,000	\$2,750,000	Endemic/Epidemic districts	Procure 500,000 LLINs for distribution as part of the rolling mass campaign for universal coverage Nets are estimated at \$5.5 each.
Procure LLINs for 2014-15 mass campaign support	DELIVER	\$1,713,755	\$1,713,755	Endemic/Epidemic districts	Procure 475,503 LLINs for distribution as part of the 2014-15 mass campaign using deobligated money left in the IRS project. <b>Reprogramming #3.2: New activity.</b>
Logistic support to mass LLIN campaign	APHIA II-HCM Follow-on	\$500,000	\$0	Endemic/Epidemic districts	Provide DOMC logistical assistance in implementing the distribution of nets through a mass campaign including contributions to a post-campaign evaluation of the rolling sub-national mass campaign <b>Reprogramming #1.1.i: mechanism change</b>
Logistic support to mass LLIN campaign	APHIA II-HCM Follow-on	\$476,042	\$0	Endemic/Epidemic districts	Provide support for distribution of the 476,042 LLINs as part of the 2014-15 mass LLIN campaign. <b>Reprogramming #3.3: New activity.</b>
Operations and logistics support for 2017-18 mass LLIN campaign	HCM Project	\$399,227	\$0	Endemic/Epidemic districts	Provide operational and logistics support for the 2017-18 LLIN mass campaign. <b>Reprogramming #4.3: New activity.</b>
USAID TDY visit	USAID	\$0	\$0	Nationwide	Support one visit from USAID to provide assistance in implementing ITN program (Core Funded)
<b>Subtotal</b>		<b>\$15,589,024</b>	<b>\$12,713,755</b>		
<b>Indoor Residual Spraying</b>					
IRS implementation and management	IRS TO2	\$4,773,507	\$1,575,257	9 Endemic Districts	Support IRS in ten endemic districts (estimated to reach 747,321 house units) with a target of 85% coverage in all districts, includes emergency focal spraying in epidemic districts (as needed), and TA to DOMC for spray operations. <b>Reprogramming #3.1: Decrease budget.</b> <b>Reprogramming #4.1: Decrease budget.</b>
Entomological monitoring of IRS effectiveness in sprayed districts	CDC IAA (with sub-grant to KEMRI)	\$180,000	\$0	9 Endemic Districts	Continue insecticide resistance monitoring in ten sites in western Kenya and expand to include new endemic districts targeted for spraying by PMI
Environmental monitoring	GEMS II	\$10,000	\$0	Endemic Districts	Conduct biannual independent environmental monitoring visit when IRS resumes in 2016. <b>Reprogramming Request #3.4: New activity</b>
CDC IRS TDY visits	CDC IAA (Atlanta)	\$12,100	\$0	9 Endemic Districts	Support one visit from CDC to provide assistance in implementing IRS activities
<b>Subtotal</b>		<b>\$4,975,607</b>	<b>\$1,575,257</b>		
<b>Intermittent Preventative Treatment of Pregnant Women</b>					
Support implementation of FANC/IPTp program	JHPIEGO bi-lateral	\$450,000	\$0	priority 55 endemic districts in Nyanza, Western and Coast	Support in ensuring improved service provider practice in the implementation of the simplified IPTp guidelines in all target 55 malaria endemic districts. This activity builds on the pilot facility level interventions aimed at strengthening IPTp delivery in targeted areas
<b>Subtotal</b>		<b>\$450,000</b>	<b>\$0</b>		
<b>Case Management</b>					
<b>Diagnostics</b>					

Provide support to the DOMC for implementation of RDTs in malaria seasonal and low prevalence endemic districts.	DELIVER	\$1,500,000	\$1,500,000	targeted district(s)	In support of DOMC's RDT scale-up plan, procure and distribute 30% of the required RDTs to dispensaries and health centres in low-risk Central Province and seasonal transmission and low transmission areas in Coast Province.
Provide support to the DOMC for implementation of RDTs in malaria seasonal and low prevalence endemic districts.	HCSM	\$400,000	\$0	targeted district(s)	Provide funding for supportive supervision, refresher training, and monitoring of implementation, including implementation of QA/QC system, to ensure adherence to DOMC RDT policy guidelines in the same districts. <b>Reprogramming #1.1.f: mechanism change</b>
Strengthen capacity for malaria microscopy at the national, provincial and district level	MVDP (Walter Reed)	\$300,000	\$0	Nationwide	Strengthen capacity for malaria microscopy through supportive supervision and on-the-job training at national, provincial, district and health facility levels in collaboration with the Ministry of Medical Services (MOMs) and DOMC.
CDC Diagnostics TDY support	CDC IAA (Atlanta)	\$12,100	\$0	Nationwide	Support one CDC TDY to provide technical assistance for malaria diagnostics
<b>Treatment</b>					
Purchase AL	DELIVER	\$8,190,000	\$8,190,000	Nationwide	Procure and distribute up to 7.8 million AL treatments and severe malaria drugs, as needed, to fill in supply gaps in the public sector through September 2012. Quantities will meet the estimated stock needs for 6 months.
Payback of Kenya PMI activities temporarily covered by core funding	DELIVER	\$427,000	\$0	n/a	<b>Reprogramming #2.1: New Activity, due to increased budget \$427,000</b>
TA for supply chain management at district level	HCSM	\$350,000	\$0	Nationwide	Support to target lower levels of the antimalarial supply chain from district to facility level in the highly endemic districts. Key activities will include heightened monitoring of AL and SP availability in the high endemic districts, improving LMIS reporting rates, end-use verification/monitoring of availability of key antimalarial commodities at the facility level, technical and financial support to the DOMC, Division of Pharmacy and district pharmacists to ensure effective quantification of drug needs, procurement, distribution and supervision of stock monitoring, on-the-job training and collection of antimalarial drug consumption data gathering. The new bilateral mechanism will have staff with expertise in RDT training and use. <b>Reprogramming #1.1.g: mechanism change</b>
TA for supply chain management at national level and in-country drug distribution	New KEMSA Bi-lateral	\$250,000	\$0	Nationwide	As the national supplier of medicines, including AL to the public sector health facilities in Kenya, PMI will support KEMSA to strengthen supply chain management, warehousing, financial management and information systems.
Strengthen antimalarial drug quality monitoring and surveillance	USP PQM	\$200,000	\$0	Nationwide	Strengthen antimalarial drug quality monitoring through the provision of technical, strategic and operational support to the PPB and DOMC. Support improved quality assurance of antimalarials and strengthening of pharmacovigilance
Strengthen malaria supervision for case management	New APHIA plus "Zone 1"	\$450,000	\$0	Zone 1 (includes 2 provinces -Nyanza and Western)	Support the DOMC to strengthen malaria supervision and on-the-job training for case management in conjunction with the DHMTs
USAID TDY visit	USAID	\$0	\$0	Nationwide	1 USAID TDY to provide assistance for CM/Drug Procurement (Core Funded)
<b>Subtotal</b>		<b>\$12,079,100</b>	<b>\$9,690,000</b>		
<b>Epidemic Preparedness and Response</b>					

Stockpile epidemic response equipment and supplies	DELIVER	\$200,000	\$200,000	targeted district(s)	Support the procurement of supplies for epidemic response stockpiles in the targeted districts, including, IRS for focal spots, RDTs for diagnostics and ACTs and severe malaria medicines for large-scale treatment, if needed.
<b>Subtotal</b>		<b>\$200,000</b>	<b>\$200,000</b>		
<b>IEC/BCC</b>					
Integrated community-based IEC/BCC	APHIA II-HCM Follow-on	\$700,000	\$0	targeted endemic districts in Nyanza, Western and Coast	Expand community-based IEC/BCC efforts by increasing outreach to priority population's especially pregnant women and children under five years through different strategies and channels of communication. Messages and mode of dissemination will be dependent on the venue and target group. In hospitals, at the ANC clinics, interpersonal communication will be used as well as in homes during home visits by community health workers, while Barazas will be held in villages and during public gatherings where messages are delivered through public address systems. <b>Reprogramming #1.1.e: mechanism change</b>
National IEC promotion	APHIA II-HCM Follow-on	\$300,000	\$0	Nationwide	Support national-level IEC message development and dissemination on key malaria control interventions on the new policies, donor coordination, undertake advocacy-related activities, including regular review meeting with donors working in the malaria constituency to monitor and advice on their progress in malaria control interventions <b>Reprogramming #1.1.d: mechanism change</b>
USAID TDY visit	USAID	\$0	\$0	Nationwide	1 USAID TDY visit to provide assistance for IEC/BCC Program (Core Funded)
<b>Subtotal</b>		<b>\$1,000,000</b>	<b>\$0</b>		
<b>DOMC</b>					
Support to DOMC	HCSM	\$250,000	\$0	Nationwide	Provision of technical assistance and capacity building to improve the DOMC's technical capacity to fulfil its role in support to implementation and supervision; ensure the technical working groups are strengthened and hold regular meetings <b>Reprogramming #1.1.c: mechanism change</b>
Strengthen DOMC global fund grant management	Capacity	\$50,000	\$0	Nationwide	Strengthen DOMC capacity for effective Global Fund grant management and administration to ensure timely and effective implementation of planned activities.
<b>Subtotal</b>		<b>\$300,000</b>	<b>\$0</b>		
<b>M&amp;E</b>					
Support for implementation of the National M&E plan	MEASURE Evaluation	\$350,000	\$0	Nationwide	Continue support for implementation of the national M&E plan by providing technical assistance to increase the capacity of existing DOMC M&E staff and to ensure that data is used for program improvements
Support the end-use verification tool	HCSM	\$150,000	\$0	Nationwide	Monitor quality of care for malaria case management and the LMIS to assess stockouts through the end-use verification tool. <b>Reprogramming #1.1.b: mechanism change</b>
Epidemiologic surveillance in endemic IRS districts	CDC IAA (with sub-grant to KEMRI)	\$150,000	\$0	9 Endemic Districts	Support epidemiological surveillance and monitoring in endemic IRS districts. The surveillance will include support for improved surveillance at select facilities in the IRS districts in order to monitor prevalence changes over time and to provide the DOMC with data that will guide the scale down of IRS in wake of universal LLIN coverage <b>Reprogramming #1.1.a: mechanism change.</b>
Implementation of surveillance, epidemic preparedness and response	MEASURE Evaluation	\$200,000	\$0	Epidemic-prone/seasonal districts	Implementation of the Epidemic Preparedness and Response plan, including improving malaria surveillance, updating and refining the national epidemic response plan, supporting the mapping of epidemic-prone areas, identification and training of health care workers in health facilities on epidemic preparedness and responses and generally enhance their capacity on malaria surveillance.

Support continuous MIP monitoring in endemic districts	CDC IAA (with sub-grant to KEMRI)	\$50,000	\$0	priority endemic districts in Nyanza, Western and Coast	Support to monitoring of MIP activities in targeted endemic districts, includes specific monitoring of MIP interventions where new guidelines are disseminated with supportive supervision and enhanced community BCC activities
CDC M&E TDY support	CDC IAA (Atlanta)	\$12,100	\$0	Nationwide	Support one CDC TDY to provide technical assistance for routine surveillance and M&E capacity building
<b>Subtotal</b>		<b>\$912,100</b>	<b>\$0</b>		
USAID In Country Administration and Staffing	USAID	\$530,294	\$0	Nationwide	USAID Staffing and Mission wide support efforts <b>Reprogramming #4.2: Decrease budget</b>
In country Administration and Staff	CDC IAA (Atlanta)	\$390,875	\$0	Nationwide	CDC Advisor Staffing and support costs
<b>Subtotal</b>		<b>\$921,169</b>	<b>\$0</b>		
<b>GRAND TOTAL</b>		<b>\$36,427,000</b>	<b>\$24,179,012</b>		