

PMI-Kenya FY2012MOP
Year 5: Table 2 (June 1, 2015)
Revised December 18, 2017

Proposed Activity	Mechanism	FY 2012 Budget	FY 2012 Commodities	Geographic area	Description of Activity
Insecticide Treated Nets					
Procure LLINs for routine distribution	DELIVER	8,390,000	\$8,390,000	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. Reprogram #2.1b: Increase budget by \$230,000
Logistic support to routine LLIN distribution	APHIAplus HCM	622,503	\$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 Reprogram #1.5.a: Mechanism change. Reprogram: #6.1: Reduce budget (use existing funding). Reprogram: #8.1: Increase budget. Reprogramming #9.1: Decrease budget
Support a community-based LLIN tracking and replacement distribution system pilot	APHIAplus HCM	500,000	\$0	Selected priority endemic districts	Support a community-based LLIN distribution pilot, which will focus on developing and validating an LLIN tracking system, and undertake use/hang up activities through community-based CHW network Reprogram #1.5.b: Mechanism change. Reprogram #2.4: Activity Scope Change.
Operations and logistics support for 2017-18 mass LLIN campaign	HCM Project	1,570,211	\$0	Endemic/Epidemic districts	Provide operational and logistics support for the 2017-18 LLIN mass campaign. Reprogram #8.5: New activity.
USAID TDY visit	USAID	0	\$0	Nationwide	Support one visit from USAID to provide assistance in implementing ITN program (Core Funded)
Subtotal		11,082,714	\$8,390,000		
Indoor Residual Spraying					
IRS implementation and management	IRS TO2	2,687,692	\$0	10 Endemic Districts	Support IRS in ten endemic districts (estimated to reach 747,321 houses) 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. Reprogram #1.3: Budget Increase. Reprogram #4.1: Budget Decrease. Reprogram #7.1: Budget Decrease.
Procure insecticide for 2017 IRS	AIRS IRS TO6	2,513,718	\$2,513,718	Endemic Sub-counties	Procure Actellic CS insecticide for 2017 spraying. Reprogram # 7.4: New activity.

Entomological monitoring of IRS effectiveness in sprayed districts	CDC IAA (with sub-grant to KEMRI)	180,000	\$0	10 Endemic Districts	Continue insecticide resistance monitoring in ten sites in western Kenya and expand to include new endemic districts targeted for spraying by PMI
<i>Environmental Monitoring Visit</i>	<i>GEMS II</i>	<i>0</i>	<i>\$0</i>	<i>10 Endemic Districts</i>	<i>Conduct biannual independent environmental monitoring visit. Reprogram #7.2: Cancel activity</i>
CDC IRS TDY visits	CDC IAA (Atlanta)	12,400	\$0	10 Endemic Districts	Support one visit from CDC to provide assistance in implementing IRS activities
Subtotal		5,393,810	\$2,513,718		
Intermittent Preventative Treatment of Pregnant Women					
Support supervision of FANC/IPTp program	ACCESS bi-lateral	450,000	0	priority endemic districts in Nyanza, Western and Coast	Supportive supervision to continue correct 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
Malaria in Pregnancy Screen and Treat	CDC IAA (with sub-grant to KEMRI)	150,000	\$0	DSS Sites	Operational research study comparing IST with IPTp.
Subtotal		600,000	\$0		
Case Management					
Diagnostics					
Procure RDTs	DELIVER	1,500,000	\$1,500,000	targeted district(s)	In support of DOMC's RDT scale-up plan, procure and distribute 2,000,000 of the required RDTs to dispensaries and health centers in targeted districts.
Procure 100 microscopes, reagents and consumables to support malaria diagnostics	DELIVER	300,000	\$0	targeted district(s)	Support increased diagnostic capacity of trained lab technicians with necessary equipment and reagents.
Provide support to the DOMC for implementation of RDTs	HCSM	400,000	\$0	targeted district(s)	Provide funding for DOMC 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.
Provide supportive supervision within the established QA/QC system for the national laboratory network	MVDP (Walter Reed)	300,000	\$0	Nationwide	Strengthen capacity for malaria diagnostics through supportive supervision within the QA/AC system.
CDC Diagnostics TDY support	CDC IAA (Atlanta)	12,400	\$0	Nationwide	Support one CDC TDY to provide technical assistance for malaria diagnostics
Treatment					

Purchase AL and/or severe malaria medication	DELIVER	8,625,000	\$8,625,000	Nationwide	Procure and distribute up to 4 million AL treatments and severe malaria drugs, as needed, to fill in supply gaps in the public sector through September 2013. Procure severe malaria drugs, (injectable artesunate), as needed. Reprogram #1.3: Budget Increase.
Procure additional AL	DELIVER	893,461	\$893,461	Nationwide	Procure up to 849,000 AL treatments to help fill gaps in AL for 2016. Reprogram #6.2: New activity
Distribution of ACTs and RDTs	KEMSA FARA	0	\$0	Nationwide	Provide funding for warehousing and distribution of PMI-procured commodities (ACTs and RDTs) to health facilities across the country. Reprogram #4.2: New Activity. Reprogram #7.3: Decreased budget. Reprogramming #9.2 Cancel activity.
TA for supply chain management at national level and in-country drug distribution	New KEMSA Bi-lateral	0	\$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. Reprogramming #3.2b: Activity Cancelled.
Provide warehousing and distribution for RDTs, ACTs and severe malaria medicines	KEMSA Medical Commodities Project (MCP)	96,455	\$0	Nationwide	Provide warehousing and distribution for RDTs, ACTs and severe malaria medicines from central to facility level nationwide. KEMSA, the central medical store, transitioned from a quarterly "push" supply system to an order-based (i.e., smart push) system from counties due to devolution. Reprogramming #9.10: New Activity
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.
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 PPB and DOMC. Support improved quality assurance of antimalarials and strengthening of pharmacovigilance Reprogram #2.1c and 2.3: increase budget by \$100k

Strengthen malaria supervision for case management	APHIA plus "Zone 1"	600,000	\$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 . Activities will include promotion of prevention and treatment activities.
Support inpatient Quality of Care (QoC) surveys	TBD-Supply Chain TA	0	\$0	Nationwide	Fill gaps in funding support for the inpatient QoC surveys in 2016 and 2017. Reprogram #7.5: New Activity. Reprogramming #9.3 Remove activity (used FY11 funding)
USAID TDY visit	USAID	0	\$0	Nationwide	1 USAID TDY to provide assistance for CM/Drug Procurement (Core Funded)
Subtotal		13,377,316	\$11,018,461		
Epidemic Surveillance and Response					
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.
Subtotal		200,000	\$200,000		
IEC/BCC					
Integrated community-based IEC/BCC	APHIAplus HCM	645,000	\$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
National IEC promotion	APHIAplus HCM	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 Reprogram #1.5.d: Mechanism change.
Peace Corps Support	APHIAplus HCM	55,000	\$0	Nationwide	Continue PC activities and support three malaria PCVs. Reprogram #1.5.e: Mechanism change.
USAID TDY visit	USAID	0	\$0	Nationwide	1 USAID TDY visit to provide assistance for IEC/BCC Program (Core Funded)
Subtotal		1,000,000	\$0		
Capacity Building and Health Systems Strengthening					

Support to DOMC	APHIAplus HCM	250,000	\$0	Nationwide	Provision of technical assistance and capacity building to improve the DOMC's technical capacity to fulfill its role in support to implementation and supervision; ensure the technical working groups are strengthened and hold regular meetings Reprogram #1.5.f: Mechanism change.
Facilitate decentralization to new county system	HPP	250,000	\$0	priority endemic districts in Nyanza, Western and Coast	Strengthen malaria coordinators at the county level to ensure that they are able to manage county-level program that is new and needs to be operationalized. Reprogram #2.2b: Mechanism Change
<i>Financial gap analysis and costing for Global Fund application</i>	<i>Health Policy Plus (HP+)</i>	0	\$0	Nationwide	<i>Provision of technical assistance for financial gap analysis and costing for the malaria Global Fund funding request application 2018-2020.</i> Reprogram #8.6: New activity Reprogram #9.4 Cancel activity
<i>Strengthen DOMC global fund grant management</i>	<i>Capacity</i>	0	\$0	Nationwide	<i>Strengthen DOMC capacity for effective Global Fund grant management and administration to ensure timely and effective implementation of planned activities.</i> Reprogram #2.3: Cancel Activity
Subtotal		500,000	\$0		
Monitoring & Evaluation					
Support for implementation of the National M&E plan	MEASURE Evaluation	700,000	\$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. Section 4.2.2: HMIS support to strengthen data collection and reporting systems, and facilitating interpretation, dissemination and use of data to improve malaria prevention and control activities. Reprogram #9.5: Increase budget
Strengthen HMIS and malaria M&E at county level	CMLAP	\$500,000	\$0	Endemic Counties	Increase data demand and use of routine data for programmatic improvements at county level. Support for M&E strengthening at the county level, working with the CHMT, SCHMT and high volume health facilities. Continue capacity building in counties for surveillance and M&E activities, mentorship, and reporting in line with county malaria control plans. Reprogramming #9.11: New activity
<i>Support for 2013 Household Survey</i>	<i>MEASURE/DHS</i>	0	\$0	Nationwide	<i>Support 2013 malaria module in a household survey</i> Reprogram #2.1a: Budget reduced from \$600k to \$200k Reprogram#3.2a: activity cancelled
Support the end-use verification tool	HCSM	100,000	\$0	Nationwide	Monitor quality of care for malaria case management and the LMIS to assess stock outs through the end-use verification tool.

Epidemiologic surveillance in endemic IRS districts	CDC IAA (with sub-grant to KEMRI)	150,000	\$0	10 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.
Support continuous MIP monitoring in endemic districts	CDC IAA (with sub-grant to KEMRI)	75,400	\$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.
Implementation of surveillance, epidemic preparedness and response	M/Evaluation PIMA	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-
<i>In vivo</i> drug efficacy testing	MVDP (Walter Reed)	50,000	\$0	targeted district(s)	Continue <i>in vivo</i> drug efficacy monitoring at eight established DOMC sites to test the sensitivity of AL and examine efficacy of ACTs.
<i>In vivo</i> drug efficacy testing	CDC IAA (with sub-grant to KEMRI)	150,000	\$0	targeted district(s)	Support <i>in vivo</i> therapeutic efficacy studies in 2015. Reprogram #5.2: New Activity
Train two field epidemiology and laboratory training program epidemiologists	CDC IAA (Atlanta)	100,000	\$0	Nationwide	Train two FELTP trainees for a two-year curriculum, upon graduation to the DOMC CM and M&E teams to increase the long-term capacity within the DOMC to carry out appropriate program planning, implementation and monitoring and evaluation. The budget for each trainee includes tuition, stipend, laptop, materials, training, travel and per diem for the two-year program
CDC M&E TDY support	CDC IAA (Atlanta)	24,800	\$0	Nationwide	Support 2 CDC TDYs to implement MIS if needed (if DHS not needed) and M&E: training, survey monitoring, follow up. If DHS survey, two TDYs for MIS support, if not needed, will be shifted to other M&E priorities.
Strengthen the health information system and the collection of information at the district and community level	Afya Info	300,000	\$0	Nationwide	Support HMIS's recently launched District Health Information Software (DHIS) which gathers routine data at the health facility level and in the near future at the community unit level. Ensure malaria information is captured through the DHIS. Reprogram #1.1: New Activity

<i>Community-based epidemiologic surveillance in endemic IRS districts</i>	<i>CDC IAA (with sub-grant to KEMRI)</i>	0	\$0	4 Endemic districts	Conduct community-based surveys in 4 endemic districts (2 with IRS, 1 soon to start IRS, and 1 without IRS) to obtain parasite prevalence estimates and ITN coverage. The concurrent collection of both facility and community data will provide vital data on which the DOMC will rely to make important decisions regarding Kenya's malaria intervention strategies. Reprogram #1.2: New Activity Reprogram #5.1: Cancel Activity
Support for 2014 MIS	MEASURE DHS IV	250,000	\$0	Nationwide	Support the 2014 Malaria Indicator Survey Reprogram #3.3: New Activity Added Reprogramming #9.6: Decrease budget
Subtotal		2,600,200	\$0		
Staffing and Administration					
USAID In Country Administration and Staffing	USAID	290,960	\$0	Nationwide	USAID Staffing and Mission wide support efforts Reprogram #8.2: Decrease budget Reprogram #9.7: Increase budget
USAID In Country Administration and Staffing (period covered by FY2015 funding)	USAID	895,000	\$0	Nationwide	USAID Staffing and Mission wide support efforts Reprogram #7.6: New activity Reprogram #8.3 Decrease budget Reprogramming #9.8: Increase budget
USAID In Country Administration and Staffing (period covered by FY2016 funding)	USAID	0	\$0	Nationwide	USAID Staffing and Mission wide support efforts Reprogram #7.7: New activity Reprogram #8.3 Decrease budget Reprogramming #9.9: Cancel activity
In country Administration and Staff	CDC IAA (Atlanta)	510,000	\$0	Nationwide	CDC Advisor Staffing and support costs Reprogram #2.1.d: increase funding by \$120,000
Subtotal		1,695,960	\$0		
GRAND TOTAL		36,450,000	\$22,122,179		