

Table 2: Budget Breakdown by Activity
U.S. President's Malaria Initiative -- Ghana
Planned Malaria Obligations for FY2017 - Revised May 2018

Proposed Activity	Mechanism	Budget		Geographic Area	Description
		Total \$	Commodity \$		
PREVENTIVE ACTIVITIES					
VECTOR MONITORING AND CONTROL					
Entomological monitoring and insecticide resistance management					
Support nationwide entomological and insecticide resistance monitoring	VectorLink	\$50,000	\$0	National	In collaboration with other partners and national research institutions, continue to support entomological and insecticide resistance monitoring at a network of 10 sites nationwide. PMI will provide technical assistance, equipment, training, and funding for routine data collection. These resources will leverage other vector-control partner resources for entomological and insecticide resistance monitoring activities and will help fill gaps to ensure national coverage. RR FY2017 (2): Changed mechanism.
		\$185,500	\$0	7 districts	IRS routine entomological monitoring will continue at existing 14 entomological monitoring sites in Northern Region and include: WHO bottle assay insecticide susceptibility testing (with molecular and genetic resistance testing being subcontracted to Noguchi), cone bio-assays (for spray quality and durability of insecticide), and the determination of EIRs and parity rates from indoor and outdoor human landing catches and pyrethroid spray catches. RR FY2017 (2): Changed mechanism.
Subtotal: Entomological Monitoring		\$235,500	\$0		
Insecticide Treated Nets					
Procurement of ITNs	GHSC-PSM	\$5,922,000	\$5,922,000	National	Procure approximately 1.69 million long-lasting ITNs to support continuous channels (320,000) and the planned national mass campaign (1.3 million) to contribute towards maintaining universal coverage of ITNs and (72,000) towards 2019 school distribution. RR FY2017: Increased budget to \$6,572,000 and increased number of ITNs to 1.69 million. RR FY2017 (2): Decreased budget to \$5,922,000 to reflect actual cost of procuring 1.69 million ITNs.

ITN durability monitoring	VectorWorks	\$350,000	\$0	Select monitoring sites - TBD	Support year 1 of monitoring a sample of nets from the mass campaign planned to begin in January 2018 to assess attrition, physical durability, insecticide effectiveness and insecticide content analysis. Year one funds will support the identification of monitoring sites, preparing IRB, study activities, baseline and 12-month surveys. RR FY2017: New activity.
Procure tablets for mass distribution	VectorLink	\$175,000	\$0	National	Support the procurement of 500 tablets (at \$350 each) for electronic household registration in preparation for the 2018 mass campaign. RR FY2017: New activity.
Distribution of ITNs, including support for local ITN distribution activities and strengthening the supply chain	VectorWorks	\$1,600,000	\$0	National	Provide technical assistance for continuous distribution of ITNs through health facilities (ANCs and CWCs) and mass distribution to the GHS/NMCP. Funds will support the costs of training, planning, supervision, operations, and M&E. RR FY2017: Updated activity description.
SUBTOTAL: ITNs		\$8,047,000	\$5,922,000		
Indoor Residual Spraying					
IRS implementation and management	VectorLink	\$4,814,500	\$1,588,785	7 Districts	Support IRS implementation and programmatic evaluation in seven districts in the Northern Region. Funding will support entomological monitoring, spray operations, data collection, environmental assessment and compliance monitoring, SBCC activities including community mobilization, procurement of insecticide and equipment; support for supervision ; and collaboration with partners in up to six districts. Programmatic evaluation includes the M&E activities that measure the performance of IRS. RR FY2017: Revised activity description to reflect IRS in seven districts. RR FY2017 (2): Changed mechanism.
TA to support entomologic monitoring for IRS	CDC IAA	\$29,000	\$0	National	Provide technical assistance and quality assurance, through two visits by a CDC entomologist, for ongoing entomologic monitoring of the PMI-funded IRS program
SUBTOTAL: IRS		\$4,843,500	\$1,588,785		
Malaria in Pregnancy					

Strengthen provision of malaria prevention tools through ANC clinics	Systems for Health	\$275,000	\$0	5 USAID focus regions	Support ANC clinics health facilities and CHPS compounds to effectively deliver a package of malaria prevention services to pregnant women, including supportive supervision, on-site training, provision of IPTp at every ANC visit, ensure distribution of an ITN to every pregnant woman at first ANC visit. RR FY2017: Reduced budget from \$550,000 to allow for same activities are implemented in non-focus regions.
	Impact Malaria	\$275,000	\$0	5 non-USAID regions	Support ANC clinics health facilities and CHPS compounds to effectively deliver a package of malaria prevention services to pregnant women, including supportive supervision in coordination with GHS under World Bank funding, on-site training, provision of IPTp at every ANC visit, ensure distribution of an ITN to every pregnant woman at first ANC visit. RR FY2017: New activity to ensure the same activities are implemented in non-focus regions. RR FY2017 (2): Changed mechanism
Subtotal: Malaria in Pregnancy		\$550,000	\$0		
Seasonal Malaria Chemoprevention					
Procure SP/AQ	PSM	\$650,000	\$650,000	Northern region	Support approximately one-half of the required SP/AQ for the June 2019 SMC campaign in Northern regions. RR FY2017 (2): New activity
Subtotal: SMC		\$650,000	\$650,000		
SUBTOTAL: PREVENTIVE ACTIVITIES		\$14,326,000	\$7,510,785		
CASE MANAGEMENT					
Diagnosis and Treatment					
Procurement of RDTs	GHSC-PSM	\$2,120,000	\$2,120,000	National	Procure approximately 4,000,000 RDTs, to fill identified gaps and ensure that health facilities maintain capacity to test fevers and diagnose malaria cases.
Procurement of ACTs	GHSC-PSM	\$2,000,000	\$2,000,000	National	Procure approximately 2 million ACTs, to meet the estimated national ACT needs for 2018.

Procurement of severe malaria treatment	GHSC-PSM	\$429,000	\$429,000	National	Support the national injectable and rectal artesunate needs for severe malaria: procure approximately 150,000 ampules of injectable artesunate (100 mg/1ml). Procure an estimated 100,000 rectal artesunate suppositories (50mg/1ml and 200mg/1ml).
Procure microscopes and supply kits	GHSC-PSM	\$150,000	\$150,000	National	Procure approximately 60 microscopes and supply kits to support prompt diagnosis at hospitals. PMI will work with the GHS CLU to ensure microscopes are distributed to new facilities or facilities without a functioning microscope. RR FY2017: New activity to respond to need identified during recent laboratory OTSS field visits.
Strengthen quality of malaria microscopy capacity in laboratories	Impact Malaria	\$200,000	\$0	National	Conduct malaria diagnostic refresher training and provide registers at the national level quarterly targeting lab supervisors. RR FY2017: Increased budget from \$100,000 to \$200,000 to increase number of laboratorians trained by MDRTs. RR FY2017 (2): Changed mechanism.
	G2G (CLU)	\$300,000	\$0	National	Conduct quarterly laboratory OTSS and malaria diagnostic refresher training nationwide, at the national level to support continued quality improvements to malaria microscopy and RDT use and scale up, including improvement of coordination between laboratory staff and prescribers. RR FY2017: Changed mechanism.
Strengthen the community-based management of fever via CHPS compounds	Systems for Health	\$300,000	\$0	5 USAID focus regions	Support in-service training and facilitating supportive supervision to the community-based volunteers by the designated CHPS point of contact. Provide CHPS nurses with targeted supervision and mentorship in district and regional hospitals. RR FY2017: Updated activity name. Reduced budget from \$600,000 to allow for same activities are implemented in non-focus regions.
	Impact Malaria	\$300,000	\$0	5 Non-USAID focus regions	Support in-service training and facilitating supportive supervision to the community-based volunteers by the designated CHPS point of contact. Provide CHPS nurses with targeted supervision and mentorship in district and regional hospitals. RR FY2017: New activity to ensure the same activities are implemented in non-focus regions. RR FY2017 (2): Changed mechanism

Strengthen the provision and quality of malaria case management at health facilities	Systems for Health	\$675,000	\$0	5 USAID focus regions	Support the district hospitals, health centers, and CHPS compounds to provide high quality malaria case management through routine clinical OTSS Malaria focused health system strengthening will also be employed to support improved cases management. RR FY2017: Reduced budget from \$850,000 to allow for same activities are implemented in non-focus regions.
	Impact Malaria	\$675,000	\$0	5 non-USAID focus regions	Support the district hospitals, health centers, and CHPS compounds to provide high quality malaria case management through routine clinical OTSS Malaria focused health system strengthening will also be employed to support improved cases management. RR FY2017: New activity to ensure the same activities are implemented in non-focus regions. RR FY2017 (2): Changed mechanism.
Provide technical assistance to support GHS and NMCP	Impact Malaria	\$150,000	\$0	National	At the national level, provide critical level technical assistance to the GHS and the NMCP to strengthen national oversight of malaria case management, including activities such as: support for case management technical working groups, revision of guidelines. RR FY2017: Reduced budget from \$250,000 to \$150,000. RR FY2017 (2): Changed mechanism.
	TBD service delivery	\$0	\$0	5 non-USAID focus regions	In the five non-USAID focus regions, support the regional and district facilities to provide high quality malaria case management. This support will be provided through routine clinical OTSS visits Support national-level case management work with GHS and NMCP. RR FY2017: Reduced budget from \$650,000 to \$0.
Provide technical assistance to improve malaria case management at the national and regional levels	G2G (ICD)	\$150,000	\$0	National	Provide financial support to GHS to support national supportive supervision policy and guideline development, and to develop or adapt tools to facilitate implementation. Support will also include implementation of clinical OTSS regional teams. Assist the regional OTSS teams with improved management, leadership, data management and supervision. RR FY2017: Reduced from \$300,000 to \$150,000. Updated activity description. Changed mechanism.

Support pre-service training for health care workers and physicians to improve malaria case management capacity	MCSP	\$0	\$0	National	Support pre-service training and skills lab-based practical application of training for general nurses, midwives, and medical assistants to improve competencies in knowledge, skills, and practices for malaria diagnosis and case management and malaria in pregnancy, in compliance with GHS guidelines and protocols. RR FY2017: Reduced budget from \$400,000 to \$0.
Support NHIA to implement clinical audits	G2G (NHIA-Clinical)	\$0	\$0	National	Continue support for NHIA to conduct clinical audits to improve treatment standards and the quality of service provision among accredited providers, to ensure adherence to standard protocols, and to check against fraud and abuse. RR FY2017: Reduced budget from \$325,000 to \$0.
Technical assistance for diagnostics	CDC IAA	\$10,000	\$0	National	Provide technical assistance for lab OTSS, proficiency testing, microscopy quality assurance, and RDT proficiency and scale-up.
Subtotal: Diagnosis and Treatment		\$7,459,000	\$2,579,000		
Pharmaceutical Management					
Support supply chain system strengthening	GHSC-PSM	\$1,200,000	\$0	National	Provide technical assistance for strengthening logistics, warehousing and distribution to improve availability of malaria commodities, in accordance with the national Supply Chain Master Plan. Activities will focus on addressing bottlenecks in finance, management, forecasting, transportation and reporting systems. Support quarterly end user verification activities.
Strengthen the district level supply chain system including last mile distribution	GHSC-PSM	\$550,000	\$0	National	Support distribution to the district and facility levels. Facilities will receive supportive supervision on supply chain management which will focus on reviewing logistics records (stock cards, logistics management information system), assessing stock status of commodities, conducting physical inventory, and assessing the storage conditions. Continuous on-the-job training will be provided and action plans will be developed to improve supply chain management. RR FY2017: Changed mechanism, revised activity title and description to reflect focus on last mile distribution, and revised geographic scope of activity.
Strengthen drug quality monitoring capacity	USP-PQM	\$150,000	\$0	National	Provide support for the strengthening of anti-malaria drug quality monitoring in collaboration with the Ghana FDA, consolidate the recent expansion of the post-market surveillance. Support to Ghana FDA for increased enforcement capacity and education to heighten responsiveness to counterfeit and substandard medicines will continue. Support Ghana FDA for routine audits to keep its ISO 17025 accreditation. Lot and batch testing for locally procured ACTs.
Subtotal: Pharmaceutical Management		\$1,900,000	\$0		

SUBTOTAL: CASE MANAGEMENT		\$9,359,000	\$2,579,000		
HEALTH SYSTEM STRENGTHENING / CAPACITY BUILDING					
Build management capacity at NMCP, GHS and other GOG partners	Systems for Health	\$100,000	\$0	National	Continue to provide support to the NMCP, GHS, and GOG for technical capacity building and improved malaria control systems. This activity will support: 1) attendance in malaria-specific trainings, conferences by select NMCP, GHS, and GOG employees to further build in-country capacity; 2) assisting NMCP with organizing meetings that are important for planning and management of malaria prevention and control activities; and 3) supporting limited information technology investments, such as computers, laptops, internet connection at the GHS's Regional Health Directorate level to ensure timely data reporting to DHIMS2.
Ensure the sustainability of NHIA to provide access to appropriate malaria treatment	HFG	\$300,000	\$0	National	Provide technical assistance to the scale-up of a primary health care capitated package of services to three additional regions; Improve provider incentives to ensure appropriate case management services by working with key stakeholders to identify examples of best practices, real time data analysis, and communication materials to address the incentive constraints introduced with the preferred provider system. Refinement of diagnostic related groups to cut costs and as a tool to monitor clinical performance; strengthen claims management, drug payment and drug supply management to ensure the continued sustainability of the NHIA RR FY2017: Revised activity title. Changed mechanism from TBD.
Support NHIA capitation roll out	G2G (NHIA-Communications)	\$0	\$0	National	Support provider training on capitation on how purpose and how to report packages in capitation. Additionally to support communication efforts to facilitate NHIA capitation roll out to additional regions, with the goal of promoting enrollment in NHIA and informing the public about how to access NHIA-accredited facilities among the general population. It is anticipated that this investment will contribute towards strengthening the overall program, increase enrollment and reduce the risk of insolvency. RR FY2017: Reduced budget from \$350,000 to \$0.
Strengthen the role of civil society in malaria advocacy	People for Health	\$200,000	\$0	3-4 USAID focus regions	Build the capacity of local Ghanaian non-governmental organizations and civil society organizations to monitor the quality and ease of access to health services, with a focus on malaria diagnostics and treatment. Strengthen community structures for advocating for patients' rights and client-centered care, including the availability of malaria commodities. RR FY2017: Reduced budget from \$300,000 to \$200,00 and changed geographic focus from sub-national to 3-4 USAID focus regions.

Support Peace Corps Malaria Program	Peace Corps SPA	\$0	\$0	National	Support Peace Corps Volunteers through the “Stomping Out Malaria in Africa” initiative. Peace Corps Volunteers based in Ghana will receive small grants from PMI to engage in malaria control and prevention activities such as community mobilization for BCC, ITN distribution, and (as needed) operational research data collection. RR FY2017: Reduced budget from \$30,000 to \$0.
Support long-term field epidemiology and laboratory training	CDC IAA	\$120,000	\$0	National	Support long-term training of individuals to build capacity at the NMCP or GHS in epidemiology, M&E, or other malaria program management functions as needed through the FELTP, which was established with USG support at GHS in collaboration with the University of Ghana’s School of Public Health.
SUBTOTAL: HSS & CAPACITY BUILDING		\$720,000	\$0		
SOCIAL AND BEHAVIOR CHANGE COMMUNICATION					
Support mass media communication efforts to promote ITN ownership and use, IPTp uptake, and improved care seeking behavior	Communicate for Health	\$500,000	\$0	National	Provide national-level coordination and technical assistance, develop new malaria-specific communication materials, and facilitate dissemination of malaria-related messages, especially mass media communication efforts. Technical assistance will be provided to the NMCP, the National Malaria Communications Committee as well as to the GHS/Health Promotion Unit. RR FY2017: Reduced budget from \$650,000 to \$500,000 and revised activity description.
Support correct and consistent use of ITNs through school-based distribution efforts	VectorWorks	\$300,000	\$0	National	Build on the existing school-based interpersonal communication outreach program to promote increased malaria prevention awareness and to promote correct ITN use and correct care practices, as the mass ITN campaign is conducted. This activity will be timed to correspond with the 2018 national mass distribution efforts so that at the community level, there will be an a) increased awareness of the campaign (timing, registration plans, etc.); b) promotion of correct and consistent use of ITNs and ITN care, and c) increased mobilization of the community to participate in the mass campaign activities. Nationwide, teachers, students, parents and community leaders will be engaged through this activity.
	Systems for Health	\$300,000	\$0	5 USAID focus regions	Operating as PMI/Ghana’s principle community-based and facility-based SBCC partner, this work will include supporting facility-level outreach to promote correct and consistent uptake of both preventative and curative malaria interventions. It will also work with CHWs to improve their skills to engage with communities and promote malaria-related health seeking behaviors. RR FY2017: Reduced budget from \$550,000 to \$300,000 to allow for same activities are implemented in non-focus regions.

Implement facility- and community-based SBCC activities	Impact Malaria	\$300,000	\$0	5 non-USAID focus regions	<p>Support facility-based activities to improve providers' service communication capacity to provide effective interpersonal and communication and counseling that addresses barriers to the practice of preventative and curative malaria-related behaviors. Support existing community-based outreach activities conducted by Community Health Nurses and Community Health Officers that enable community members to overcome barriers to the practice of preventative and curative malaria-related behaviors. When possible, activities should utilize existing materials and best practices developed by Communicate for Health and Systems for Health.</p> <p>RR FY2017: New activity to ensure the same activities are implemented in non-focus regions.</p> <p>RR FY2017 (2): Changed Mechanism and activity description</p>
SUBTOTAL: SBCC		\$1,400,000	\$0		
MONITORING AND EVALUATION					
Strengthen and support routine M&E systems at district and facility levels	Systems for Health	\$350,000	\$0	5 USAID focus regions	<p>Support GHS/NMCP to strengthen routine systems at the health facility and district levels for malaria M&E. Strengthening activities will include: providing integrated data coaching visits to health facility data management staff to validate and audit data collection, analysis and reporting to improve data quality; supporting regional mid-year review meetings that focus on improved analysis and data use; supporting the Policy, Planning, Monitoring and Evaluation Division's Center for Health Information Management boot camp meetings to routinely assess and discuss malaria data – these meetings will reinforce ownership, use and feedback of the data; integrated supported supervision by GHS in 109 districts to improve collection and reporting of data from the health facility up to the district level; and limited computer hardware and software to fill gaps.</p> <p>RR FY2017: Reduced budget from \$645,000 to \$350,000 to allow for same activities are implemented in non-focus regions.</p>
	Impact Malaria	\$325,000	\$0	5 non-USAID focus regions	<p>Utilizing the OTSS platform, support the GHS/NMCP to strengthen routine systems, data quality, and data use at the health facility-level and district-level to improve malaria case management.</p> <p>RR FY2017: New activity to ensure the same activities are implemented in non-focus regions.</p> <p>RR FY2017 (2): Changed Mechanism and activity description.</p>

Provide M&E technical assistance for malaria specific activities	Evaluate for Health	\$0	\$0	National	Provide national level, malaria specific M&E advisor to support the NMCP to: 1)ensure coordination among all PMI funded partners engaging in malaria -specific M&E activities; b) provide direct malaria specific technical assistance to the NMCP; c) actively participate on the national malaria M&E technical working group; d) operate as malaria liaison for the health-sector wide M&E collaborations; and e) conduct malaria specific data analysis as requested. RR FY2017: Budget reduced from \$95,000 to \$0.
Provide M&E technical assistance	CDC IAA	\$10,000	\$0	National	Support for a technical assistance visit from the CDC PMI M&E team. Technical assistance will include working with the NMCP to support strengthening M&E and health management information system activities.
SUBTOTAL M&E		\$685,000	\$0		
OPERATIONS RESEARCH					
N/A		\$0			
SUBTOTAL OR		\$0	\$0		
IN-COUNTRY STAFFING AND ADMINISTRATION					
In-country staff and administrative expenses	USAID/Ghana	\$885,000	\$0	National	To support the coordination and management of all in-country PMI activities including support for salaries and benefits for two resident advisors and local staff, office equipment and supplies, and routine administration and coordination expenses. RR FY2017: CDC IAA reduced from \$660,000 to \$625,000
In-country staff and administrative expenses	CDC IAA	\$625,000	\$0	National	
SUBTOTAL: IN-COUNTRY STAFFING		\$1,510,000	\$0		
TOTAL		\$28,000,000	\$10,089,785		