## Table 2: Budget Breakdown by Mechanism
President's Malaria Initiative - Guinea
Planned Obligations for FY2017 - Revised January 31, 2018

<table>
<thead>
<tr>
<th>Proposed Activity</th>
<th>Mechanism</th>
<th>Budget</th>
<th>Geographic Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VECTOR MONITORING AND CONTROL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Entomologic monitoring and insecticide resistance management</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entomological monitoring and capacity building</td>
<td>Stop Palu +</td>
<td>350,000</td>
<td>0</td>
<td>National Support for vector surveillance and insecticide resistance monitoring in each of the four ecological zones, including transport and analysis of samples; capacity building for entomologists and support for NMCP staff supervision.</td>
</tr>
<tr>
<td>Advanced training for entomological technicians</td>
<td>Stop Palu +</td>
<td>40,000</td>
<td>0</td>
<td>National Four regional technicians based in the sentinel sites will be trained at the Centre Muraz in Bobo-Dioulasso, Burkina Faso, to allow collections of mosquitoes and insecticide resistance tests to be done in Guinea with reduced supervision from the NMCP.</td>
</tr>
<tr>
<td>Support for the insectary and laboratory</td>
<td>Stop Palu +</td>
<td>64,000</td>
<td>0</td>
<td>National Operational support for the insectary and associated laboratory to include, electricity, internet, general maintenance, security, and support for the biological specimens (mosquitoes and animal blood sources).</td>
</tr>
<tr>
<td>Technical assistance for entomological capacity building</td>
<td>CDC IAA</td>
<td>29,000</td>
<td>0</td>
<td>National Funding for two technical assistance visits from CDC to help develop entomological capacity at the national and prefectural level.</td>
</tr>
<tr>
<td><strong>Subtotal Ento monitoring</strong></td>
<td></td>
<td>483,000</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
### Insecticide-treated Nets

<table>
<thead>
<tr>
<th>Activity</th>
<th>GHSC - PSM</th>
<th>Quantity 1</th>
<th>Quantity 2</th>
<th>Location 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procurement and delivery of ITNs</td>
<td></td>
<td>3,617,500</td>
<td>3,617,500</td>
<td>National</td>
</tr>
<tr>
<td>Distribution of routine ITNs</td>
<td>Stop Palu +</td>
<td>290,000</td>
<td>0</td>
<td>PMI Target Zones</td>
</tr>
<tr>
<td>TA for routine distribution</td>
<td>VectorWorks</td>
<td>370,000</td>
<td>0</td>
<td>National</td>
</tr>
<tr>
<td>Training/refresher training for routine ITN distribution</td>
<td>Stop Palu +</td>
<td>75,000</td>
<td>0</td>
<td>PMI Target Zones</td>
</tr>
<tr>
<td>ITN durability monitoring</td>
<td>Stop Palu +</td>
<td>100,000</td>
<td>0</td>
<td>National</td>
</tr>
<tr>
<td><strong>Total ITNs</strong></td>
<td></td>
<td>4,452,500</td>
<td>3,617,500</td>
<td></td>
</tr>
</tbody>
</table>

### Indoor Residual Spraying

<table>
<thead>
<tr>
<th>Activity</th>
<th>GHSC - PSM</th>
<th>Quantity 1</th>
<th>Quantity 2</th>
<th>Location 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total IRS</strong></td>
<td></td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal Vector Monitoring and Control**

<table>
<thead>
<tr>
<th>Activity</th>
<th>GHSC - PSM</th>
<th>Quantity 1</th>
<th>Quantity 2</th>
<th>Location 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Vector Monitoring and Control</strong></td>
<td></td>
<td>4,935,500</td>
<td>3,617,500</td>
<td></td>
</tr>
</tbody>
</table>

### Malaria in Pregnancy

<table>
<thead>
<tr>
<th>Activity</th>
<th>GHSC - PSM</th>
<th>Quantity 1</th>
<th>Quantity 2</th>
<th>Location 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procurement of SP</td>
<td></td>
<td>0</td>
<td>0</td>
<td>National</td>
</tr>
<tr>
<td>Procurement of quinine tablets</td>
<td></td>
<td>15,000</td>
<td>15,000</td>
<td>National</td>
</tr>
</tbody>
</table>

Procure approximately 1,705,274 doses to ensure an adequate supply for pregnant women to receive 3 doses throughout their pregnancy. PMI will cover the entire national need for SP.

Procure quinine tablets to treat pregnant women in their first trimester of pregnancy.
| Training/refresher training for malaria in pregnancy | Stop Palu + | 500,000 | 0 | PMI Target Zones | Provide training and refresher training for public and private health facility midwives and nurses to correctly deliver SP and MIP services in the context of the focused antenatal care approach. Training will be provided for two health workers from every health center and one from every health post. |
| Supervision for health workers providing MIP services, including IPTp | Stop Palu + | Cost covered under case management | 0 | PMI Target Zones | On-site supervision for public health facility midwives and nurses to provide MIP services in the context of the focused antenatal care approach. Supervision will continue to be part of an integrated approach for supervision at health facilities. |
| SBCC for MIP | Stop Palu + | Cost covered under SBCC | 0 | PMI Target Zones | Support SBCC 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). This will be part of a larger integrated BCC activity to satisfy needs for case management, ITNs, and IPTp. |
| Subtotal Malaria in Pregnancy | | | 515,000 | 15,000 |
| SUBTOTAL PREVENTIVE | | | 5,450,500 | 3,632,500 |

**CASE MANAGEMENT**

| **Diagnosis and Treatment** |
| Procurement of RDTs | GHSC - PSM | 194,973 | 194,973 | National | Procure approximately 1 million RDTs to cover 100% of the existing national need predicted in 2018 for use in communities and health facilities. |
| Procurement of ACTs | GHSC - PSM | 475,000 | 475,000 | National | Procure approximately 500,000 treatments of AL to cover 100% of the existing national need predicted in 2018 for use in communities and health facilities. |
| Procurement of injectable artemether for treatment of severe malaria | GHSC - PSM | 170,000 | 170,000 | National | Procure approximately 163,700 vials of injectable artesunate to treat approximately 55,000 severe malaria cases referred to the hospital or health center level (80% of severe cases). |
| Procurement of injectable artesunate for treatment of severe malaria | GHSC - PSM | 272,985 | 272,985 | National | Procure approximately 80,000 ampules of injectable artemether to treat approximately 25,000 severe malaria cases referred to the hospital or health center level (20% of severe cases). |
| Procurement of rectal artemether | GHSC - PSM | 10,000 | 10,000 | National | Procure approximately 12,000 capsules of rectal artesunate for community health agents to administer as pre-referral treatment for severe malaria cases in children. |
### Procurement of medications for seasonal malaria chemoprevention (SMC)

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
<th>Procure 1,550,533 doses of co-blistered AQ+SP, representing monthly doses for approximately 349,219 children (ages 3-59 months), administered by community volunteers for 4 months during the high transmission season.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHSC - PSM</td>
<td>778,368</td>
<td>8 Prefectures in northern Guinea</td>
</tr>
</tbody>
</table>

### Other costs for SMC

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
<th>Implement SMC in 8 prefectures in northern Guinea including 4 administrations from July to October (costs to cover planning, training, implementation, supervision, monitoring, BCC, and advocacy).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop Palu +</td>
<td>1,090,262</td>
<td>8 Prefectures in northern Guinea</td>
</tr>
</tbody>
</table>

### Microscope consumables

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
<th>Procure reagents, slides, and repair materials for previously purchased microscopes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHSC - PSM</td>
<td>100,000</td>
<td>PMI Target Zones</td>
</tr>
</tbody>
</table>

### Training for microscope maintenance

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
<th>Train laboratory staff in basic microscope maintenance to ensure functionality of existing microscopes that have already been procured.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop Palu +</td>
<td>50,000</td>
<td>PMI Target Zones</td>
</tr>
</tbody>
</table>

### Strengthen malaria diagnostics

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
<th>Work with the NMCP and National Laboratory to develop and support a comprehensive quality assurance and quality control plan for malaria diagnostics, primarily microscopy, 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 performance, including systematic review of a predetermined number of positive and negative blood smears. QA/QC for RDTs, based on observation and supportive supervision of health workers and CHWs, will take place during regular supervision (activities 12 and 13).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop Palu +</td>
<td>100,000</td>
<td>National</td>
</tr>
</tbody>
</table>

### Training/refresher training for malaria case management (diagnostics, treatment)

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
<th>Training in RDT use and malaria case management for health workers at hospitals, health centers, and health posts. Private health facilities will also be implicated in training. 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop Palu +</td>
<td>451,072</td>
<td>PMI Target Zones</td>
</tr>
</tbody>
</table>

### Supervision of health workers and CHWs in case management (diagnostics, treatment, MIP)

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
<th>Enhanced clinical supervision at all levels of the health care system, including hospitals, health centers, health posts, and CHWs. District Health Team staff (Département Préfectoral de Santé) and regional health team staff (Département Régional de Santé) 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop Palu +</td>
<td>422,863</td>
<td>PMI Target Zones</td>
</tr>
</tbody>
</table>

### Community case management

<table>
<thead>
<tr>
<th>Description</th>
<th>Budget</th>
<th>Support the continued scale-up of community case management in PMI target areas, including expansion of the number of community health agents to 1,965. Support costs include transport, data collection tools, equipment (boots, gloves, flashlights), supervision, and mobile phones equipped with software to facilitate improved case management (i.e., guided case management algorithm) and reporting, as well as solar-powered chargers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop Palu +</td>
<td>700,000</td>
<td>PMI Target Zones</td>
</tr>
<tr>
<td>Therapeutic efficacy monitoring</td>
<td>Stop Palu +</td>
<td>100,000</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------</td>
<td>---------</td>
</tr>
<tr>
<td>SBCC for case management</td>
<td>Stop Palu +</td>
<td>Cost covered under SBCC</td>
</tr>
<tr>
<td>Subtotal Diagnosis and Treatment</td>
<td></td>
<td>4,915,523</td>
</tr>
<tr>
<td><strong>Pharmaceutical Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strengthen Logistic Management Information System (LMIS)</td>
<td>GHSC - PSM</td>
<td>100,000</td>
</tr>
<tr>
<td>Pharmaceutical systems reform</td>
<td>GHSC - PSM</td>
<td>158,000</td>
</tr>
<tr>
<td>Improve drug regulatory capacity</td>
<td>GHSC - PSM</td>
<td>100,000</td>
</tr>
<tr>
<td>Management of pharmaceutical supplies</td>
<td>GHSC - PSM</td>
<td>200,000</td>
</tr>
<tr>
<td>Strengthen pharmaceutical storage capacity</td>
<td>GHSC - PSM</td>
<td>233,000</td>
</tr>
</tbody>
</table>
**Strengthen DNPL and national laboratory for drug quality monitoring**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Budget</th>
<th>Work Package</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>PQM - USP</td>
<td>100,000</td>
<td>0</td>
<td>National</td>
</tr>
</tbody>
</table>

Support the National Directorate of Pharmacies and Laboratory (DNLP) and national laboratories to build capacity for in-country drug quality monitoring.

**Subtotal Pharmaceutical Management**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>891,000</td>
<td>0</td>
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</tbody>
</table>

**Subtotal Case Management**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5,806,523</td>
<td>2,001,326</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HEALTH SYSTEM STRENGTHENING / CAPACITY BUILDING**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Budget</th>
<th>Work Package</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management support for NMCP</td>
<td>Stop Palu +</td>
<td>75,000</td>
<td>National</td>
</tr>
</tbody>
</table>

Support NMCP to assist them in logistics, supervision, office management including communication capacity/connectivity, and M&E systems strengthening.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Budget</th>
<th>Work Package</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMCP Leadership Development</td>
<td>HRH 2030</td>
<td>505,000</td>
<td>National</td>
</tr>
</tbody>
</table>

Support the capacity building of the NMCP, the Regional Health Directorate (DRS), and the Prefectural Health Directorate (DPS) (training new NMCP staff, support to the coordination of DRS, DPS in the framework of the fight against malaria).

<table>
<thead>
<tr>
<th>Activity</th>
<th>Budget</th>
<th>Work Package</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training and capacity building of NMCP staff</td>
<td>Stop Palu +</td>
<td>50,000</td>
<td>National</td>
</tr>
</tbody>
</table>

Support NMCP to build capacity via conference and workshop attendance, both national and international, to improve program management in M&E and BCC.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Budget</th>
<th>Work Package</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support health district-level Malaria Focal Points</td>
<td>Stop Palu +</td>
<td>500,000</td>
<td>PMI Target Zones</td>
</tr>
</tbody>
</table>

Support 19 health district-level malaria focal points in each of the PMI-supported health districts, complementing a structure that has already been implemented with GF support in the remaining health districts. Malaria focal points will be embedded in the DPS and serve as the liaison with the national program. Specifically, they will support commodity/logistics management activities, facility and community-level supervision, data collection and reporting, and assist with M&E and implementation activities (e.g., surveys, net distribution, BCC).
| Peace Corps Response Volunteer and Small Projects grants | Peace Corps/SPA | 30,000 | 0 | National | Support to maintain 2 Response Volunteers: one in Conakry and one in a regional hub (Boke, Labe, or Kankan) to coordinate and support volunteers’ malaria activities throughout the country; one volunteer may be embedded with a PMI implementing partner at national or regional level ($20,000). Support small project grants for which volunteers can submit applications ($10,000). |
| SUBTOTAL HSS & CAPACITY BUILDING | | 1,160,000 | 0 | |

**SOCIAL AND BEHAVIOR CHANGE COMMUNICATION**

| SBCC for ITNs, MIP, and case management | Stop Palu + | 625,000 | 0 | PMI Target Zones | SBCC will be part of an integrated communication package including ITN use, MIP, and case management. MIP and case management activities will focus on both the facility and community levels. Activities will be focused in PMI target zones but will be consistent with the NMCP’s national communication plan and national policies, and coordinated with SBCC activities in the rest of the country. |
| Support for the implementation and evaluation of the new communications strategy | Breakthrough Action | 100,000 | 0 | National | PMI will provide technical assistance to the NMCP and the SBCC TWG to implement and evaluate the new communications strategy derived from the new national malaria strategy and based on the results of the MICS-Palu. |
| SBCC for SMC | Stop Palu + | Costs covered under Case Management (Other costs for SMC) | 0 | 8 Prefectures in northern Guinea | Implement a focused SBCC campaign to prepare targeted communities for SMC implementation to encourage acceptance of and adherence to treatment on the part of the community. Lessons learned from the previous years' campaigns will inform the specific activities which will be a mix of local radio and interpersonal communications. |
| SUBTOTAL SBCC | | 725,000 | 0 | |
### SURVEILLANCE, MONITORING, AND EVALUATION

<table>
<thead>
<tr>
<th>Activity</th>
<th>Implementer</th>
<th>Cost</th>
<th>MOE</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>End-Use Verification survey</td>
<td>GHSC - PSM</td>
<td>150,000</td>
<td>0</td>
<td>National</td>
<td>The semiannual EUV surveys will monitor the availability and use of key malaria control commodities at the health facility, regional, and national levels on a national scale.</td>
</tr>
<tr>
<td>Health facility survey</td>
<td>Stop Palu +</td>
<td>200,000</td>
<td>0</td>
<td>National</td>
<td>Assess provision of malaria case management services in health facilities. Specific dimensions include health facility readiness to provide services, health worker training and supervision, and health worker performance. The survey will be used to continue to monitor progress in patient access to quality malaria care services (follow-up to 2016/2017 Health Facility Survey).</td>
</tr>
<tr>
<td>Support routine management information systems (RMIS)</td>
<td>Stop Palu +</td>
<td>380,000</td>
<td>0</td>
<td>National</td>
<td>Support the monthly routine malaria information system to ensure quality data on malaria commodities and epidemiological trends are available and accessible for national and prefecture-level decision-making while the HMIS continues to be scaled up (see below). Activities will focus on monitoring quality of malaria data (completeness, timeliness, and accuracy) - particularly in comparison with HMIS data, maximizing data use for decision-making, monthly meetings at prefecture level, dissemination of monthly malaria bulletins, and support of the M&amp;E technical group.</td>
</tr>
<tr>
<td>Support health management information systems (HMIS)</td>
<td>MEASURE Evaluation</td>
<td>100,000</td>
<td>0</td>
<td>National</td>
<td>Support efforts to strengthen the broader integrated HMIS to ensure appropriate malaria data are included in the system, data are of adequate quality, and data are accessible to the NMCP and health district-level focal points.</td>
</tr>
<tr>
<td>ITN durability monitoring</td>
<td>Stop Palu +</td>
<td>0</td>
<td>0</td>
<td>National</td>
<td>See ITN section for description and budget</td>
</tr>
<tr>
<td>Therapeutic efficacy monitoring</td>
<td>Stop Palu +</td>
<td>0</td>
<td>0</td>
<td>National</td>
<td>See Case Management section for description and budget</td>
</tr>
<tr>
<td>Support NMCP Research Committee</td>
<td>Stop Palu +</td>
<td>4,000</td>
<td>0</td>
<td>National</td>
<td>Support a national malaria research committee housed within the NMCP to strengthen coordination of research activities by various individuals and institutions, promote collaboration, identify research priorities, and facilitate dissemination of research findings.</td>
</tr>
<tr>
<td>Technical assistance for SM&amp;E</td>
<td>CDC IAA</td>
<td>20,000</td>
<td>0</td>
<td>National</td>
<td>Support for two M&amp;E TDY visits will provide technical assistance for ongoing M&amp;E activities including routine system strengthening, health facility survey, and therapeutic efficacy monitoring. The country team and USAID mission will help define the priority objectives for the TDYs.</td>
</tr>
<tr>
<td><strong>SUBTOTAL SM&amp;E</strong></td>
<td></td>
<td>854,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Operational Research

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>USD</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subtotal OR</strong></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### In-Country Staffing and Administration

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>USD</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CDC</strong></td>
<td>CDC IAA</td>
<td>241,477</td>
<td>0</td>
</tr>
<tr>
<td><strong>USAID</strong></td>
<td>USAID</td>
<td>762,500</td>
<td>0</td>
</tr>
<tr>
<td><strong>Subtotal In-Country Staffing</strong></td>
<td></td>
<td>1,003,977</td>
<td>0</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td></td>
<td>15,000,000</td>
<td>5,633,826</td>
</tr>
</tbody>
</table>

**Support for one CDC PMI Advisor**

**Support for one USAID PMI Advisor and one USAID locally-hired senior malaria specialist, as well as related local costs for the CDC PMI Advisor sitting in the USAID Mission**