

Table 2
President's Malaria Initiative - Ghana
Planned Obligations for FY14 (Revised 14 September 2016)

| Activity | Mechanism | Budget | | Geographic Area | Description |
|--|--------------------------------------|--------------------|-------------|------------------------------|---|
| | | Total | Commodities | | |
| ITNs | | | | | |
| Procure and transport LLINs | DELIVER | \$1,500,000 | | National | Procure a minimum of 300,000 LLINs at \$5 per LLIN (estimated 8% of national need) to replace expired LLINs and to maintain LLIN universal coverage. Budget includes transportation of LLINs to distribution points. |
| LLIN distribution and supply chain | DELIVER | \$300,000 | | National | Provide technical assistance to GHS, GES, and other stakeholders to strengthen routine LLIN distribution planning, logistics, supply chain management, training, and end-user distribution systems. Second ITN distribution experts to GHS. Conduct assessments of net distribution as appropriate. |
| | VectorWorks | \$970,000 | | | Reprogramming #1: \$770k budget increase |
| | G2G: GHS and Ghana Education Service | \$0 | | National | Through G2G mechanism with GHS/NMCP and GES/SHEP, support the continuous distribution of LLINs through schools and health facilities. Fund costs of training, planning, supervision, operations and M&E, on a cost-sharing basis. |
| BCC and community mobilization to promote LLIN ownership and use | Communicate for Health | \$150,000 | | National | Support the development and implementation of communications activities to promote LLIN ownership and use, employing an evidence-based approach.. Support community mobilization, radio and television spots, and communications materials. Focus on net care and misperceptions about use. Provide technical assistance to the NMCP and the National Malaria Communications Committee, and SHEP. |
| | VectorWorks | \$350,000 | | | |
| SUBTOTAL ITNs | | \$3,270,000 | | | |
| IRS | | | | | |
| Indoor Residual Spraying | IQC TO4 | \$4,700,000 | | TBD | In collaboration with GHS, and with continued focus on capacity building, support IRS implementation and programmatic evaluation in targeted districts. Districts will be selected by December 2013 for optimal IRS impact on morbidity. Targeting will be based on the recommendations of the ongoing national Scoping Exercise, as well as epidemiologic and entomologic monitoring data from PMI and AGA/Global Fund IRS programs. Encompasses entomological monitoring and limited epidemiologic monitoring, spray operations, data collection, environmental assessment and compliance monitoring, BCC activities including community mobilization, and logistics support. |
| TA to support entomological monitoring for IRS | CDC | \$34,000 | | Northern Region and National | Technical assistance and quality assurance for entomologic monitoring, including insecticide resistance management. Budget includes 2 entomology visits plus equipment and supplies. |
| SUBTOTAL IRS | | \$4,734,000 | | | |
| Malaria in Pregnancy | | | | | |
| Strengthen ANC services and in-service training | Systems for Health | \$540,000 | | 5 Regions | Support the GHS to further improve HCW/health system 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 implementing updated GHS guidance. |

| | | | | | |
|--|------------------------|--------------------|--|-----------|---|
| Support pre-service training | MACS | \$300,000 | | National | Provide technical pre-service training for nurses, midwives, and medical assistants in prevention of MIP. |
| Support BCC to promote IPTp | Systems for Health | \$100,000 | | 5 Regions | Support the distribution and use of 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. Reprogramming Request July 2018: increased budget by \$200,000 and expanded activities to include materials design and production for all regions. |
| | Communicate for Health | \$400,000 | | 5 Regions | |
| SUBTOTAL MIP | | \$1,340,000 | | | |
| Case Management – Diagnosis | | | | | |
| Procure RDTs and other lab supplies | DELIVER | \$3,400,000 | | National | Procure approximately 5,833,000 RDTs (approximately \$0.60/RDT) to meet 40-50% of national RDT need and to procure limited microscopes and microscopy kits to fill gaps. |
| Strengthen quality of microscopy and RDT use at Laboratory level | MalariaCare | \$200,000 | | 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. Focus on improving the efficiency of testing processes and on using the test results to inform clinical decisions and surveillance. Emphasize the transfer of increased management responsibility to the GHS CLU. Reprogramming Memo #1: cancel mechanism; budget reduction |
| | G2G: GHS CLU | \$0 | | | |
| Scale up RDT use in Clinical Settings | Systems for Health | \$500,000 | | 5 Regions | Collaborate with GHS/NMCP to achieve high rates of parasitological testing, with focus on scaling up RDT use in clinical settings. Accelerate efforts to 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 the roll-out of RDTs to community-based agents, LCS and pharmacies. |
| | MalariaCare | \$750,000 | | National | |
| TA for diagnostics | CDC | \$12,000 | | National | Provide technical assistance for microscopy QA and to realize full potential of RDTs at all levels. |
| SUBTOTAL Case Management Diagnosis | | \$4,862,000 | | | |
| Case Management – Treatment | | | | | |
| Procure malaria medication | DELIVER | \$7,650,000 | | National | Procure ACTs in quantities sufficient to cover pediatric ACT requirements. Secondly, procure adult ACT formulations, rectal artesunate, severe malaria drugs, and SP for IPTp as necessary to fill gaps and prevent stockouts. |
| Support pre-service training | MACS | \$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 implementation of revised school curricula. Develop training for managing cases with negative malaria test results. |

| | | | | | |
|--|------------------------|---------------------|--|------------------------------|---|
| | MalariaCare | \$290,000 | | National | Support pre-service and/or Continuing Medical Education 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 | \$50,000 | | 5 regions | Provide financial support to GHS regional and districts teams to promote improved malaria case management. Focus on implementing supportive supervision and incentivizing health care providers. Nation-wide TA. Reprogramming Request July 2018: increased G2G budget from \$0 to \$50,000 for targeted supportive supervision. |
| | MalariaCare | \$730,000 | | National level and 5 regions | Collaborate with GHS to improve compliance with national guidelines for management of uncomplicated and severe malaria in health facilities. Provide technical assistance for supportive supervision, on-the job and class room training, and quality improvement among HCWs, with an emphasis on CHPS staff. Promote provider adherence to test results. |
| | Systems for Health | \$646,832 | | 5 regions | Reprogramming Request Memo 2016 (Aug): Systems for Health budget for activity increased to \$646,832 |
| Support Licensed Chemical Sellers & Pharmacies | SHOPS | \$400,000 | | National | Support activities to build LCS and pharmacists 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. |
| Support BCC to improve malaria-related care/treatment seeking behavior | Communicate for Health | \$300,000 | | National | Support community mobilization and improved demand for case management to promote correct and consistent use of ACTs and confirmatory testing, targeting the general public. The importance of testing before treating will receive increased emphasis in urban areas. Integrate activities with MCH activities as appropriate. Provide technical assistance to GHS (NMCP, NMCC, and HPU). |
| Support clinical/financial audits | NHIA | | | | 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. |
| SUBTOTAL Case Management Treatment | | \$10,331,832 | | | |
| SUBTOTAL Case Management | | \$15,193,832 | | | |
| Capacity Building and Health System Strengthening | | | | | |
| Strengthen logistics and supply chain systems | DELIVER | \$550,000 | | National | Provide technical assistance 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 | U.S. Pharmacopeia | \$200,000 | | National | Support the strengthening of anti-malaria drug quality monitoring in collaboration with the Ghana FDA. Consolidate the recent expansion of the post-market surveillance Support increased enforcement capacity and education. to heighten responsiveness to counterfeit and substandard medicines. |

| | | | | | |
|---|----------------------------|--------------------|--|------------------------------|---|
| Build management capacity at NMCP, GHS and other GOG partners | Malaria care | \$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 | \$150,000 | | 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 University of Ghana. |
| Assure mass access to appropriate malaria treatment through National Health Insurance | HFG | \$395,000 | | National | Provide technical assistance to assure mass access to appropriate malaria treatment through NHIA program. Claims management. Sustainability. Capitation. This activity is co-funded by other USAID health elements. |
| Develop communications to promote enrollment in NHIA | G2G NHIA Communications | \$0 | | | Promote active enrollment in NHIA and access to NHIA-accredited facilities among the general population, with a focus on high burden rural areas. Reprogramming Request July 2018 cut capitation budget to \$0.00 |
| Strengthen Civil Society Role in Malaria Advocacy | People for Health | \$200,000 | | National | Build the capacity of local Ghanaian NGOs and CSOs to monitor the quality and ease of access to malaria testing and treatment services. Strengthen community structures for advocating for patients' rights and client-centered care. Emphasize public access to quality ACTs and diagnostics. This is activity is co-funded by other USAID health elements. |
| Support to Peace Corps malaria volunteers | Peace Corps SPA | \$20,000 | | | Support Peace Corps' Stomping Out Malaria in Africa Initiative and thrid year Peace Corps volunteers focusing on commnunity-based malaria prevention and control. |
| Support to WHO Coordination Efforts | WHO Umbrella Agreement | \$60,000 | | | Support activities coordinated by WHO's National Professional Officer (NPO) in a range of technical and strategic areas, such as strengthening monitoring and evaluation activities, the implementation of integrated community case management (iCCM), and pharmacovigilance issues. |
| SUBTOTAL Capacity Building and Health Systems Strengthening | | \$1,675,000 | | | |
| Monitoring and Evaluation | | | | | |
| Strengthen Routine M&E Systems | MalariaCare | \$265,000 | | National level and 5 regions | 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.. Support GHS and NMCP stakeholders to perform assessment of routinely collected malaria data., assessment and use. Nation-wide TA. |
| | Systems for Health Project | \$150,000 | | 5 regions | Support GHS/ at regional level 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. MIP |
| National insecticide resistance and entomological database development | AIRS TO7 | \$0 | | National | Support the development of a national entomological database to be used by all vector control parters in Ghana. Noguchi will serve as the secretariat for the databased. Reprogramming Request July 2018 moved initially planned \$50K into supportive supervision. |
| Conduct DHMIS2 data verification and validation evaluation | Evaluate for Health | \$0 | | National | Support a DHMIS2 data verification and validation evaluation with particular attention to data quality and the facility-level and district-level. The results of the evaluation be used to inform future routine M&E system strengthening activities conduct. Reprogramming Request Memo 2016 (Aug): activity cancelled |
| Technical assistance | CDC | \$24,000 | | National | Support for technical assistance from the CDC PMI M&E team. |
| SUBTOTAL M&E | | \$439,000 | | | |

| Operations Research | | | | | |
|--|-------------|---------------------|--|--|--|
| | | | | | |
| SUBTOTAL Operations Research | | \$0 | | | |
| Staff and Administration | | | | | |
| In-country staff and administrative expenses | USAID Ghana | \$885,000 | | | Coordination and management of all in-country PMI activities including staff salaries and benefits. Includes posting of one USAID and one CDC resident advisor to Accra. |
| | CDC IAA | \$463,168 | | | Reprogramming Request Memo 2016 (Aug): USAID Ghana staffing and administration reduced to \$885,000 |
| SUBTOTAL In-Country Staff | | \$1,348,168 | | | |
| GRAND TOTAL | | \$28,000,000 | | | |