

Table 2
 President's Malaria Initiative - Cambodia
 Planned Obligations for FY 2016 - Revised September 15, 2016

Proposed Activity	Mechanism	Budget		Geographic Area	Description
		Total \$	Commodity \$		
PREVENTIVE ACTIVITIES					
Insecticide-treated Nets					
LLIN/LLIHN procurement	GHSC-PSM	1,437,000	1,437,000	5-8 Operational Districts	Support for approximately ~60,000 LLINs and LLIHNs (hammocks) for focus areas mainly targeting migrant and mobile populations. Support for an additional 300,000 LLIN/LLIHN to fill the gap for CNM when NFM ends by Dec 2017. CNM will use GF funds to distribute these nets to communities and campaign.
Community level distribution and promotion of ITNs	TBD	200,000		5-8 Operational Districts	Support of a comprehensive package for distribution of LLINs (approximately \$1/LLIN), including pre-distribution micro-planning, tailored BCC on the promotion and use of LLINs, and LLIN monitoring at household level post-distribution by VMWs
Assessment of sleeping habit and risk behaviors of farmers	TBD	80,000		Selected sites	Assessment of sleeping habits and malaria risk behaviors of farmers/mobile workers
Net preference study	TBD	150,000		Selected sites	Longitudinal study to assess the impact of net characteristics on net use to inform procurement policies and practices
SUBTOTAL ITNs		1,867,000	1,437,000		
Indoor Residual Spraying					
SUBTOTAL IRS			0		
Malaria in Pregnancy					
Strengthening Malaria in Pregnancy					see case management
Subtotal Malaria in Pregnancy			0		
SUBTOTAL PREVENTIVE		1,867,000	1,437,000		
CASE MANAGEMENT					
Diagnosis and Treatment					
Procurement of RDTs	GHSC-PSM	75,000	75,000	5-8 Operational Districts	~110,000 RDTs and microscopy supplies procured for focus areas for use by community level health volunteers with expansion to new operational

Procurement of antimalarial drugs	GHSC-PSM	50,000	50,000	5-8 Operational Districts	Procure ~50,000 ACTs or other first line treatment for use by community level health volunteers or workers; targeting migrant and mobile populations and to fill commodity gaps in public and private sector.
Quality assurance of case management in the private sector	TBD	400,000		5-8 Operational Districts	Improve quality of private sector case management through medical detailing, monitoring and supervision; provision of malaria data to national surveillance system
Case management at the community level, including implementation, training and supervision	TBD	1,269,000		5-8 Operational Districts	Training and supervision of community based malaria case management activities both broadly and in relation to malaria elimination; includes specific case management practices for malaria in pregnancy
Subtotal Diagnosis and Treatment		1,794,000	125,000		
Pharmaceutical Management					
Supply chain strengthening	GHSC-PSM	283,000		National	Strengthening the pharmaceutical management systems, forecasting, quantification, management and distribution of pharmaceuticals and RDTs. Emphasis on country specific TA for supply chain strengthening.
Drug Quality Assurance	USP-PQM	128,000		National	Support for DDF lab to reach ISO certification.
Subtotal Pharmaceutical Management		411,000	0		
SUBTOTAL CASE MANAGEMENT		2,205,000	125,000		
HEALTH SYSTEM STRENGTHENING / CAPACITY BUILDING					
Capacity building for in-country coordination and support by CNM and PHDs	TBD	100,000			Capacity building for CNM and PHDs/ODs to support oversight and management of control and elimination activities
Landscaping of performance-based financing	TBD	50,000		National	Landscaping of existing incentive structures of VMWs/ HF/OD staff to inform possible performance-based financing strategies
SUBTOTAL HSS & CAPACITY BUILDING		150,000	0		
BEHAVIOR CHANGE COMMUNICATION					

BCC community -level implementation	TBD	150,000		5-8 Operational Districts	Support for developing and implementing effective BCC approaches for control and intensified approaches for elimination activities (e.g., early detection and treatment of individual cases, conducting case notification, investigations, timely responses to cases, strategies to educate malaria patients on the importance of case follow-up and regimen adherence, etc.)
SUBTOTAL BCC		150,000	0		
MONITORING AND EVALUATION					
M&E strengthening	TBD	223,000		National	Build capacity at PHD/OD level to collect, analyze and use data; transition to MIS2 platform, including software development and training.
Enhanced surveillance and M&E in elimination settings	TBD	300,000		5-8 Operational Districts	Support for implementing case-based, real-time reporting system in elimination ODs, including training and use of electronic reporting. Includes costing of elimination-specific activities
CDC technical assistance for M&E	CDC IAA	0		National	2 TDYs for M&E support
Therapeutic efficacy surveillance studies	WHO consolidated grant	270,000		Selected sites	For TES implementation costs and PfMDR and K13 or other genetic marker backup testing to support drug policy decisions
Entomology surveillance and vector control	TBD	200,000		Selected sites (2-3 sites)	Focus on increasing capacity and range of surveillance for insecticide resistance; ad hoc entomological surveys to improve information on malaria transmission risk in particular ecosystems.
CDC technical assistance for entomologic surveillance	CDC IAA	0		National	2 TDYs for entomologic support
SUBTOTAL M&E		993,000	0		
OPERATIONS RESEARCH					
SUBTOTAL OR		0	0		
IN-COUNTRY STAFFING AND ADMINISTRATION					
USAID RA Cambodia	USAID	400,000			One RA salary cost
USAID FSN Cambodia	USAID	100,000			One FSN salary cost
Cambodia Mission support	USAID	120,000			2% Mission administrative costs
RDMA FSN and RA travel	USAID	15,000			TA travel from RDMA
SUBTOTAL IN-COUNTRY STAFFING		635,000	0		
GRAND TOTAL		6,000,000	1,562,000		