

**Table 2: Budget Breakdown by Activity  
President's Malaria Initiative -- Kenya  
Planned Malaria Obligations for FY2017  
Revised September 20th, 2018**

<b>Proposed Activity</b>	<b>Mechanism</b>	<b>FY 2017 Budget</b>	<b>FY 2017 Commodities</b>	<b>Geographic area</b>	<b>Description of Activity</b>
<b>PREVENTIVE ACTIVITIES</b>					
<b>VECTOR MONITORING AND CONTROL</b>					
<b>Entomologic monitoring and insecticide resistance management</b>					
Entomological and insecticide resistance monitoring in IRS and other selective areas	AIRS Task Order 6	\$500,000	\$0	Endemic/ Epidemic Counties	Continue insecticide resistance monitoring (including resistance intensity) in endemic counties with an IRS program and counties where IRS has been withdrawn. Expansion to selected counties identified as having gaps in insecticide resistance monitoring by the NMCP. <i>Reprogramming #2.1: Change mechanism</i>
Technical Assistance: CDC TDYs	CDC IAA	\$29,000	\$0	Endemic/ Epidemic Counties	Support two visits from CDC to provide assistance in implementing IRS and ento monitoring activities.
<b>SUBTOTAL ENTO</b>		<b>\$529,000</b>	<b>\$0</b>		
<b>Insecticide Treated Nets</b>					
Procure ITNs for health facility-based distribution channels	GHSC-PSM	\$1,500,000	\$1,500,000	Endemic/ Epidemic Counties	Fill part of the ITN gap for routine distribution by purchasing up to 500,000 ITNs. Routine distribution: free-of-charge to pregnant women and children under one through the ANC and EPI/child health clinics. <i>Reprogramming #2.2: Decrease budget</i>

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Procure ITNs for 2020 ITN campaign	GHSC-PSM	\$3,300,000	\$3,300,000	Endemic/ Epidemic Counties	Fill part of the ITN gap for the next ITN campaign in 2020 by procuring 1.1 million ITNs. <b>Reprogramming #2.25: New activity</b> <b>Reprogramming #3.1: Increase budget</b>
Logistic and program support for ITN distribution	HCM	\$1,500,000	\$0	Endemic/ Epidemic Counties	Provide logistical support, including transportation and storage of nets, for distribution of the 500,000 ITNs within the national routine distribution system. Distribute 1M nets for 2020 campaign. <b>Reprogramming #2.3: Decrease budget</b>
<i>Procure ITNs for alternate distribution channel</i>	<i>GHSC-PSM</i>	<i>\$0</i>	<i>\$0</i>	<i>Endemic County(s)</i>	<i>Procure 125,000 ITNs for an alternate distribution channel.</i> <b>Reprogramming #2.4: Cancel activity</b>
<i>Support alternate ITN distribution channel</i>	<i>TBD-bilateral</i>	<i>\$0</i>	<i>\$0</i>	<i>Endemic County(s)</i>	<i>Support an alternate ITN distribution channel in about one county to maintain universal coverage following the start of the 2017/18 mass campaign. The specific approach (e.g. community-based, school-based) will be based on the planning activity funded with FY 2015 funding.</i> <b>Reprogramming #2.5: Cancel activity</b>

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IRS implementation and management	VectorLink	\$3,500,000	\$0	Endemic County	(estimated to reach 276,000 structures and up to 1.4 million people) with at least 85% coverage in all targeted areas. <b>Reprogramming #2.7--Split mechanism</b>
Environmental Monitoring	TAEC	\$35,000	\$0	Endemic/ Epidemic Counties	Conduct biannual independent environmental monitoring visit. <b>Reprogramming #2.8: Change mechanism</b> <b>Reprogramming #3.2: Change mechanism</b>
<b>SUBTOTAL IRS</b>		<b>\$7,035,000</b>	<b>\$2,070,000</b>		
<b>Malaria in Pregnancy</b>					
Sensitize and train healthcare workers and supervisors on the malaria in pregnancy package of interventions and improve facility reporting	Impact Malaria	\$300,000	\$0	Endemic Counties	Target all healthcare facilities that provide ANC services in up to eight counties. An estimated total of up to 800 healthcare facilities will be reached. Activities will include the orientation and training of facility in-charges and health service providers on the MIP package and ANC data collection, and implementation of a quality improvement framework for healthcare facilities providing ANC services. <b>Reprogramming #2.9: change mechanism</b>

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Sensitize, orient, and supervise CHVs on malaria in pregnancy package of interventions and improve reporting	Impact Malaria	\$300,000	\$0	Endemic Counties	<p>This activity will include the orientation, training and supervision of CHVs to increase early referral to ANC services and to register all pregnant women for follow-up. CHVs are trained to undertake BCC activities and to refer and track pregnant women to ensure that they receive IPTp at health facilities. An estimated 5,500 CHVs will be sensitized and oriented using the community strategy and other innovative community approaches. The target is to reach approximately 50,000 women of reproductive age with community MIP messages.</p> <p><b>Reprogramming #2.9: change mechanism</b></p>
Strengthen national and county level malaria in pregnancy policy and monitoring capacity	Impact Malaria	\$100,000	\$0	Endemic Counties	<p>Support will be provided at the national and county levels for policy and monitoring of MIP-specific activities. Technical support will be provided to counties on MIP as necessary. Support cross-county learning, printing guidelines, and TWGs.</p> <p><b>Reprogramming #2.9: Change mechanism</b></p>
<b>SUBTOTAL MIP</b>		<b>\$700,000</b>	<b>\$0</b>		

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<b>SUBTOTAL PREVENTIVE</b>		<b>\$14,964,000</b>	<b>\$6,870,000</b>		
<b>CASE MANAGEMENT</b>					
<b>Diagnostics &amp; Treatment</b>					
Procure RDTs	GHSC-PSM	\$112,000	\$112,000	Nationwide	Procure and distribute 350,000 RDTs to fill emergency gaps as needed at level 2 and 3 health facilities (dispensaries and health centers) and to provide RDTs for the community case management strategy. <i>Reprogramming #2.10: Decrease budget</i>
Procure AL	GHSC-PSM	\$5,230,002	\$5,230,002	Nationwide	Procure and distribute up to 5.878 million AL treatments to fill gaps in the public sector and community case management. <i>Reprogramming #1.1--Increase budget</i> <i>Reprogramming #2.11: Increase budget</i>

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Procure severe malaria medications	GHSC-PSM	\$2,990,000	\$2,990,000	Nationwide	Procure severe malaria drugs, including up to 1,200,000 vials of injectable artesunate, as needed. <b>Reprogramming #2.12: Increase budget</b> <b>Reprogramming #3.3: Increase budget</b>
Provide warehousing and distribution for RDTs, ACTs and severe malaria medicines	KEMSA Medical Commodities Project (MCP)	\$280,690	\$0	Nationwide	Provide warehousing and distribution for RDTs, ACTs and severe malaria medicines from central to facility level nationwide. KEMSA, the central medical store, transitioned from a quarterly "push" supply system to an order-based (i.e., smart push) system from counties due to devolution. <b>Reprogramming #2.13: Decrease budget</b>

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Provide supportive supervision for malaria diagnostics within the national quality assurance/quality control framework	Impact Malaria	\$300,000	\$0	Endemic Counties	Activities will include strengthening capacity of laboratory and healthcare staff for malaria diagnostics through initial and/or refresher trainings and capacity-building for supportive supervision, on-the-job training, and mentoring at the health facility level. Support scale up and integration of QA/QC framework and systems for malaria diagnostics in endemic counties. Conduct monitoring and evaluation of QA/QC officer performance and program implementation.
Provide supportive supervision, training, and mentoring for healthcare providers for malaria case management	Impact Malaria	\$1,125,000	\$0	Endemic Counties	Provide supportive supervision, training and mentoring for malaria case management, including severe malaria, at the health facility level in line with national case management guidelines to promote rational use of medicines.

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Technical Assistance: CDC TDY	CDC IAA	\$20,000	\$0	Nationwide	Support two CDC visits to provide technical assistance for malaria case management.
<b>SUBTOTAL DIAGNOSIS AND</b>		<b>\$10,057,692</b>	<b>\$8,332,002</b>		
<b>Pharmaceutical Management</b>					
Strengthen supply chain management for malaria commodities at the national level	GHSC-PSM TO5 (Afya Ugavi)	\$650,000	\$0	Nationwide	Support the NMCP and KEMSA to strengthen supply chain management and build capacity to ensure commodity data are available (through DHIS2) and used to accurately forecast and quantify commodity needs at the national level and prevent stockouts at all levels of the health system. <i>Reprogramming #2.14: Increase budget and change mechanism</i>

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Strengthen supply chain management for malaria commodities at the county, sub-county, and health-facility levels	GHSC-PSM TO5 (Afya Ugavi)	\$1,600,000	\$0	Endemic Countries	<p>Support throughout the supply chain (county, sub-county, and health-facility levels) to build capacity and structures to ensure data is available and used to quantify commodity needs and plan orders to prevent stockouts. Activities will focus on improving the organization, management and security of commodities within regional and county warehouses, strengthening county systems to order, track and evaluate commodity distribution from KEMSA, and transfer/redistribute commodities to alleviate supply shortages and avoid expiries. Supervision of stock monitoring, on-the-job training, and collection of antimalarial drug consumption data. Assist with distributing job aids and materials to health facilities.</p> <p><b>Reprogramming #2.15: Change mechanism</b>  <b>Reprogramming #3.12: Increase budget</b></p>

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<i>Strengthen antimalarial drug quality monitoring and surveillance</i>	<i>USP PQM</i>	\$0	\$0	Nationwide	<i>Strengthen antimalarial drug quality monitoring through the provision of technical, strategic and operational support to the NMCP and counties, drug monitoring sentinel sites in the counties, Pharmacy and Poisons Board, and National Quality Control Laboratory. Includes collaboration with KEMSA and MEDS.  <b>Reprogramming #3.4: Cancel activity</b></i>
<b>SUBTOTAL PHARMACEUTICAL MANAGEMENT</b>		<b>\$2,250,000</b>	<b>\$0</b>		
<b>HEALTH SYSTEMS STRENGTHENING/CAPACITY BUILDING</b>					

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Support to NMCP	HCM	\$450,000	\$0	Nationwide	<p>Provide technical assistance and capacity building to improve the NMCP's capacity to fulfill the roles and responsibilities in line with the revised KMS. Provide support for technical working groups and inter-agency coordination committees for robust participation and regular meetings.</p> <p><b><i>Reprogramming #2.16: Increase budget and change mechanism</i></b></p>
Support for county malaria control programs	HCM	\$600,000	\$0	Endemic/ Epidemic Counties	<p>Programatic support to malaria control coordinators, county pharmacist, county lab coordinator, disease surveillance coordinator, and health management teams at the county and sub-county levels to increase supervision and management capacity for program implementation. Support emerging malaria control issues at the county level. Assist with inter-county coordination.</p> <p><b><i>Reprogramming #2.17: Increase budget and change mechanism</i></b></p>

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<i>Support CHMTs and SCHMTs for quality improvement</i>	<i>TBD - QI mechanism</i>	\$0	\$0	<i>Endemic/ Epidemic Counties</i>	<i>Support quality improvement activities with CHMTs and SCHMTs, to improve program performance across all malaria intervention areas. <b>Reprogramming #3.5: Cancel activity</b></i>
Support Malaria Program Review	MEASURE Evaluation IV	\$100,000	\$0	Central	Support the Malaria Program Review in 2017/2018. <b>Reprogramming #2.26: New activity</b>
Support development of Kenya Malaria Strategy 2019-2028	MEASURE Evaluation IV	\$100,000	\$0	Central	Support development of the new Kenya Malaria Strategy building off the MPR. Support the NMCP to organize this process. <b>Reprogramming #2.27: New activity</b>
Support the NMCP with costing, financial planning, and developing a resource mobilization strategy	Health Policy Plus (HP+)	\$250,000	\$0	Nationwide	Technical assistance for the costing of the KMS, including discussions around resource mobilization, and measurement. <b>Reprogramming #2.28: New activity</b>
Financial gap analysis and costing for Global Fund application	Health Policy Plus (HP+)	\$46,278	\$0	Nationwide	Provision of technical assistance for financial gap analysis and costing for the malaria Global Fund funding request application 2018-2020. <b>Reprogramming #2.29: New activity</b>

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Support one FELTP resident	CDC IAA	\$100,000	\$0	Nationwide	Support one FELTP trainee for the two-year program to increase epidemiologic capacity within the MoH. PMI encourages the MoH to second FELTP graduates to the NMCP or endemic/epidemic counties to enhance the capacity of malaria control programs. The budget for each trainee includes tuition, stipend, laptop, materials, training and travel for the two-year program.
<b>SUBTOTAL HSS &amp; CAPACITY BUILDING</b>		<b>\$1,646,278</b>	<b>\$0</b>		
<b>SOCIAL AND BEHAVIOR CHANGE COMMUNICATION</b>					
Integrated community-based SBCC	HCM	\$1,300,000	\$0	Endemic Counties	Expand community-based SBCC efforts by increasing outreach to priority counties and at-risk populations, particularly pregnant women and children less than five years of age, through different strategies and channels of communication, such as IPC. Messages and mode of dissemination will be dependent on the venue and target group but will include health facilities, ANC clinics, home visits by CHVs, <i>barazas</i> , and public gatherings. <b>Reprogramming #2.18: Increase budget and update mechanism</b>
National SBCC promotion and	HCM	\$100,000	\$0	Nationwide	Support national-level SBCC message development and dissemination on key malaria control interventions; donor coordination; advocacy-related activities, including regular review meetings with malaria partners, donors,

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Strengthening malaria SM&E at the national level	Health Information Governance and Data Analytics (HIGDA)	\$200,000	\$0	National	Continue support for implementation of the national M&E plan by providing technical assistance to increase the capacity of M&E staff at the national level and to promote data use for decision making. Oversight, governance, data management/analytics and updating DHIS2 forms for malaria.
Develop a malaria supply chain indicator dashboard within DHIS2	Health IT	\$200,000	\$0	National	Support University of Nairobi, the custodians of the DHIS2, to develop a malaria supply chain dashboard within DHIS2 to provide counties with end to end data visibility <b>Reprogramming #2.30: New activity</b>
Support M&E activities at the NMCP	MEASURE Evaluation IV	\$1,050,000	\$0	National	Continue support to the NMCP for implementation of the national M&E plan by providing technical assistance to increase the capacity of M&E staff at the national level and to promote data use for decision making. Activities include quarterly surveillance bulletins, M&E TWGs, monitoring program activities, GMP reporting, data analysis, KNMF, epidemic threshold setting, etc. <b>Reprogramming #2.31: New activity</b> <b>Reprogramming #3.6: Increase budget</b>
					Increase data demand and use of routine data for programmatic improvements at county level.

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Support Post-campaign ITN survey (PMLLIN)	HCM	\$300,000	\$0	Endemic/ Epidemic Counties	Support the post-mass ITN campaign survey in 23 counties following the 2017/18 campaign. <b>Reprogramming #3.10: New activity</b>
Quality of Care Survey (outpatient)/End-use verification survey	GHSC-PSM TO5 (Afya Ugavi)	\$100,000	\$0	Nationwide	Monitor quality of care for malaria case management and assess stockouts through the End-use verification tool included in the semi-annual Quality of Care surveys. <b>Reprogramming #2.22: Decrease budget and update mechanism.</b>
TA for Quality of Care Survey	GHSC-PSM TO5 (Afya Ugavi)	\$50,000	\$0	Nationwide	Technical assistance to support the QoC surveys. <b>Reprogramming #2.32: New activity</b>
<i>Inpatient Quality of Care Survey</i>	<i>TBD - Supply Chain Contract</i>	<i>\$0</i>	<i>\$0</i>	<i>Nationwide</i>	<i>Inpatient QoC survey in level 5 hospitals in all 47 counties on a semi-annual basis.</i> <b>Reprogramming #1.2--Cancel activity</b>
Technical Assistance: CDC TDYs	CDC IAA	\$10,000	\$0	Nationwide	Support one CDC TDY to provide technical assistance for M&E activities. <b>Reprogramming #2.23: Increase budget.</b> <b>Reprogramming #3.8: Decrease budget.</b>
<b>SUBTOTAL SM&amp;E</b>		<b>\$2,510,000</b>	<b>\$0</b>		
<b>IN-COUNTRY STAFFING AND ADMINISTRATION</b>					
USAID in-country staffing and administration	USAID	\$1,482,030	\$0	Nationwide	USAID staffing and mission-wide support costs <b>Reprogramming #2.24: Increase budget</b>