

Table 2
President's Malaria Initiative--Ghana
Planned Obligations for FY2013 (\$28,547,308) (Revised on 14 September 2016)

Proposed Activity	Mechanism	FY13	commodities	Geographical area	Description
ITNs					
Procure and transport LLINs	DELIVER	5,500,000		National	Procure a minimum of 1,100,000 LLINs at \$5 per LLIN (estimated 30% of national need) to replace expired LLINs and to maintain LLIN universal coverage. Budget includes transportation of LLINs to distribution points. Reprogramming Request 2016: Increase budget by \$70,000 Reprogramming Request July 2018: decreased budget by \$70,000
TA for LLIN distribution and supply chain	DELIVER	300,000		National	Technical assistance to GHS, GES, and other stakeholders to strengthen routine LLIN distribution planning, logistics, supply chain management, training, and end-user distribution systems. Conduct assessments of net distribution as appropriate. Reprogramming Request 2016: GHS Activity Cancelled
	NetWORKS	1,350,000			
	GHS/TBD	0		2 Regions	
BCC and community mobilization to promote LLIN ownership and use	Communicate for Health	150,000		National	Support development and implementation of community mobilization and communications activities to promote LLIN ownership and use, including malaria specific BCC and incorporating ITN messages into national health promotion BCC. Employ evidence-based approach to communications. Provide Technical assistance to the NMCP and the National Malaria Communications Committee.
	NETWORKS	350,000			
SUBTOTAL ITNs		7,650,000			
IRS					
Implement IRS activities, include procurements and TA	IQC TO4	4,570,000		Northern Region/TBD	In collaboration with GHS, and with continued focus on capacity building, support IRS implementation and programmatic evaluation in targeted Northern Region districts as well as targeted areas in the forest or coastal zones.
TA to support entomological monitoring for IRS	CDC	34,000		Nothern Region and National	Technical assistance and quality assurance for entomologic monitoring, including insecticide resistance management. Budget includes 2 entomology visits plus equipment and supplies.
TA for Enhanced Environmental Monitoring and Compliance	GEMS	30,000		Northern Region/TBD	Enhanced environmental monitoring, environmental assessments, and risk mitigation in IRS districts.
SUBTOTAL IRS		4,634,000			
IPTp					

Strengthen ANC services and in-service training	Systems for Health	400,000		5 regions and others as needed	Support the GHS to improve health worker capacity to effectively deliver a package of malaria prevention and care services to pregnant women. PMI support will focus on supportive supervision, on-site training as needed, quality improvement to increase HCW administration of all three IPTp doses, and support for updating GHS guidance. Reprogramming Request #X: Budget decrease \$200k
Support pre-service training	MCHIP	300,000		National	Provide technical pre-service training for nurses, midwives, and medical assistants in prevention of malaria in pregnancy. Expand activities to general nursing schools as applicable.
Support BCC to promote IPTp	Systems for Health	0		5 regions	Support to development communications materials to improve administration of IPTp by healthcare workers. Support community mobilization and communications materials (print and mass media) to promote IPTp with a particular focus on geographic areas and/or cultural groups with low IPTp rates. Integrate with MCH BCC activities as appropriate. Reprogramming Request #X: Budget decrease \$200k, S4H mechanism cancelled
	Communicate for Health	200,000		National	
SUBTOTAL IPTp		900,000			
Case Management - Diagnosis					
Procure RDTs and other lab supplies	DELIVER	1,919,000		National	Procure approximately 2,284,000 RDTs (approximately \$0.60/RDT) to meet 40-50% of national RDT need and to procure limited microscopy kits to fill gaps. Reprogramming Request #X: Budget increased \$519,000
Strengthen quality of microscopy and RDT use at laboratory level	MalariaCare	400,000		National	Support continued quality improvements to malaria microscopy at the laboratory level, building upon and scaling up the successful OTSS program. Provide supportive supervision and on-the-job training of laboratory personnel, complemented by refresher training for lab supervisors, with an emphasis increasingly transferring management responsibility to the GHS Clinical Laboratory Unit. Reprogramming Request June 2015: Cancel Activity, budget decrease \$300k Reprogramming Request 2016 (Aug): MalariaCare budget increased to \$900,000 to support Malaria Diagnostic Refresher Training (MDRT)
	GHS Clinical Laboratories Unit	0			
Scale-up RDT use in clinical	Systems for Health	0		NA	Collaborate with GHS/NMCP to achieve high rates of parasitological testing, with focus on scaling up RDT use in clinical settings. Identify and remove operational, financial and policy barriers to increased RDT use. Support capacity building to ensure consistent availability and use of RDTs at public health facilities, esp. CHPS. Support a feasibility assessment for the

settings	MalariaCare	700,000		National	roll-out of KD1s to community based agents, LCS and pharmacies. Reprogramming Request #X: Budget decrease \$800k, S4H mechanism cancelled Reprogramming Request 2015: Budget decrease \$100k to reconcile accounting error
TA for diagnostics	CDC	12,000		National	Provide TA for microscopy QA and to realize full potential of RTDs at all levels
SUBTOTAL CM - Diagnosis		3,031,000			
Case Management - Treatment					
Procure malaria medication	DELIVER	4,681,000		National	Procure ACTs in quantities sufficient to cover pediatric ACT requirements. Procure adult ACT formulations, rectal artesunate, severe malaria drugs, and SP for IPTp as necessary to fill gaps and prevent stockouts. Reprogramming Request #X: Budget increased \$676,000
Support pre-service training	MCHIP	265,000		National	Support pre-service training for general nurses, midwives, and medical assistants to improve competencies in knowledge, skills, and practices for malaria diagnosis and case management in compliance with GHS guidelines and protocols. Support revision of school curricula. Develop training for managing cases with negative malaria test results.
	MalariaCare	200,000		National	Support pre-service training for physicians and revision of medical school curricula to improve competencies in knowledge, skills, and practices for malaria diagnosis and case management in compliance with GHS guidelines and protocols. Fill gaps in other pre-service training as appropriate.
TA to improve malaria case management at health facilities	G2G: ICD	70,000		National	Collaborate with GHS to improve compliance with national guidelines for management of uncomplicated and severe malaria in health facilities. Provide technical assistance and financial support for supportive supervision, on-the job and class room training, and quality improvement among health care workers, with an emphasis on CHPS staff. Promote provider adherence to test results. Reprogramming Request #X: Budget decrease \$400k, S4H mechanism cancelled Reprogramming Request 2015: ICD budget decreased by \$250k Reprogramming Memo 2016: ICD Activity Cancelled Reprogramming Memo 2016 (Aug): Budget for Systems for Health increased to \$100,000 Reprogramming Request July 2018: increase ICD funding from \$0 to \$70,000
	MalariaCare	847,308			
	Systems for Health	100,000			

Support licensed chemical sellers and pharmacies	SHOPS	580,000		National	Support activities to build pharmacy and LCS capacity for and compliance with GHS malaria diagnosis, treatment and referral guidelines. Address issues related to for-profit, business motivations to comply with GHS guidelines. Support LCS to achieve NHIA accreditation, with emphasis on geographic areas with gaps in NHIS coverage. Reprogramming Request 2015: budget decrease \$100k to correct administrative error.
Support BCC to improve malaria-related care/treatment seeking behavior	Communicate for Health	300,000		National	Support community mobilization and communications to increase prompt and appropriate care seeking behavior for malaria symptoms. Activities should promote clinic attendance at first sign of fever, particularly for children under five years old and pregnant women, and promote correct and complete use of ACTs. Integrate activities with MCH activities as appropriate and provide TA to the NMCP and NMCC.
Support to clinical audits to align financial incentives with appropriate treatment	NHIA	325,000		National	Support NHIA to implement clinical audits to confirm clinical compliance with GHS malaria diagnosis and case management guidelines. NHIA emphasis on confirmatory testing to accompany majority of malaria treatment reimbursements.
Support integrated community case management (iCCM)	MalariaCare	200,000		National	Support the NMCP's goal of mass scale up of iCCM, leveraging Global Fund support by providing targeted technical assistance and logistical support to address key bottlenecks and fill gaps in the national iCCM program. Support on refresher training of existing CBAs as needed and aiding the Ghana Health Service to establish more robust systems for supervision, data capture, and supply chains. These activities will be carried out in close coordination with the GHS/NMCP, UNICEF, WHO, and other stakeholders. Reprogramming Request: new activity added, budget increase \$200k.
SUBTOTAL Treatment	CM -	7,568,308			
Case Management - Pharmaceutical Management					
Strengthen logistics and supply chain systems	DELIVER	550,000		National	Provide TA for strengthening logistics/supply chain to improve availability of malaria commodities including SP, RDTs, and other commodities. Activities will focus on addressing bottlenecks in finance, management, forecasting, transportation and reporting systems. Support end use verification activities. Implement Supply Chain Master Plan to reform health commodity procurement and supply.
Strengthen drug quality monitoring capacity	USP	200,000		National	Support the strengthening of drug quality monitoring in collaboration with the FDB. Activities to include the expansion of sampling sites and increased enforcement of capacity to raise awareness regarding counterfeiting and substandard medicines.

SUBTOTAL Pharma Mgm't	CM -		750,000			
Capacity Building and Health System Strengthening						
Build management capacity at NMCP, GHS, and other GoG partners	MalariaCare		100,000		National	Continue to provide support to the NMCP, GHS, and GOG for technical capacity building and improved malaria control systems. Support limited IT investments to enhance malaria program management.
Long term training -- Field Epidemiology and Laboratory Training Program	CDC		75,000		National	Continue to support long term training of two individuals from GHS/NMCP in epidemiology, surveillance, monitoring and evaluation. To be implemented as a "malaria track" imbedded in FELTP program at the U. Ghana.
Support supervisory visits	MalariaCare		100,000		National	Provide support for supervisory visits and monitoring activities at regional and district level by public health officials, including NMCP and MOH/GHS staff, in support of NMCP efforts to strengthen overall malaria program management and supervision efforts.
Assure mass access to appropriate malaria treatment through National Health Insurance	Health Financing and Governance		200,000		National	Provide TA to assure mass access to appropriate malaria treatment through NHIA program. Promote active enrollment in NHIA and access to NHIA-accredited facilities among the general population, with a focus on high burden rural areas.
SUBTOTAL HSS	Capacity /		475,000			
Communication and Coordination with other Partners						
Integration with other USG programs	Peace Corps SPA		20,000		National	Build on previous activities to continue Peace Corps activities through "Stomping Out Malaria" program
Subtotal CC with Partners			20,000			
Monitoring and Evaluation						
Communication and coordination with other partners/Strengthen routine systems	MalariaCare		265,000		National	Support GHS/NMCP to strengthen routine systems for malaria M&E, including training district and regional staff on data collection, analysis and reporting; and limited computer hardware and software to fill gaps. Support strengthening the quality of malaria data, including dissemination of revised patients registers and implementation of a robust malaria module within DHIS2. Reprogramming Request #X: Budget decrease \$150k, S4H mechanism cancelled
	Systems for Health		0			
National insecticide resistance surveillance	Noguchi Research Center/PD&L		0		National	In collaboration with other partners and research institutions continue to support routine insecticide resistance monitoring at a network of sites. Reprogramming Request #X: Budget decrease \$45k, Ngouchi mechanism cancelled
MICS or DHS Survey	Measure DHS Follow-on		650,000		National	In collaboration with other partners and research institutions continue to support routine population health surveillance.

Evaluation	Evaluate for Health	500,000		National	Provide overall evaluation support to malaria prevention and control activities, conduct operational research as needed, and build local evaluation capacity in-country to contribute to the evidence base. Reprogramming Request #X: new activity, budget increased \$500,000
Anemia and parasitemia monitoring	Noguchi Research Center	0		NA	Conduct anemia and parasitemia in Bunkpurugu Yunyoo to confirm impact of switch to pyrethroids and short/early spray season. Reprogramming Request #X: new activity, budget increased \$100,000 Reprogramming Request 2015: activity cancelled. Budget reduced \$100k
Technical assistance	CDC	24,000		National	Support for technical assistance from the CDC PMI M&E team
Support to 2016 MIS	Measure DHS	250,000		National	The NMCP, with support from the Global Fund, will be conducting an MIS in 2016. This activity will support technical assistance to the NMCP and Ghana Bureau of Statistics to conduct the survey and analyze the results. Reprogramming Request 2015: new activity, budget increase \$250k
Support DHIMS2 digitization	Evaluate for Health	480,000		National	Provide support of the DHIMS2 digitalization effort undertaken by the GHS in partnership with bilateral and multilateral donors and private partners with the eventual goal of strengthening the quality of the system and ability to provide reliable malaria data reports. Reprogramming Request 2015: new activity, budget increased \$100k Reprogramming Request 2016: increased budget to \$480,000
Conduct DHIMS2 data verification and validation evaluation	Evaluate for Health	0		National	Support a DHIMS2 data verification and validation evaluation with particular attention to data quality and the facility-level and district level. The results of the evaluation will be used to inform future routine M&E system strengthening activities. Reprogramming Request 2015: new activity, budget increased \$300k Reprogramming Request 2016 (Aug): activity cancelled
SUBTOTAL - M & E		2,169,000	0		
Staff and Administration					
In-country staff and administrative expenses	ADMIN	1,350,000		NA	
SUBTOTAL In-Country Staff		1,350,000			

GRAND TOTAL	28,547,308			
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