

Table 2
President's Malaria Initiative – Guinea
Planned Obligations for FY 2013 (\$) (12,500,000)
Revised on November 24, 2014

Proposed Activity	Mechanism	Budget	Geographic Area	Description of Activity
PREVENTION				
Insecticide-Treated Nets				
1. Procurement and delivery of LLINs	USAID/Deliver Project	1,250,000	National	Procure and deliver to the district level approximately 235,000 conical LLINs to be distributed for routine ANC services for pregnant women.
2. Distribution of routine LLINs	Stop Palu	255,000	National	Pay for distribution costs of routine nets from the district level to health facilities.
3. BCC for LLIN use	Stop Palu	Cost covered under BCC section	PMI Target Areas	BCC for ITN use will be part of an integrated communication package including MIP and case management, following national standards and in conjunction with what other donors are doing in their respective target areas.
Subtotal: ITNs		\$1,505,000		
Indoor Residual Spraying				
1. Entomological monitoring and capacity building	Stop Palu	180,000	National	Entomological monitoring and surveillance of vectors for insecticide resistance, and capacity building for entomologists and insectary development and management.
2. Procure entomological equipment	CDC/IAA	10,000	National	Procure equipment and replacement supplies for insectary, traps, spray and landing catches, storage of specimens and related lab supplies.

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3. Technical assistance for entomological capacity building	CDC IAA	25,000	National	Funding for two technical assistance visits from CDC to help develop entomological capacity at the national and prefectural level.
Subtotal: IRS		\$215,000		
Malaria in Pregnancy				
1. Procure treatments of SP	USAID/Deliver Project	77,500	National	Procure approximately 621,000 treatments of SP, representing approximately 45% of the projected nationwide need; the remaining need will be covered by other donors. (Calculations based on a total of 464,000 expected pregnancies receiving 3 doses of SP during pregnancy).
2. Supplies to ensure consumption of SP at ANC	Stop Palu	5,000	National	Supplies such as cups and water to ensure that SP is taken at the time of ANC visit.
3. BCC for IPTp	Stop Palu	Cost covered under BCC section	National	Support BCC to promote ANC clinic attendance and educate pregnant women and communities on the benefits of IPTp. This activity will include support for community-level approaches, such as training of community-based workers as well as mass media (including local radio stations). Immunization outreach sessions will be used as opportunities for educating women. This will be part of a larger integrated BCC activity to satisfy needs for case management, LLINs, and IPTp.
4. Training/Refresher training for	Stop Palu	Cost covered under Case Management/Diagnostics section	PMI Target Areas	Provide training and refresher training for public and private health facility midwives and nurses to correctly deliver SP in the context of the focused antenatal care approach. Training will include benchmark assessments, on-the-job training of the new treatment algorithm, and coaching. Training will be part of an integrated training package.

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5. Supervise health workers in IPTp to improve quality of service	Stop Palu	Cost covered under Case Management/Diagnostics section	PMI Target Areas	On-site supervision for public health facility midwives and nurses to correctly deliver SP in the context of the focused antenatal care approach. Supervision will continue to be part of an integrated approach for supervision at health facilities.
Subtotal: Malaria in Pregnancy		\$82,500		
CASE MANAGEMENT				
Diagnosis				
1. Procure rapid diagnostics tests (RDTs)	USAID/Deliver Project	2,800,000	National	Procure approximately 5,250,000 RDTs to continue scaling up RDT use in health facilities and in communities via CHWs. This represents roughly two-thirds of the projected nationwide need.
2. Procure microscopes and consumables	USAID/Deliver Project	50,000	National	Procure 15 microscopes, reagents, slides and repair materials for hospitals as well as reagents, slides and repair materials for previously purchased microscopes.
3. Improved malaria diagnostics	Stop Palu	200,000	National	Work with the NMCP and National Laboratory to develop and support a comprehensive quality assurance and quality control plan for malaria diagnostics at all levels of the health system. This will include refresher training for lab technicians (and training on malaria microscopy for new laboratory technicians) and regular supervision of microscopy and RDT performance, including systematic review of a predetermined number of positive and negative blood smears and simultaneous use of both tests to assess the quality of RDTs in diagnosing malaria.

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4. Training/refresher training in RDT use	Stop Palu	600,000	PMI Target Areas	Refresher training on malaria diagnostics, including correct RDT use at all levels of the health care system. New health care workers and CHWs will be trained with FY 2013 funding. (This will be an integrated RDT/case management training. See Case Management section for detailed description of case management training component.)
5. Supervision of health workers and CHWs in RDT use	Stop Palu	360,000	PMI Target Areas	Integrated, regular supervision of health workers and CHWs focusing on microscopy and RDT performance. (This will be integrated RDT/case management supervision. See Case Management section for detailed description of case management supervision component.)
Subtotal: Diagnosis		\$4,010,000		
Treatment				
1. Procure ACTs	USAID/Deliver Project	990,000	National	Procure and distribute approximately 2,000,000 ACTs. This represents roughly 40% of the projected nationwide need.
2. Procure injectable artesunate	USAID/Deliver Project	947,450	National	Procure and distribute approximately 106,000 treatments of injectable artesunate for severe malaria. This represents about 53% of the projected nationwide need.
3. Procure injectable artemether	USAID/Deliver Project	42,500	National	Procure and distribute approximately 27,200 treatments of injectable artemether for severe malaria. This represents about 53% of the projected nationwide need.
4. Procure rectal artesunate	USAID/Deliver Project	7,000	National	Procure and distribute about 15,000 treatments of rectal artesunate used for pre-referral for severe malaria cases to cover the entire projected nationwide need.

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5. Procure quinine tablets	USAID/Deliver Project	250,000	National	Procure and distribute approximately 4,000,000 quinine tablets for treatment of malaria in pregnancy during the first trimester.
6.BCC for case management	Stop Palu	Cost covered under BCC section	PMI Target Areas	FY 2014 funds will be used to fund integrated behavior change communication and education activities for communities to improve behaviors related to malaria prevention and treatment. The BCC supported in 2014 will target prevention activities, including use of LLINs and IPTp. BCC activities will also support appropriate care seeking behaviors, particularly at the community level through use of CHWs. Particular emphasis will be placed on prompt care-seeking for fever and other symptoms of malaria.
7. Clinical training/refresher training in malaria case management	Stop Palu	Cost covered under Case Management/Diagnostics section	PMI Target Areas	Training in RDT use, malaria case management, and malaria in pregnancy for health workers at hospitals, health centers, and health posts who have not been trained using previous years funds. Also, M&E training for district and regional level officials. Training of CHWs not yet trained in RDT use, in treatment of uncomplicated malaria and referral for patients with severe malaria, as well as referral of pregnant women to ANCs. Continue implementation of a comprehensive refresher training schedule for health workers and CHWs who have already received initial training.

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8. Supervision of health workers and CHWs	Stop Palu	Cost covered under Case Management/Diagnostics section	PMI Target Areas	Enhance clinical supervision at all levels of the health care system, including hospitals, health centers, health posts, and CHWs. District Health Team staff (<i>Département Préfectoral de Santé</i>) and regional health team staff (<i>Département Régional de Santé</i>) will be actively involved in supervision activities, along with health center staff for supervision of CHWs. Supervision visits will include observation of patient consultations and feedback to providers.
9. Community case management	Stop Palu	130,000	PMI Target Areas	Support the scale-up of community case management in PMI target areas, including management and logistic costs, and support for data management, as well as training of 650 CHWs.
Subtotal: Treatment		\$2,366,950		
Pharmaceutical Management				
1. Logistic management information systems	Systems for Improved Access to Pharmaceuticals and Services	100,000	National and Regional	Continued support to strengthen the Logistics Management Information System to enable the pharmaceutical system collect, compile and process consumption data throughout the health system in order to improve the forecasting, the procurement and the distribution of commodities. Includes procurement of computers, support for Internet connectivity, capacity building for quantification at the central level (PCG, DNPL) as well as at the regional, prefectures and district levels.

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2. Pharmaceutical systems reform	Systems for Improved Access to Pharmaceuticals and Services	250,000	National	Continue to support the reform of regulations governing the supply chain management system, including advocacy for signing a convention between the Government and PCG and improvement of the governance of PCG (renewal and functioning of the board, information sharing, civil society and private sector's participation, etc.).
3.Improve drug regulatory capacity	Systems for Improved Access to Pharmaceuticals and Services	300,000	National	Continue to support improvement of the regulatory and oversight capacities of the DNPL, revision of national list of essential drugs and enhanced control of compliance to the pharmaceutical policy and regulations by PCG and the private pharmacies network.
4. Commodity distribution	Systems for Improved Access to Pharmaceuticals and Services	412,000	National	Ensure distribution of PMI procured commodities down to the facility level.
5. Management of pharmaceutical supplies	SIAPS	650,000	National	Manage the distribution of PMI commodities down to the health facility level, including warehousing, transportation, storage and distribution.
Subtotal: Pharmaceutical Management		\$1,712,000		
MONITORING AND EVALUATION/OPERATIONS RESEARCH				
1. End-use Verification	Systems for Improved Access to Pharmaceuticals and Services	150,000	National	Provide support to monitor the availability and utilization of key antimalarial commodities at the health facility level.

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2. Health facility-based surveillance	Stop Palu	200,000	National	Revitalization of previously functioning sentinel sites (under previous Global Fund grants) in order to provide longitudinal data on trends in malaria cases throughout the country.
3. Routine system strengthening	Stop Palu	200,000	National	Implement activities to strengthen routine malaria data quality (including completeness, timeliness, and accuracy) and data use for decision making. Activities will be prioritized based on identified gaps and weaknesses.
4. ITN monitoring	Stop Palu	50,000	National	Support to monitoring ITN efficacy through targeted insecticidal content analyses of NetProtect nets distributed during the 2013-2014 LLIN universal coverage campaign.
5. Therapeutic efficacy study	Stop Palu	100,000	Select areas	Evaluate the efficacy of first and second-line ACTs in two of the four monitoring sites in the country using the standard WHO protocol.
6. Technical assistance for M&E	CDC IAA	25,000	National	Funding for two TA visits from CDC to provide technical support to the NMCP for ongoing M&E activities including routine system strengthening, NMCP M&E capacity building, surveillance, and therapeutic efficacy monitoring.
Subtotal: M&E		\$725,000		

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BEHAVIOUR CHANGE COMMUNICATION				
1. BCC for ITN and IPT use as well as for use of case management (RDT and ACT use)	Stop Palu	600,000	PMI Target Areas	BCC will be part of integrated communication package including ITN use and MIP and will include case management at both the facility and community levels, following national standards and in conjunction with what other donors are doing in their respective target areas. This activity will be implemented in health districts targeted by PMI, using the NMCP communication plan.
Subtotal: BCC		\$600,000		
HEALTH SYSTEMS STRENGTHENING/CAPACITY BUILDING				
1. Training of NMCP staff	Stop Palu	30,000	National and Prefectural	Training of NMCP personnel in Guinea based on clearly identified capacity building needs in areas such as M&E, case management, diagnostics, surveillance, or BCC. The NMCP will be asked to prioritize and justify training needs.
2. Management support for NMCP	Stop Palu	200,000	National and Prefectural	Support to the NMCP to assist them in team building, logistics and supervision, office management including communication capacity/connectivity, and M&E systems strengthening, electric supply through generator and laptop computers for district level health officers working on malaria.
3. Peace Corps Response Volunteer	Peace Corps/SPA	20,000	NA	Support to maintain two Response Volunteers in Conakry and to supervise volunteers throughout the country.
Subtotal: Capacity Building		\$250,000		

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STAFFING AND ADMINISTRATION				
1. USAID Resident Advisor and Locally Engaged Senior Malaria Advisor	USAID	975,000	Conakry	Support for one USAID PMI Advisor and one USAID locally-engaged senior malaria specialist as well as one CDC PMI Advisor, and all related local costs to sitting in USAID Mission.
2. CDC Resident Advisor	CDC IAA	58,550	Conakry	
Subtotal: In-country Management and Administration		\$1,033,550		
GRAND TOTAL		\$12,500,000		