

Table 2
President's Malaria Initiative - Kenya
Planned Obligations for FY13 (\$)(34, 256, 770)
Revised on January 16, 2015

Proposed Activity	Mechanism	FY 2013 Budget	FY 2013 Commodities	Geographic area	Description of Activity
Insecticide Treated Nets					
Procure ITNs for routine distribution	DELIVER	\$8,100,000	\$8,100,000	Endemic/Epidemic districts	Fill the ITN gap for routine distribution by purchasing up to 1.8 million LLINs. Routine distribution: free-of-charge to pregnant women and children under one through the ANC and child welfare care clinics. Nets are estimated at \$4.50 each.
Procure ITNs for 2014/15 ITN mass campaign	DELIVER	\$6,929,106	\$6,929,106	Endemic/Epidemic districts	Help fill the 3.8 million ITN gap for the 2014/2015 ITN mass campaign.
Logistic support to routine and mass campaign ITN distribution	APHIA Plus HCM	\$3,273,170	\$0	Endemic/Epidemic districts	Provide logistical support, including transportation and storage of nets, for distribution of the 1.8 million ITNs within the national routine distribution system and additional one million ITNs for the mass distribution campaign
Logistic support for the 2014/2015 ITN mass campaign.	HCSM	\$441,230	\$0	Endemic/Epidemic districts	Assist with logistics and distribution activities for the 2014/2015 ITN mass campaign.
Support implementation of a continuous ITN distribution system	APHIA Plus HCM	\$300,000	\$0	Selected priority endemic districts	Continue strengthening Kenya's continuous ITN distribution system to maintain high coverage levels achieved through mass distribution efforts. This activity will identify and close distribution gaps and promote cost effective tracking systems to ensure that populations living in targeted districts will be able to replace ITNs as they wear out, with the ultimate goal of ending the need for mass campaigns to keep ITN coverage at optimal levels.
USAID TDY visit	USAID	\$0	\$0	Nationwide	Support one visit from USAID to provide assistance in implementing the ITN program (Core Funded)
Subtotal		\$19,043,506	\$15,029,106		
Indoor Residual Spraying					
Entomological monitoring of IRS effectiveness in sprayed districts	CDC IAA (with sub-grant to KEMRI)	\$330,000	\$0	Endemic Districts	Continue insecticide resistance monitoring in endemic districts targeted for spraying by PMI in western Kenya
CDC IRS TDY visit	CDC IAA (Atlanta)	\$24,000	\$0	Endemic Districts	Support one visit from CDC to provide assistance in implementing IRS activities
Subtotal		\$354,000	\$0		
Malaria in Pregnancy					

Support supervision of FANC/IPTp program	MCHIP	\$700,000	\$0	priority endemic districts in Nyanza, Western and Coast	Supportive supervision to continue correct implementation of the simplified IPTp guidelines in facilities and at the community level for all targeted malaria endemic districts. This activity builds on the facility-based investments already undertaken and aims to strengthen demand for and provision of IPTp at ANC in all 55 targeted districts.
Subtotal		\$700,000	\$0		
Case Management					
<i>Diagnostics</i>					
Procure RDTs	DELIVER	\$1,500,000	\$1,500,000	Nationwide	In support of DOMC's RDT scale-up plan, procure and distribute 2 million of the required RDTs to dispensaries and health centers in targeted districts.
Provide support to the DOMC for implementation of RDTs	HCSM	\$500,000	\$0	Nationwide	Provide funding for DOMC to engage with the QA officers to ensure quality supportive supervision, support full roll-out of RDTs and monitor implementation, to ensure adherence to DOMC RDT policy guidelines throughout the country.
Provide supportive supervision within the established QA/QC system for the national laboratory network	MVDP (Walter Reed)	\$450,000	\$0	Nationwide	Strengthen capacity for malaria diagnostics through supportive supervision of district level QA officers, within the QA/QC system. Includes: refresher training of QA officers, validate RDTs as they are rolled out, technical supervision of adherence of testing guidelines.
CDC Diagnostics TDY support	CDC IAA (Atlanta)	\$12,400	\$0	Nationwide	Support one CDC TDY to provide technical assistance for malaria diagnostics
<i>Treatment</i>					
Purchase AL and/or severe malaria medication	DELIVER	\$5,200,000	\$5,200,000	Nationwide	Procure and distribute up to 4.8 million AL treatments and severe malaria drugs, as needed, to fill in supply gaps in the public sector through September 2014. Procure severe malaria drugs, (injectable artesunate), as needed.
TA for supply chain management at district level	HCSM	\$575,000	\$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, SP, and RDT availability in the high endemic districts, improving LMIS reporting rates, 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 and RDT consumption data.
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.

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.
USAID TDY visit	USAID	\$0	\$0	Nationwide	Support one USAID TDY to provide assistance for CM/Drug Procurement (Core Funded)
Subtotal		\$9,037,400	\$6,700,000		
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	APHIA Plus HCM	\$700,000	\$0	Targeted endemic districts in Nyanza, Western and Coast	Expand community-based IEC/BCC efforts by increasing outreach to priority populations 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 <i>Barazas</i> will be held in villages and during public gatherings where messages are delivered through public address systems.
National IEC promotion	APHIA Plus HCM	\$300,000	\$0	Nationwide	Support national-level IEC message development and dissemination on key malaria control interventions on the new policies, and donor coordination, undertake advocacy-related activities, including regular review meetings with donors working in the malaria constituency to monitor and advise on their progress in malaria control interventions.
Peace Corps support	APHIA Plus HCM	\$30,000	\$0	Nationwide	Continue PC activities and support three malaria PCVs.
USAID TDY visit	USAID	\$0	\$0	Nationwide	Support one USAID TDY visit to provide assistance for IEC/BCC Program (Core Funded)
Subtotal		\$1,030,000	\$0		
Capacity Building and Health Systems Strengthening					
Support to DOMC	APHIA Plus 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.

Facilitate decentralization to new county system	ASSIST	\$300,000	\$0	Nationwide	Strengthen malaria coordinators at the county level to ensure that they are able to manage county-level programs that are new and need to be operationalized. Help align the DOMC with the new decentralization and the DOMC's role in the new process, establish/define their role in the new context and define the new role of the counties. Become active players and engaged in the discussion. Expect that by 2014 we will be supporting the county structures. Working at the county level, resources need to move down to this level; not just TA, but actual support to the county levels.
Subtotal		\$550,000	\$0		
Monitoring and Evaluation					
Support for implementation of the National M&E plan	MEASURE/Evaluation PIMA	\$500,000	\$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 for technical assistance for malaria surveillance and improvement of the MIAS.
Support for 2015 MIS	MEASURE DHS 7	\$1,000,000	\$0	Nationwide	Support the 2015 Malaria Indicator Survey
Strengthen the Health Information System and the collection of information at the district and community level	Afya Info	\$200,000	\$0	Nationwide	Support HMIS's recently launched District Health Information System (DHIS) which gathers routine data at the health facility level and in the near future at the community unit level. The DHIS will be integrated with the LMIS. Ensure malaria information is captured through the DHIS.
Support the end-use verification tool/Quality of Care Survey	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)	\$300,000	\$0	5 Endemic Districts	Support epidemiological surveillance and monitoring in endemic IRS districts. The surveillance will include support for improved surveillance at select health facilities in the IRS districts in order to monitor prevalence changes over time and to provide the DOMC with data that will guide the IRS strategy in the wake of universal LLIN coverage, and detect any potential resurgence in cases with IRS is withdrawn.
Support continuous MIP monitoring in endemic districts	CDC IAA (with sub-grant to KEMRI)	\$75,000	\$0	Priority endemic districts in Nyanza, Western and Coast	Support monitoring of MIP activities in targeted endemic districts, including 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	MEASURE/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-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.
Train two field epidemiology and laboratory training program epidemiologists	CDC IAA (Atlanta)	\$100,000	\$0	Nationwide	Train two FELTP trainees for a two-year secondment, upon graduation to the DOMC 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.
Knowledge and Adherence to Malaria Treatment Guidelines for Pregnant Patients in Rural Western Kenya	CDC IAA (with sub-grant to KEMRI)	\$75,000	\$0	Targeted district(s)	Conduct an operational research study on the knowledge of the malaria treatment guidelines as well as the prescribing behaviours for pregnant clients among healthcare providers and drug dispensers in a malaria endemic region in western Kenya.
CDC M&E TDY support	CDC IAA (Atlanta)	\$25,000	\$0	Nationwide	Support two CDC TDYs to provide technical assistance for M&E activities.
USAID M&E TDY support	USAID	\$0	\$0	Nationwide	Support one USAID TDY to provide technical assistance for M&E activities. (Core Funded)
Subtotal		\$2,575,000	\$0		
Staffing and Administration					
In-country administration and staffing	USAID	\$378,418	\$0	Nationwide	USAID staffing and mission wide support efforts
In-country administration and staffing	CDC IAA (Atlanta)	\$388,446	\$0	Nationwide	CDC Advisor staffing and support costs
Subtotal		\$766,864	\$0		
GRAND TOTAL		\$34,256,770	\$21,929,106		