

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

Proposed Activity	Mechanism	Budget		Geographic Area	Description
		Total \$	Commodity \$		
PREVENTIVE ACTIVITIES					
VECTOR MONITORING AND CONTROL					
Entomologic monitoring and insecticide resistance management					
Entomological monitoring and capacity building	Stop Palu +	350,000	0	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.
Advanced training for entomological technicians	Stop Palu +	40,000	0	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.
Support for the insectary and laboratory	Stop Palu +	64,000	0	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).
Technical assistance for entomological capacity building	CDC IAA	29,000	0	National	Funding for two technical assistance visits from CDC to help develop entomological capacity at the national and prefectural level.
Subtotal Ento monitoring		483,000	0		

Insecticide-treated Nets					
Procurement and delivery of ITNs	GHSC - PSM	3,617,500	3,617,500	National	The total need for routine ITNs projected for 2018 (pregnant women at ANC and children <1 at EPI) is 1,130,200. PMI will procure 385,000 of needed ITNs with Global Fund procuring the remainder to fill the gap. Also, PMI will procure 700,000 ITNs for the next national, mass distribution campaign in 2019. Estimated cost per ITN: \$3.32
Distribution of routine ITNs	Stop Palu +	290,000	0	PMI Target Zones	PMI will be responsible for covering distribution costs in the PMI target zones, which covers approximately half of the country; thus approximately 565,000 routine nets (half of national need). Estimated distribution cost per ITN: \$0.51
TA for routine distribution	VectorWorks	370,000		National	TA and training to NMCP and USAID implementation partner/GF PR to ensure routine distribution strategically planned and executed.
Training/refresher training for routine ITN distribution	Stop Palu +	75,000	0	PMI Target Zones	Provide training to new health facility and health post staff in the management and distribution of routine ITN for pregnant women and children less than one year old.
ITN durability monitoring	Stop Palu +	100,000	0	National	Prospective ITN monitoring will continue to follow ITNs distributed during the 2016 universal coverage campaign, and will provide data on: 1) net survivorship and physical integrity; 2) bioefficacy of insecticides; and 3) insecticidal content.
Subtotal ITNs		4,452,500	3,617,500		
Indoor Residual Spraying					
Subtotal IRS		0	0		
SUBTOTAL VECTOR MONITORING AND CONTROL		4,935,500	3,617,500		
Malaria in Pregnancy					
Procurement of SP	GHSC - PSM	0	0	National	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.
Procurement of quinine tablets	GHSC - PSM	15,000	15,000	National	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 artesunate 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 artemether 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 artesunate	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)	GHSC - PSM	778,368	778,368	8 Prefectures in northern Guinea	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.
Other costs for SMC	Stop Palu +	1,090,262	0	8 Prefectures in northern Guinea	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).
Microscope consumables	GHSC - PSM	100,000	100,000	PMI Target Zones	Procure reagents, slides, and repair materials for previously purchased microscopes.
Training for microscope maintenance	Stop Palu +	50,000	0	PMI Target Zones	Train laboratory staff in basic microscope maintenance to ensure functionality of existing microscopes that have already been procured.
Strengthen malaria diagnostics	Stop Palu +	100,000	0	National	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).
Training/refresher training for malaria case management (diagnostics, treatment)	Stop Palu +	451,072	0	PMI Target Zones	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.
Supervision of health workers and CHWs in case management (diagnostics, treatment, MIP)	Stop Palu +	422,863	0	PMI Target Zones	Enhanced clinical supervision at all levels of the health care system, including hospitals, health centers, health posts, and CHWs. District Health Team staff (<i>Département Préfectoral de Santé</i>) and regional health team staff (<i>Département Régional de Santé</i>) 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.
Community case management	Stop Palu +	700,000	0	PMI Target Zones	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.

Therapeutic efficacy monitoring	Stop Palu +	100,000	0	National	Efficacy monitoring of Guinea's first-line ACT will take place in four sites every two years (two sites in one year and the remaining two sites the following year). The activity will follow WHO's standard protocol. Funds are meant to cover monitoring activities in two sites.
SBCC for case management	Stop Palu +	Cost covered under SBCC	0	PMI Target Zones	Support integrated SBCC at the community level to improve behaviors related to malaria prevention and treatment, including use of ITNs, IPTp, and care-seeking for fever. SBCC activities will also be targeted to health workers at all levels of the health care system, including health centers/hospitals, health posts, and community health agents.
Subtotal Diagnosis and Treatment		4,915,523	2,001,326		
Pharmaceutical Management					
Strengthen Logistic Management Information System (LMIS)	GHSC - PSM	100,000	0	National	Support to strengthen the LMIS to enable the pharmaceutical system collect, compile, and process consumption data to improve forecasting, procurement, and distribution of commodities. Includes support for internet connectivity, and capacity building for quantification at the central (PCG, DNPL), regional, and prefecture levels. Support also includes integration of LMIS into the DHIS2 as well as malaria quarterly reviews.
Pharmaceutical systems reform	GHSC - PSM	158,000	0	National	Support reform of regulations governing the supply chain management system including improvement of PCG (Central Pharmacy of Guinea) governance (renewal and functioning of the board, information sharing, civil society and private sector's participation, etc.). Support will include the enforcement of laws and regulations that have been developed to improve the use of pharmaceutical products.
Improve drug regulatory capacity	GHSC - PSM	100,000	0	National	Support improvement of the regulatory and oversight capacities of the National Directorate of Pharmacies and Laboratory (DNPL), revision of national list of essential drugs, and enhanced control of compliance to the pharmaceutical policy and regulations by the Central Pharmacy of Guinea (PCG) and the private pharmacies network. Support will also include the development of drug quality assurance tools.
Management of pharmaceutical supplies	GHSC - PSM	200,000	0	National	Manage the distribution of PMI commodities down to the health facility level, including warehousing, transportation, storage and distribution as well as providing commodities assurance.
Strengthen pharmaceutical storage capacity	GHSC - PSM	233,000	0	National	Support the Central Pharmacy of Guinea (PCG) to improve infrastructure necessary to adequately store and manage commodities at the central and regional levels.

Strengthen DNPL and national laboratory for drug quality monitoring	PQM - USP	100,000	0	National	Support the National Directorate of Pharmacies and Laboratory (DNLP) and national laboratories to build capacity for in-country drug quality monitoring.
Subtotal Pharmaceutical Management		891,000	0		
SUBTOTAL CASE MANAGEMENT		5,806,523	2,001,326		
HEALTH SYSTEM STRENGTHENING / CAPACITY BUILDING					
Management support for NMCP	Stop Palu +	75,000	0	National	Support to NMCP to assist them in logistics, supervision, office management including communication capacity/connectivity, and M&E systems strengthening.
NMCP Leadership Development	HRH 2030	505,000	0	National	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).
Training and capacity building of NMCP staff	Stop Palu +	50,000	0	National	Support to NMCP to build capacity via conference and workshop attendance, both national and international, to improve program management in M&E and BCC.
Support health district-level Malaria Focal Points	Stop Palu +	500,000	0	PMI Target Zones	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

End-Use Verification survey	GHSC - PSM	150,000	0	National	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.
Health facility survey	Stop Palu +	200,000	0	National	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).
Support routine management information systems (RMIS)	Stop Palu +	380,000	0	National	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&E technical group.
Support health management information systems (HMIS)	MEASURE Evaluation	100,000	0	National	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.
ITN durability monitoring	Stop Palu +	0	0	National	See ITN section for description and budget
Therapeutic efficacy monitoring	Stop Palu +	0	0	National	See Case Management section for description and budget
Support NMCP Research Committee	Stop Palu +	4,000	0	National	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.
Technical assistance for SM&E	CDC IAA	20,000	0	National	Support for two M&E TDY visits will provide technical assistance for ongoing M&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.
SUBTOTAL SM&E		854,000	0		

OPERATIONAL RESEARCH					
SUBTOTAL OR		0	0		
IN-COUNTRY STAFFING AND ADMINISTRATION					
CDC	CDC IAA	241,477	0		Support for one CDC PMI Advisor
USAID	USAID	762,500	0		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
SUBTOTAL IN-COUNTRY STAFFING		1,003,977	0		
GRAND TOTAL		15,000,000	5,633,826		