

Table 2
President's Malaria Initiative - Liberia
Planned Obligations for FY 2016
(Updated September 27, 2016)

| Proposed Activity | Mechanism | Budget | | Geographical area | Description |
|--|-------------|------------------|------------------|-------------------|--|
| | | Total \$ | Commodity \$ | | |
| PREVENTIVE ACTIVITIES | | | | | |
| Insecticide Treated Nets | | | | | |
| Procure LLINs | GHSC-PSM | 1,152,000 | 1,152,000 | Nationwide | Procure about 320,000 LLINs for routine distribution (ANC and institutional delivery) |
| Distribute LLINs | GHSC-PSM | 320,000 | | Nationwide | LLIN distribution (including warehousing and transportation down to facility level at an average cost of about \$1 per net) |
| Technical assistance for continuous distribution | VectorWorks | 200,000 | | Nationwide | Assistance for continuous distribution system at health facilities (including training, printing) |
| Technical assistance for 2018 mass campaign planning | IFRC (AMP) | 100,000 | | Nationwide | Support for planning the 2018 mass LLIN campaign |
| SUBTOTAL - ITNs | | 1,772,000 | 1,152,000 | | |
| Indoor Residual Spraying and Entomological Monitoring | | | | | |
| Increase NMCP entomology capacity and entomological monitoring | IRS TO6 | 500,000 | | Nationwide | Provide training, equipment and supplies for NMCP entomology technicians, including insectary support and support for entomology sentinel site monitoring and resistance testing |

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| Technical assistance for vector control activities | CDC | 29,000 | | Nationwide | Two visits to assist with training and to monitor planning and implementation of vector control activities |
| SUBTOTAL - Entomological Monitoring | | 529,000 | 0 | | |
| Malaria in Pregnancy | | | | | |
| Procure SP | GHSC-PSM | 84,000 | 84,000 | Nationwide | Procure 546,871 SP for the end of 2016 and all of 2017 |
| In-service training and supervision for health care workers at ANC facilities | FARA | 450,000 | | Bong, Nimba, Lofa | At the facility level continue in-service training and supervision of health workers for malaria in pregnancy; community outreach (MOH activity is nationwide with our contribution covering 3 counties) |
| Improve quality of care and adherence to standards for MIP | CSH | 100,000 | | Bong, Nimba, Lofa | Strengthen QA/QC and quality improvement through technical assistance for supportive supervision at county and facility level for improving MIP practices; support the Liberian Board of Nursing & Midwifery to integrate MIP activities into practical training activities and support quarterly joint monitoring and supervision visits of six training sites for certified midwives |
| Improve quality of care and adherence to standards for MIP | MCSP | 200,000 | | 12 non-USAID focus counties | Strengthen QA/QC and quality improvement through technical assistance to enable effective training and supportive supervision at county and facility level for improving MIP practices |
| SUBTOTAL - MIP | | 834,000 | 84,000 | | |
| TOTAL PREVENTIVE | | 3,135,000 | 1,236,000 | | |

CASE MANAGEMENT

Diagnosis & Treatment

| | | | | | |
|---|----------|-----------|-----------|----------------------------|---|
| Procurement of RDTs | GHSC-PSM | 1,320,000 | 1,320,000 | Nationwide | Procure 2.4 million RDTs to help fill gap |
| Procure laboratory supplies | GHSC-PSM | 100,000 | 100,000 | Nationwide | Procure laboratory supplies, including reagents, for health facilities and national reference lab |
| Procure ACTs | GHSC-PSM | 1,233,638 | 1,233,638 | Nationwide | Procure 1,900,000 ACT doses for public and private facilities and community treatment |
| Procure severe malaria medications | GHSC-PSM | 222,025 | 222,025 | Nationwide | Procure treatments for severe malaria (e.g. injectable artemether and injectable artesunate) |
| Capacity development and supportive supervision for facility-based health workers in malaria diagnosis and in prompt and appropriate treatment of malaria | FARA | 550,000 | | Bong, Nimba, Lofa | Continue support to health facilities for early and accurate diagnosis of malaria cases and appropriate and prompt treatment (MOH activity is nationwide with our contribution covering 3 counties) |
| Technical assistance for capacity development and supportive supervision for malaria diagnosis and case management | CSH | 300,000 | | Central, Bong, Lofa, Nimba | Support NPHRL, NDU, and NMCP with technical assistance to enable effective training and supportive supervision at county and facility level for improving malaria diagnostics and case management; support the laboratory/diagnostic training costs for at least ten students to complete lab tech certification (nationwide placement) |

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|--|---|---------|--|---|--|
| Technical assistance for capacity development and supportive supervision for malaria diagnosis and case management | MCSP | 400,000 | | 12 non-USAID focus counties | Strengthen QA/QC and quality improvement through technical assistance to enable effective training and supportive supervision at county and facility level for improving malaria diagnostics and case management |
| Support capacity development of community-based health workers in prompt and appropriate treatment of malaria | FARA | 455,000 | | Bong, Nimba, Lofa | Continue support for appropriate and prompt treatment and early referral of malaria cases, with an emphasis on iCCM |
| Technical assistance for iCCM scale-up | PACS | 600,000 | | Central, Bong, Nimba, Lofa, Margibi, Grand Bassa, rural Montserrado | Support MOH at central and county level to scale up iCCM, and support service delivery grants to civil society organizations to accelerate scale-up |
| Technical assistance for iCCM scale-up | TBD – Technical assistance for non-focus counties | 0 | | non-USAID focus counties | Strengthen QA/QC and quality improvement through technical assistance to enable effective training and supportive supervision for iCCM in counties not covered by USAID, UNICEF and other partners |
| Technical assistance to support case management supervision in private sector health facilities | CSH | 0 | | Bong, Nimba, Lofa | Support for strengthening malaria case management in the private sector facilities (private clinics) |
| Technical assistance to support case management supervision in private sector health facilities | MCSP | 150,000 | | Nationwide | Support for strengthening malaria case management in the private sector facilities |
| Technical assistance for malaria diagnostics | CDC | 10,000 | | Nationwide | Technical assistance visit to support efforts of the NMCP to review diagnostic guidelines and improve the rollout of malaria diagnostics |
| Technical assistance for malaria case management | CDC | 20,000 | | Nationwide | Technical assistance to support TES |

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| SUBTOTAL - Diagnosis & Treatment | | 5,360,663 | 2,875,663 | | |
| Pharmaceutical Management | | | | | |
| Support to extend the LMIS | CSH | 50,000 | | Nationwide | Implement revised LMIS and improve availability and use of consumption data at county and facility level |
| Strengthen supply chain management (central level) | GHSC-PSM | 589,088 | | Nationwide | Support new NDS warehouse operations, ongoing mentoring to SCMU, supervision, forecasting, and quantification in line with revised SCMP |
| Strengthen supply chain management (county/district level) | GHSC-PSM | 450,000 | | Bong, Nimba, Lofa, Margibi, Montserrado | Expand support to county depots and CHTs to rationalize commodity mgmt, storage, supervision distribution, and reporting in line with revised SCMP |
| Monitor antimalarial drug quality and support regulation and rational use of pharmaceuticals | PQM | 300,000 | | Nationwide | To help strengthen LMHRA drug quality testing and sampling and strengthen LMHRA, Pharmacy Board & MOH systems for pharmaceutical regulation |
| Regulation and rational use of pharmaceuticals | CSH | 0 | | Central | To help strengthen LMHRA, Pharmacy Board & MOH systems for pharmaceutical regulation |
| SUBTOTAL - Pharmaceutical Management | | 1,389,088 | 0 | | |
| TOTAL CASE MANAGEMENT | | 6,749,751 | 2,875,663 | | |
| HEALTH SYSTEM STRENGTHENING/CAPACITY BUILDING | | | | | |
| Technical assistance to strengthen management, leadership and planning capacity of NMCP | LMG | 479,791 | | Central | LTTA to strengthen NMCP's management and oversight capacity both internally and externally at central level |

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|---|------|----------------|----------|---|--|
| Technical assistance to strengthen technical capacity of NMCP | MCSP | 150,000 | | Central and other 12 counties | LTTA to strengthen NMCP's technical capacity (e.g. NMCP support to counties) |
| Support for strengthening NMCP and CHT capacity for program management | CSH | 150,000 | | Central, Bong, Nimba, Lofa | Support to the central MOH/NMCP and CHTs to strengthen cross-cutting health systems functions to improve management & governance of the health system, and support decentralization; support technical capacity building of NMCP staff (including attendance at international meetings and training courses) |
| TOTAL CAPACITY BUILDING | | 779,791 | 0 | | |
| BEHAVIOR CHANGE AND COMMUNICATION | | | | | |
| Interpersonal communication and BCC | FARA | 400,000 | | Bong, Nimba, Lofa, Margibi, Montserrado | Implement integrated interpersonal communication activities, including health care worker training, to promote all aspects of malaria interventions |
| Support for BCC through community health services interventions / interpersonal communication, TA for mass media communications | PACS | 200,000 | | Central, Bong, Lofa, Nimba | Disseminate messaging for all malaria interventions, including a focus on BCC for LLINs, iCCM, and testing prior to treatment, including private sector. |
| Support for BCC through community health services interventions / interpersonal communication, TA for mass media communications | MCSP | 250,000 | | 12 non-USAID focus counties | Disseminate messaging for all malaria interventions, including a focus on BCC for LLINs, iCCM, and testing prior to treatment, including private sector |
| TOTAL BCC | | 850,000 | 0 | | |

MONITORING AND EVALUATION

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|---|------|---------|--|-----------------------------|---|
| Strengthen data collection and dissemination for decision making (national level) | CSH | 100,000 | | Central | Improve the triangulation of malaria data from HMIS, household surveys, health facility surveys and partner reports to inform decision making at the central level; strengthen malaria reporting in HMIS; improve translation of HMIS data to strengthen malaria programming at the central level |
| Strengthen data collection and use (county level) | CSH | 100,000 | | Bong, Nimba, Lofa | Support the county health team and the individuals (M&E mentors) embedded there to collect data through the HMIS and utilize the data to track malaria trends in the health facilities in each county and to incorporate community data from gCHVs in the revised DHIS2 system |
| Strengthen data collection and use (county level) | MCSP | 200,000 | | 12 non-USAID focus counties | Support the county health team and the individuals embedded there to collect data through the HMIS and utilize the data to track malaria trends in the health facilities in each county and to incorporate community data from gCHVs in the revised DHIS2 system |

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|--|-----------|-------------------|------------------|------------|--|
| LTTA for M&E at the NMCP | TBD | 350,000 | | Nationwide | Support a LTTA to strengthen the M&E capacity of the NMCP, including planning, collection and analysis of data |
| Malaria M&E Training | TBD | 100,000 | | Nationwide | Support malaria M&E trainings targetting county M&E officers and/or MOH and NMCP staff |
| DHS 2019 | TBD | 0 | | Nationwide | Malaria contribution to planning for 2019 DHS |
| End-use verification tool | CSH | 100,000 | | Nationwide | To support NMCP in the implementation of End-Use Verification Tool |
| Therapeutic Efficacy Monitoring | CSH | 150,000 | | Nationwide | Support in vivo drug efficacy monitoring of first-line antimalarials in two sites |
| Technical assistance for M&E | CDC | 10,000 | | Nationwide | Technical visits to support monitoring and evaluation activities |
| TOTAL M&E | | 1,110,000 | 0 | | |
| STAFFING AND ADMINISTRATION | | | | | |
| In-country staffing and administration | USAID/CDC | 1,375,458 | 0 | Monrovia | Salaries and benefits, as well as administrative-related costs of in-country PMI staff, and support of activities as needed by the Mission |
| TOTAL STAFFING AND ADMINISTRATION | | 1,375,458 | 0 | | |
| GRAND TOTAL | | 14,000,000 | 4,111,663 | | |