

Table 2: FY 2014 Planned Obligations Kenya

PMI-Kenya FY2014 MOP					
Year 7: Table 2 (revised September 10, 2015)					
Proposed Activity	Mechanism	FY 2014 Budget	FY 2014 Commodities	Geographic area	Description of Activity
Indoor Residual Spraying					
IRS implementation and management	IRS2 Task Order	\$0	\$0	Endemic Counties	Support IRS in up to 3 endemic counties (estimated to reach 550,000 structures and up to 2 million people in each of the two rounds of IRS), in partnership with DJID, with a target of 85% coverage in all targeted areas. Reprogramming 1.1i: Activity canceled.
Entomological monitoring of IRS effectiveness in sprayed sub-county areas	CDC IAA (with sub-grant to KEMRI)	\$0	\$0	Endemic Counties	Continue insecticide resistance monitoring in endemic counties targeted for spraying by PMI in western Kenya, ento monitoring will also continue in areas where IRS is withdrawn. Activity is \$330,000 and will be funded by pipeline. Reprogramming 1.1 a: Apply pipeline to decrease funding to \$0.
Technical Assistance: CDC TDYs	CDC IAA (Atlanta)	\$24,000	\$0	Endemic Counties	Support two visits from CDC to provide assistance in implementing IRS activities.
Subtotal		\$24,000	\$0		
Insecticide Treated Nets					
Procure and distribute ITNs for routine distribution and the 2014/15 mass distribution campaign	DELIVER	\$11,707,173	\$11,707,173	Endemic/Epidemic Counties	Fill the ITN gap for continuous distribution and the 2014/2015 mass campaign by purchasing up to 1.8 million ITNs for routine and 1.45 million for the mass campaign. This funding for the mass campaign will be combined with prior years' funding to procure a total of 3.8 million nets for the 2014/15 mass net campaign. Routine distribution: free-of-charge to pregnant women and children under one through the ANC and child welfare care clinics. Nets are estimated at \$3.60 each. Reprogramming 1.1 b: Increased funding by \$5,157,173 for mass campaign nets.
Logistic and program support for ITN distribution to the routine and mass campaign activities	APHIAplus HCM	\$3,380,000	\$0	Endemic/Epidemic Counties	Provide logistical support, including transportation and storage of nets, for distribution of the 1.8 million ITNs within the national routine distribution system and 1.45 million ITNs for the 2014/15 mass campaign. Reprogramming 1.1 c: Increased funding by \$1,450,000 for mass campaign net distribution & change in mechanism. Reprogramming 2.1: Change mechanism Reprogramming 3.1: Increase funding by \$130,000
Microplanning for 2014/15 ITN mass campaign	AMP (IFRC)	\$200,000	\$0	Endemic/Epidemic Counties	Provide support to counties for microplanning for the 2014/15 mass ITN campaign. Reprogramming 1.3: New activity.

Support continuous distribution systems	New Mechanism	\$0	\$0	Selected Priority Endemic Counties	Support DOMC in follow-up activities and policy development based on the community-based ITN distribution pilot. This activity will support start-up costs for adoption of this new system in the remaining counties. Activities will include: supporting a national level technical working group meeting to review the evidence of the pilot and revise national policy, training-of-trainers for county-level officials to learn and adopt the new program, and the publication of job aids and training materials to support the roll out. Reprogramming 1.2 f: Change mechanism. Reprogramming 2.2: Cancel activity
Subtotal		\$15,287,173	\$11,707,173		
Malaria in Pregnancy					
Sensitize and train healthcare workers on MIP simplified guidelines and IPTp “memo”	MCSP	\$250,000	\$0	Priority Endemic Counties (Bungoma & Homa Bay)	All healthcare workers and CHEWs in Homa Bay and Bugoma counties will be sensitized and oriented on MIP using the memo and simplified guidelines. An estimated total of 2,500 healthcare workers will be reached. The orientation will include the use of the Ministry of Health IPTp memo and the current simplified MIP guidelines that have been developed and produced with PMI support. Reprogramming 1.2 a: Change mechanism. Reprogramming 2.3: Update mechanism name.
Sensitize, orientate, and supervise CHWs	MCSP	\$400,000	\$0	Priority Endemic Counties (Bungoma & Homa Bay)	This activity will include the orientation and training of CHWs on Community Malaria in Pregnancy. CHWs are trained to undertake BCC activities and to refer and track pregnant women to ensure that they receive IPTp at health facilities. An estimated 4,000 CHWs will be sensitized and oriented using the community strategy and other innovative community approaches. The target is to reach approximately 40,000 women of reproductive age with community MIP messages and services. Reprogramming 1.2 b: Change mechanism. Reprogramming 2.3: Update mechanism name.
Strengthen national and county level policy and monitoring capacity	MCSP	\$50,000	\$0	Priority Endemic Counties (Bungoma & Homa Bay)	Though most of the activity implementation will be at county level, limited support will be provided at the national level in the areas of policy and monitoring of MIP-specific activities. It is also expected that technical support will be provided to counties on MIP, as necessary. Reprogramming 1.2 c: Change mechanism. Reprogramming 2.3: Update mechanism name.
Subtotal		\$700,000	\$0		
Case Management					
Diagnostics					
Procure RDTs	DELIVER	\$2,200,000	\$2,200,000	Nationwide	In support of DOMC’s RDT scale-up plan, procure and distribute 5,000,000 RDTs to fill the complete gap at level 2 and 3 health facilities (dispensaries and health centers) in targeted counties and to provide RDT support for the community case management strategy (level 1). Reprogramming 1.1 d: Increase funding by \$700,000.

Procure additional RDTs	DELIVER	\$0	\$0	Nationwide	Procure approximately 992,000 RDTs for use in 2016 in level 2 and 3 health facilities to address the gap in RDTs. Reprogramming 2.9: New activity Reprogramming 3.2: Cancel activity.
Provide supportive supervision within the established quality assurance/quality control system on malaria diagnostics	MalariaCare	\$500,000	\$0	Endemic Counties	Support operationalization, scale-up and integration of QA/QC framework and systems for malaria diagnostics in endemic counties. Strengthen capacity of existing laboratory and healthcare staff for malaria diagnostics through supportive supervision, on-the-job training, and mentoring of county and subcounty level QA/QC officers. Conduct monitoring and evaluation of QA/QC officer performance and program implementation. Reprogramming 1.4 a: Change mechanism & scope.
Health facility assessment of diagnostics capacity	MalariaCare	\$500,000	\$0	Endemic Counties	Support an assessment to map the diagnostics capacity and an inventory of diagnostics resources in health facilities in order to determine where the training needs are for microscopy and RDTs. Reprogramming 1.5: New activity
Technical Assistance: CDC TDY	CDC IAA (Atlanta)	\$12,000	\$0	Nationwide	Support one CDC TDY to provide technical assistance for malaria diagnostics.
Subtotal		\$3,212,000	\$2,200,000		
Treatment					
Purchase AL and/or severe malaria medication	DELIVER	\$6,930,000	\$6,930,000	Nationwide	Procure and distribute up to 6.3 million AL treatments and severe malaria drugs, as needed, to fill in supply gaps in the public sector through September 2015. Procure severe malaria drugs, injectable artesunate, as needed. Reprogramming 1.1 e: Increase budget by \$1,395,000. Reprogramming 2.4: Increase budget by \$68,046. Reprogramming 3.3: Decrease budget by \$68,046.
Provide warehousing and distribution for RDTs and ACTs	KEMSA FARA	\$913,000	\$0	Nationwide	Provide warehousing and distribution for RDTs and ACTs from central level to facility level nationwide. Central medical stores transitioned from quarterly "push" supply system to an order-based (i.e., "pull") system from counties (by devolution). Reprogramming 1.6: New activity.
Strengthen supervision and mentorship for malaria case management and prevention	APHIA plus "Zone 1"	\$600,000	\$0	Counties in western Kenya	Strengthen supervision and mentorship for malaria control interventions with the county health management teams (CHMTs) at the health facility and community levels. Activities will include promotion of prevention and treatment activities.
Provide supportive supervision, training, and mentoring for healthcare providers for malaria case management	MalariaCare	\$500,000	\$0	Endemic & Epidemic Counties	Provide supportive supervision, training and mentoring for malaria case management at the health facility level in line with national case management guidelines to promote rational use of medicines. Reprogramming 1.4 b: New activity.
Stockpile epidemic response supplies	DELIVER	\$200,000	\$200,000	Targeted County(ies)	Support the procurement of supplies for epidemic response including: RDTs for diagnosis, ACTs and severe malaria medicines for large-scale treatment. May include ITNs if needed.
Subtotal		\$9,143,000	\$7,130,000		
Pharmaceutical Management					

Strengthen supply chain management for malaria commodities at the national level	HCSM	\$628,549	\$0	Nationwide	Support the DOMC and KEMSA to strengthen supply chain management and build capacity to ensure commodities data are available (through DHIS2) and used to accurately forecast and quantify commodity needs at the national level and prevent stock outs at all levels of the health system. Areas of technical and operational support to KEMSA will include warehousing, financial management, information systems and monitoring and evaluation of performance. Reprogramming 3.4: Increase budget by \$328,549.
Strengthen supply chain management for malaria commodities at the county, sub-county and health-facility levels	HCSM	\$900,000	\$0	Targeted Counties (Endemic & Seasonal)	Support throughout the supply chain (county, sub-county and health-facility levels) to build capacity and structures to ensure data is available and used to quantify commodity needs and plan orders to prevent stock outs. Activities will focus on improving the organization, management and security of commodities within regional and county warehouses, strengthening county systems to order, track and evaluate commodity distribution from KEMSA and transfer/redistribute commodities to alleviate supply shortages and avoid expiries. Supervision of stock monitoring, on-the-job training and collection of antimalarial drug consumption data. Assist with distributing job aids and materials to health facilities.
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. Reprogramming 1.2 d: Change mechanism.
Subtotal		\$1,828,549	\$0		
Monitoring & Evaluation					
Support the implementation of the National and County M&E plans	MEASURE Evaluation <i>PIMA</i>	\$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 revision of the national M&E plan and development of county M&E plans and activities. Assist with follow-up activities for the 2014 MIS. Update county malaria profiles.
Strengthen the malaria surveillance system	MEASURE Evaluation <i>PIMA</i>	\$200,000	\$0	Nationwide	Support rollout of the surveillance curriculum nationally and continuity of activities. Continue support for training healthcare workers on malaria surveillance and epidemic threshold setting. PMI will help to fill gaps in Global Fund support for surveillance. Continue with capacity building in counties, mentorship, maintenance of activities and reporting.
Support 2015 MIS	The DHS Project	\$200,000	\$0	Nationwide	Support 2015 MIS. Combined with previous years' funding. Reprogramming 3.6: New activity
Strengthen the Health Information System and the collection of information at the health facility and county level	Afya Info	\$200,000	\$0	Nationwide	Strengthen the malaria-specific reporting in the Health Information System's District Health Information System (DHIS2), which gathers routine data at the health facility level. Ensure malaria information is captured through the DHIS2. Continued to strengthen the malaria component of the DHIS2 system in a devolved context where M&E will remain at the national level.

Monitoring of interventions: the End-Use Verification tool/Quality of Care Survey	HCSM	\$100,000	\$0	Nationwide	Monitor quality of care for malaria case management and assess stock outs through the End-Use Verification tool.
Monitoring of interventions: <i>in vivo</i> drug efficacy monitoring	CDC IAA (with subgrant to KEMRI/CDC)	\$0	\$0	Nationwide	Continue <i>in vivo</i> drug efficacy monitoring to test the sensitivity of AL and examine efficacy of ACTs at two sites. Activity is \$150,000 and will be covered by pipeline. Reprogramming 1.1 f: Change mechanism and increase activity budget by \$100,000. Applying pipeline reduces the funding to \$0.
Monitoring of interventions: net durability monitoring	CDC IAA (with subgrant to LSTM)	\$285,000	\$0	Nationwide	Support year one of net attrition/durability, bioefficacy and insecticide content monitoring. Monitoring will be conducted on the nets distributed as part of all phases of the 2014/2015 mass net campaign. Reprogramming 1.7: New activity. Reprogramming 2.5: Change in mechanism.
RBM impact evaluation	MEASURE Evaluation <i>PLMA</i>	\$40,000	\$0	Nationwide	Support an evaluation of the impact of the malaria control program in Kenya between 2000–2014. This funding will be combined with funding in previous years for a total of \$120,000. Reprogramming 1.8: New activity.
Economic evaluation of ITN distribution channels	CDC IAA (with subgrant to LSTM)	\$200,000	\$0	Endemic/Epidemic Counties	Support an economic evaluation of the four current net distribution channels (mass campaign, ANC/child health clinics, continuous distribution using CHVs/vouchers and social marketing). The results from this study will inform future distribution channels in Kenya in a declining funding environment and a transition to county governance. Reprogramming 1.9: New activity. Reprogramming 2.6: Change in mechanism and redesignation of activity as M&E.
Technical Assistance: CDC TDYs	CDC IAA (Atlanta)	\$24,000	\$0	Nationwide	Support two CDC TDYs to provide technical assistance for M&E activities and the Kenya National Malaria Forum. Reprogramming 1.1 g: Increase budget by \$12,000.
Subtotal		\$1,749,000	\$0		
Operations Research					
Subtotal		\$0	\$0		
Behavior Change and Communication					
Integrated community-based IEC/BCC	APHIAplus HCM	\$900,000	\$0	Targeted Endemic Counties	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, such as IPC. 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 during public gatherings where messages are delivered through public address systems. Reprogramming 1.2 g: Change mechanism. Reprogramming 2.1: Change mechanism

National IEC/BCC promotion and material production	APHIAplus HCM	\$100,000	\$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 meetings with donors working in the malaria constituency to monitor and advise on their progress in malaria control interventions. Activities will help strengthen the Division of Health Promotion. Reprogramming 1.2 h: Change mechanism. Reprogramming 2.1: Change mechanism
Interpersonal communication activities supporting the 2014/15 mass ITN campaign	APHIAplus HCM	\$500,000	\$0	Endemic/Epidemic Counties	Support BCC/IEC interpersonal communication activities surrounding the mass net distribution campaign to increase usage of the newly distributed nets. Reprogramming 1.10: New Activity. Reprogramming 2.1: Change mechanism
Peace Corps support	APHLAplus HCM	\$0	\$0	Nationwide	Continue PC activities and support three malaria PCV's. Reprogramming 1.2 i: Change mechanism. Reprogramming 2.7: Cancel activity
Subtotal		\$1,500,000	\$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 mentorship; ensure the technical working groups are strengthened and hold regular meetings. Reprogramming 1.2 j: Change mechanism. Reprogramming 2.1: Change mechanism
Support for new county malaria control programs	ASSIST	\$300,000	\$0	Priority Endemic Counties	Strengthen malaria coordinators at the county level to ensure that they are able to manage the new county-level malaria programs that need to be operationalized. Support emerging malaria control issues at the county level. Reprogramming 1.2 e: Change mechanism.
Support FELTP	CDC IAA (Atlanta)	\$60,000	\$0	Nationwide	Train one FELTP trainee for a two-year secondment, upon graduation to the DOMC or county malaria control program to increase the long-term capacity within the country to carry out appropriate program planning, implementation and monitoring and evaluation. The budget for each trainee includes tuition, stipend, laptop, materials, training and travel for the two years.
Subtotal		\$610,000	\$0		
Staffing and Administration					
USAID in-country administration and staffing	USAID	\$386,651	\$0	Nationwide	USAID Staffing and Mission wide support efforts Reprogramming 1.1 g: Decreased funding by \$384,800. Reprogramming 2.8: Decreased funding by \$68,046. Reprogramming 3.5: Decreased funding by \$260,503.
CDC in-country administration and staffing	CDC IAA (Atlanta)	\$559,627	\$0	Nationwide	CDC Advisor Staffing and support costs Reprogramming 1.1 h: Decreased funding by \$5,373.
Subtotal		\$946,278	\$0		
GRAND TOTAL		\$35,000,000	\$21,037,173		