

**Table 1: Budget Breakdown by Mechanism
President's Malaria Initiative - KENYA
Planned Malaria Obligations for FY 2019**

Mechanism	Activity	Budget	%
PMI VectorLink	Entomological monitoring; net durability monitoring; and IRS implementation	\$8,350,000	25%
CDC IAA	Technical assistance visits for entomological monitoring, case management, and SM&E; FELTP; CDC staffing & administration costs	\$959,000	3%
Global Health Supply Chain Procurement and Supply Management (GHSC PSM) Malaria	Procurement of ITNs, RDTs, ACTs, and severe malaria medicines	\$12,663,824	37%
Health Communications and Marketing Program (HCM)	ITN distribution; SBCC activities at central and county level	\$4,012,827	12%
Environmental Compliance Operations Support (ECOS)	Independent environmental monitoring	\$35,000	0%
PMI Impact Malaria	Strengthening malaria diagnosis and appropriate treatment, including MIP; support to NMCP for MIP and case management	\$2,100,000	6%
Walter Reed Army Institute of Research (WRAIR) PAPA	QA/QC and training for malaria diagnostics (microscopy and RDTs)	\$500,000	1%
KEMSA Medical Commodities Project (MCP)	Warehousing and distribution of RDTs, ACTs, and severe malaria medicines	\$559,349	2%

Mechanism	Activity	Budget	%
GHSC-PSM TO5 (Afya Ugavi)	Strengthen leadership and coordination with the NMCP and other supply chain partners; forecasting and quantification; support county pharmacists monitoring of commodity stock status; EUV	\$1,600,000	5%
TBD - Central Mechanism	Antimalarial drug quality monitoring; support National Quality Control Lab	\$300,000	1%
Health IT	DHIS2 system support	\$100,000	0%
Health Information Governance and Data Analytics (HIGDA)	Support MoH/NMCP leadership, governance, and oversight for malaria activities utilizing the DHIS2 system	\$200,000	1%
TBD - Central Mechanism	Support NMCP SM&E activities: TWGs, annual report, KNMF, regional malaria epidemic threshold setting	\$500,000	1%
Tupime Kaunti (formerly CMLAP)	Capacity building and support for county SM&E activities	\$600,000	2%
Health Policy Plus (HP+)	Indepth costing of malaria control to inform domestic resource mobilization	\$200,000	1%
TBD Kenya Bilateral	Quality improvement activities with CHMTs and SCHMTs	\$300,000	1%
USAID	Staffing and administration	\$1,020,000	3%
TOTAL		\$34,000,000	

**Table 2: Budget Breakdown by Activity
President's Malaria Initiative - KENYA
Planned Malaria Obligations for FY 2019**

Proposed Activity	Mechanism	Budget (\$)	Geographic Reach of PMI Activity		Description of Proposed Activity
			If coverage is focused by county, name(s) of county(s)	If coverage is focused by sub-county, name(s) of sub-county(s)	
INSECTICIDE-BASED PREVENTION					
Entomologic Monitoring and Insecticide Resistance Management					
Entomologic Monitoring and Insecticide Resistance Management Implementation	PMI VectorLink	\$650,000	Bungoma, Busia, Homa Bay, Kisumu, Migori, Siaya		Continue insecticide resistance monitoring (including resistance intensity) in endemic/epidemic counties in IRS and non-IRS areas. Support for vector density surveillance at 13 sites, insecticide resistance monitoring at 9 sites (6 in IRS counties and one each in Bungoma, Busia, and Siaya counties), and monitoring of spray quality and decay rate of insecticide at up to 4 sites per county where spraying is done. Capacity building will primarily be through inclusion of county health officers in the entomological monitoring activities. The designated county health officers will also assist in insecticide resistance testing, often done directly in the field. For capacity building, PMI will provide transport and per diem for up to two members of the county health teams during mosquito collection periods in their respective counties.
Entomologic-Related CDC TDY	CDC IAA	\$29,000	Central		Support two visits from CDC to help develop entomological capacity at the national and county level with emphasis on coordination of vector monitoring efforts with partners and synergist/resistance intensity testing.
Subtotal : \$679,000					
Insecticide-Treated Nets					
Procure ITNs for Continuous Distribution Channels	Global Health Supply Chain Procurement and Supply Management (GHSC PSM) Malaria	\$3,675,000	Nationwide		Fill the ITN gap for routine distribution by purchasing ~1.5 million ITNs for routine distribution through ANC and EPI/child welfare clinics in 34 endemic, epidemic prone, and seasonal malaria counties.
Procure ITNs for Continuous Distribution Channels	Global Health Supply Chain Procurement and Supply Management (GHSC PSM) Malaria	\$634,386	Bungoma, Busia		Procure 167,827 piperonyl butoxide nets for counties with high pyrethroid resistance for distribution through ANC and EPI/child welfare clinics.
Distribute ITNs for Continuous Distribution Channels	Health Communications and Marketing Program (HCM)	\$1,667,827	Nationwide		Provide logistical support, including transportation and storage of nets, for distribution of the 1.7 million ITNs within the national routine distribution system.
Procure ITNs for Mass Campaigns	Global Health Supply Chain Procurement and Supply Management (GHSC PSM) Malaria	\$355,250	To Be Determined		Procure 145,000 ITNs for the 2020/21 mass net campaign. PMI will procure additional nets for the campaign using cost savings from previous years' commodity procurements.
Distribute ITNs for Mass Campaigns	Health Communications and Marketing Program (HCM)	\$145,000	To Be Determined		Provide logistical support, including transportation and storage of nets, for distribution of the 145,000 ITNs as part of the 2020/21 mass campaign.

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Support ITN Durability Monitoring	PMI VectorLink	\$200,000	Busia, Kwale		Continued (year 3) support for prospective ITN monitoring to follow ITNs distributed during the 2017/18 universal coverage campaign, and will provide data on: 1) net survivorship and physical integrity; 2) bioefficacy of insecticides; and 3) insecticidal content. Support will be for two sites that received nets during the 2017/18 mass campaign, one site each in the lake and coast endemic zones.
Subtotal : \$6,677,463					
Indoor Residual Spraying					
IRS Implementation	PMI VectorLink	\$7,500,000		To Be Determined	Support IRS in up to two endemic counties (estimated to reach up to 488,323 structures and up to 1.83 million people) with at least 85% coverage in all targeted areas. Based on decisions from the MPR and KMS meetings, spraying in 2020 will be in Homa Bay and either Migori or Kisumu.
Support Independent Environmental Monitoring	Environmental Compliance Operations Support (ECOS)	\$35,000		To Be Determined	Support for an independent environmental monitoring compliance visit to ensure that the IRS program is being implemented in accordance with best environmental practices.
Subtotal : \$7,535,000					
Total : \$14,891,463					
MALARIA IN PREGNANCY					
Other MIP Implementation	PMI Impact Malaria	\$300,000	Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga		Sensitize and carry out refresher trainings for health workers and supervisors on MIP package of interventions, in addition to improving health facility reporting on IPT dosages. The trainings are expected to reach 600 health workers in at least 300 facilities in the counties. Activities will include the re-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.
Other MIP Implementation	PMI Impact Malaria	\$500,000	Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga		Sensitize, orient, and supervise CHVs on MIP package of interventions and improve reporting: This activity will include the re-orientation, training, and supervision of CHVs to continue supporting early referral of pregnant women to attend ANC services, register all pregnancies for follow-up, and provide advice on case management and the use of ITNs. Previously trained CHVs will also undergo some refresher trainings on MIP-specific interventions they will be undertaking in the community. An estimated 3,000 CHVs will be sensitized and oriented using the community strategy and other innovative approaches. The target is to reach approximately 50,000 women of reproductive age with specific messages on MIP interventions.
Other MIP Implementation	PMI Impact Malaria	\$100,000	Central		Strengthen the national and county policy and monitoring capacity by providing technical support at the national level for supportive supervision, policy guidelines review, and material production, as well as supporting cross-county learning
Total : \$900,000					

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CASE MANAGEMENT					
Procure RDTs	Global Health Supply Chain Procurement and Supply Management (GHSC PSM) Malaria	\$2,371,500	Nationwide		Procure up to 4.65 million Pf HRP2 RDTs to help fill the gap at level 2 and 3 health facilities (dispensaries and health centers) and to provide RDTs for the community case management strategy.
Procure ACTs	Global Health Supply Chain Procurement and Supply Management (GHSC PSM) Malaria	\$4,912,188	Nationwide		Procure up to 5 million AL treatments to fill gaps in the public sector and community case management.
Procure Drugs for Severe Malaria	Global Health Supply Chain Procurement and Supply Management (GHSC PSM) Malaria	\$715,500	Nationwide		Procure severe malaria drugs, including up to approximately 270,000 vials of injectable artesunate, as needed, for use in public facilities.
Other Case Management Implementation	PMI Impact Malaria	\$300,000	Central		Capacity building for and support to the NMCP for malaria case management and diagnostics. Support the NMCP for oversight and mentorship of malaria case management and diagnostics. Review and revise as necessary the national malaria treatment guidelines to align with the new KMS.
Other Case Management Implementation	PMI Impact Malaria	\$900,000		Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga	Capacity building for and strengthening malaria case management at county and health facility level. Strengthening capacity of existing health staff through ongoing refresher trainings, on-the-job training, and mentoring of county/sub-county/health facility staff to enable case management improvements at the health facility level and community. Expand and improve capacities of CHVs in the diagnosis and treatment of uncomplicated malaria. Strengthening MIP-related case management is included under the MIP section.
Other Case Management Implementation	Walter Reed Army Institute of Research (WRAIR) PAPA	\$500,000		Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga	Strengthen quality and accuracy of malaria diagnosis at facility level through training on RDT and microscopy diagnosis, mentoring, supervision, and QA/QC. Support integrated implementation and strengthening of the QA/QC framework for malaria diagnostics in focus counties. Support strengthening of the national malaria reference laboratory.
Case Management-Related CDC TDY	CDC IAA	\$10,000	Central		Support one CDC visit to provide technical assistance for malaria case management.
Total : \$9,709,188					

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CROSS-CUTTING AND OTHER HEALTH SYSTEMS STRENGTHENING					
Pharmaceutical Management					
Warehousing and Distribution	KEMSA Medical Commodities Project (MCP)	\$559,349	Nationwide		Continued support for management, oversight, warehousing, and physical distribution of PMI-procured ACTs, RDTs, and injectable artesunate. PMI support will leverage broader, cross-element USAID investments in warehousing and distribution in Kenya.
Pharmaceutical management systems strengthening	Global Health Supply Chain Procurement and Supply Management (GHSC PSM) TO5 (Afya Ugavi)	\$600,000	Central		Support the NMCP to strengthen governance, coordination, and leadership structures for supply chain management and build capacity to ensure accurate forecasting and supply planning and monitoring for malaria commodity needs at the national level and upstream flow of logistics data through DHIS2 to inform the annual quantification process. Support regional and county pharmacist and laboratory personnel meetings.
Pharmaceutical Management Systems Strengthening	Global Health Supply Chain Procurement and Supply Management (GHSC PSM) TO5 (Afya Ugavi)	\$1,000,000		Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga	Support throughout the supply chain (county, sub-county, and health facility levels) to build capacity and structures for proper commodity management and to ensure that high-quality logistics data is available and used to inform county malaria commodity needs. Support redistribution of commodities as needed.
Pharmaceutical Management Systems Strengthening	TBD - Central Mechanism	\$300,000	Central		Strengthen antimalarial drug quality monitoring through the provision of technical, strategic and operational support to the NMCP and counties, Pharmacy and Poisons Board, and National Quality Control Laboratory. Activities will be conducted in collaboration with KEMSA and MEDS.
Subtotal : \$2,459,349					

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Social and Behavior Change Communication					
SBCC Implementation	Health Communications and Marketing Program (HCM)	\$1,250,000	Bungoma, Homa Bay, Kilifi, Kwale, Migori		Support the implementation of the multi-channeled communications strategy for malaria through the dissemination of communication materials and mass media messages, in addition to the integration of community-level interpersonal communications aligned to mass media efforts. Support will be provided toward expansion of community-based SBCC efforts by increasing outreach to priority populations in endemic counties through different strategies and channels of communication. Enhanced interpersonal communication delivered via the community approach will be one of the main channels of communication at the household level. In health facilities, particularly ANC clinics, women's groups, health talks, poster and information displays, and interpersonal communication during consultations will be used to deliver malaria messaging. Community <i>barazas</i> , dramas, and public gatherings will also be used to deliver malaria prevention and control messaging, including promotion of correct and consistent use of ITNs, early and regular ANC attendance by pregnant women to increase the proportion of women receiving IPTp and nets, early and appropriate health-seeking behavior, and prompt diagnosis and treatment for all people with fever. The activity will be carried out in five counties in malaria endemic zones, with a population of more than 5 million. The target population for the activity is estimated at 1.5 million people, mainly women of reproductive age.
SBCC Implementation	Health Communications and Marketing Program (HCM)	\$150,000	Central		Support national-level development and dissemination on key SBCC malaria policies and guidelines; donor coordination; and advocacy-related activities, including regular review meetings with malaria partners, donors, and stakeholders to monitor and evaluate uptake of malaria interventions. Support revision of the communication strategy in line with the new KMS 2019-2028. Activities will also provide capacity strengthening for the Division of Health Promotion.
Subtotal : \$1,400,000					
Surveillance, Monitoring, and Evaluation					
Support Routine Surveillance	Health IT	\$100,000	Central		Routine maintenance and IT support for DHIS2. Support development and updating malaria dashboards within DHIS2.
Support Routine Surveillance	Health Information Governance and Data Analytics (HIGDA)	\$200,000	Central		Support MoH and NMCP leadership and governance for malaria M&E activities. Oversight, governance, data management/analytics, and updating DHIS2 forms and tools for malaria.

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Other SM&E Implementation	TBD - Central Mechanism	\$500,000	Central		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 updating surveillance curriculum and threshold setting, M&E TWGs, monitoring program activities, GMP reporting, data analysis, KNMF, etc.
Other SM&E Implementation	Tupime Kaunti (formerly CMLAP)	\$600,000		Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga	Increase data demand and use of routine data for programmatic improvements at the county level. Support for M&E strengthening at the county level, working with the CHMT, SCHMT, and health facilities. Continue capacity building in counties for SM&E activities, mentorship, and reporting in line with county malaria control plans.
SM&E-Related CDC TDY	CDC IAA	\$20,000	Central		Support two CDC TDYs to provide technical assistance for M&E activities.
Subtotal : \$1,420,000					
Operational Research					
OR Implementation		\$0			No OR proposed
Other Health Systems Strengthening					
Support to FETP	CDC IAA	\$200,000	Nationwide		Provide support for two malaria-focused FELTP residents for the full two-year training program. PMI encourages the MoH to deploy 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.
Other Health Systems Strengthening Implementation	Health Communications and Marketing Program (HCM)	\$300,000	Central		Provide technical assistance and capacity building to improve the NMCP's capacity to fulfill the roles and responsibilities in line with the KMS. Improve the NMCP's technical capacity with regard to program implementation, management, and leadership development through formal and informal training, courses and workshops, supportive supervision, on-the-job coaching, and mentoring. Provide assistance for NMCP program management and technical team members and CMCCs from priority counties to attend key technical meetings (e.g., Multilateral Initiative on Malaria). Attendees will be expected to present on and share key technical updates with TWGs, partners, and stakeholders. PMI will continue to support the Malaria Interagency Coordinating Committee and TWGs as essential platforms for NMCP policy; strategy; and guideline review, updating, and validation processes, and coordination of malaria partners.

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Other Health Systems Strengthening Implementation	Health Communications and Marketing Program (HCM)	\$500,000		Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga	Programmatic support to staff in CHMTs and SCHMTs (CMCCs, SCMCCs, county pharmacists, county laboratory coordinator, disease surveillance coordinators, and health records and information officers) to increase supervision and management capacity for program implementation. Support emerging malaria control issues at the county level. Assist with inter-county coordination and advocacy and strengthen links with the NMCP. Support the county malaria control programs to develop malaria-specific work plans consistent with each county's malaria profile and the revised KMS and M&E Plan. PMI will support CHMTs in collating and analyzing malaria-related information to be used in planning for the county's need in terms of carrying out quantification for drugs and laboratory supplies and planning for the training of more health workers in areas where capacity gaps have been identified. PMI will also support county teams in organizing review meetings with the sub-counties to assess progress made in implementing malaria control interventions, and support coordination for malaria partners in the counties. Support frontline FELTP training for CMCCs and SCMCCs.
Other Health Systems Strengthening Implementation	Health Policy Plus (HP+)	\$200,000	Central	Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga	Support in-depth costing for malaria control at the county level. Support the NMCP with the collection of malaria control cost data from county and sub-county levels. This information will be used to inform implementation of the domestic resource mobilization within the new KMS.
Other Health Systems Strengthening Implementation	TBD Kenya Bilateral	\$300,000		Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga	Strengthen capacity of CHMTs and SCHMTs to design and implement quality improvement activities at the facility level to improve program performance across all malaria intervention areas.
Subtotal : \$1,500,000					
Total : \$6,779,349					
STAFFING AND ADMINISTRATION					
USAID In-Country Staffing and Administration: Staffing	USAID	\$340,000	Central		Staffing and administration for one PMI/USAID Resident Advisor and one 100% PMI-dedicated Foreign Service National.
USAID In-Country Staffing and Administration: Administration	USAID	\$680,000	Central		USAID administrative and oversight costs.
CDC In-Country Staffing and Administration	CDC IAA	\$700,000	Central		Staffing and administration for one PMI/CDC Resident Advisor.
Total : \$1,720,000					
GRAND TOTAL:		\$34,000,000			