

Table 1: Budget Breakdown by Mechanism
U.S. President's Malaria Initiative - Kenya
Planned Malaria Obligations for FY 2020

Mechanism	Activity	Budget	%
PMI VectorLink	Entomological monitoring; net durability monitoring; TA for continuous community net distribution (CCND); and IRS implementation	\$8,450,000	25%
Global Health Supply Chain Procurement and Supply Management (GHSC PSM) Malaria	Procurement of ITNs, RDTs, ACTs, SP, and severe malaria medicines	\$12,517,106	37%
TBD Kenya Bilateral	Routine and CCND net distribution; warehousing and distribution of commodities; quality improvement support; support to local development organizations. (More than one Kenya bilateral likely)	\$3,199,617	9%
Environmental Compliance Operational Support (ECOS)	Independent environmental monitoring	\$40,000	0%
Health Communications and Marketing Program (HCM)	SBCC activities at central and county level	\$1,050,000	3%
PMI Impact Malaria	Strengthening malaria diagnosis and appropriate treatment, including MIP; support to NMCP for MIP and case management	\$2,400,000	7%
Global Health Supply Chain Procurement and Supply Management (GHSC PSM) T05 (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	\$1,150,000	3%
Promoting the Quality of Medicines Plus (PQM+)	Antimalarial drug quality monitoring; support National Quality Control Lab	\$300,000	1%
Health IT	DHIS2 system support; malaria indicator dashboard development	\$100,000	0%
PMI Measure Malaria	Support NMCP SM&E activities: COEs, annual report, KNMF, regional malaria epidemic threshold setting	\$1,600,000	5%
TBD - Central Mechanism	OR analyzing the effectiveness of behavior change interventions; Support in-depth costing for malaria control	\$600,000	2%
TBD	Technical assistance to build NMP capacity with regard to program implementation, management, and leadership	\$300,000	1%
WHO Umbrella	Support WHO NPO	\$170,000	0%
CDC IAA	Technical assistance visits for entomological monitoring, case management, SBC, and SM&E; FELTP; CDC staffing & administration costs	\$929,000	3%
USAID	Staffing and administration	\$1,194,277	4%
TOTAL		\$34,000,000	100%

**Table 2: Budget Breakdown by Activity
U.S. President's Malaria Initiative - KENYA
Planned Malaria Obligations for FY 2020**

Proposed Activity	Mechanism	Budget (in \$)	Geographic Reach of PMI Activity		Description of Proposed Activity
			If coverage is focused by region(s), name(s) of region(s)	If coverage is focused by district(s), name(s) of district(s)	
VECTOR CONTROL					
Entomological Monitoring					
Support Entomologic Monitoring	PMI VectorLink	\$650,000	Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Turkana		Continue insecticide resistance monitoring (including resistance intensity) in endemic/epidemic counties in IRS and non-IRS areas. Support monthly monitoring of malaria vector distribution, bionomics, and insecticide resistance profiles in 10 sites. Additional collections will undertaken by community-based teams in Vihiga and Kakamega Counties. Monitoring of spray quality and decay rate in areas where spraying is done. Capacity building will primarily be through inclusion of county health officers in the entomological monitoring activities. 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.
Support ITN Durability Monitoring	PMI VectorLink	\$200,000	To Be Determined		Support for prospective ITN monitoring to follow ITNs distributed during the 2020/21 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 2020/21 mass campaign, and will include PBO nets in at least one site. Sites to be determined.
Subtotal : \$850,000					
Insecticide-Treated Nets					
Procure ITNs for Continuous Distribution Channels	Global Health Supply Chain Procurement and Supply Management (GHSC PSM) Malaria	\$3,561,825	Nationwide		Fill the ITN gap for routine distribution by purchasing ~1.2 million ITNs for routine distribution through ANC and child welfare clinics (CWC) in endemic and epidemic counties.
Procure ITNs for Continuous Distribution Channels	Global Health Supply Chain Procurement and Supply Management (GHSC PSM) Malaria	\$1,217,131	Homa Bay, Migori		Procure 336,224 PBO ITNs for continuous community net distribution (CCND) following the routine campaign in Migori and Homa Bay Counties.
Distribute ITNs for Continuous Distribution Channels	TBD Kenya Bilateral	\$1,440,000	Nationwide		Provide logistical support, including transportation and storage of ITNs, for distribution of the 1.2 million ITNs within the national routine distribution system.
Distribute ITNs for Continuous Distribution Channels	TBD Kenya Bilateral	\$403,469	Homa Bay, Migori		Provide logistical support, including transportation and storage of ITNs, for distribution of the 336,224 ITNs within the CCND system.
Other ITN Implementation	PMI VectorLink	\$100,000	Homa Bay, Migori		Continued oversight of the new continuous community net distribution (CCND) system.
Subtotal : \$6,722,425					

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Indoor Residual Spraying					
IRS Implementation	PMI VectorLink	\$4,673,460	Homa Bay, Migori		Support IRS in up to two endemic counties (estimated to reach up to 500,000 structures and up to 2 million people) with at least 85% coverage in all targeted areas. Counties/sub-counties for spraying will be determined in consultation with the NMP Vector Control Team.
Procure Insecticides for IRS	PMI VectorLink	\$2,826,540	Homa Bay, Migori		Procure insecticide for 2021 spraying.
Support Independent Environmental Monitoring	Environmental Compliance Operational Support (ECOS)	\$40,000	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 : \$7,540,000					
SBC Implementation for Vector Control	Health Communications and Marketing Program (HCM)	\$200,000	Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga		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 SBC efforts by increasing outreach to priority populations in endemic counties through different strategies and channels of communication. Community barazas, dramas, and public gatherings will also be used to deliver malaria prevention and control messaging, including promotion of correct and consistent use of ITNs. SBC activities will be conducted in all eight counties, with the exception that an increased focus on community activities will be in 5 counties (Busia, Bungoma, Kisumu, Migori and Homabay). The activity will be carried out in five counties in malaria endemic zones, with a population of more than 5 million.
Subtotal : \$200,000					
Total : \$15,312,425					
DRUG-BASED PREVENTION					
Prevention of Malaria in Pregnancy					
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 1000 health workers in at least 340 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.
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 2500 CHVs will be sensitized and oriented using the community strategy and other innovative approaches. The target is to reach approximately 100,000 women of reproductive age with specific messages on MIP interventions.
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.
Subtotal : \$900,000					

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SBC					
SBC Implementation for Prevention	Health Communications and Marketing Program (HCM)	\$350,000	Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga		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 SBC 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 barazas, dramas, and public gatherings will also be used to deliver malaria prevention and control messaging, including early and regular ANC attendance by pregnant women to increase the proportion of women receiving IPTp and nets. SBC activities will be conducted in all eight counties, with the exception that an increased focus on community activities will be in 5 counties (Busia, Bungoma, Kisumu, Migori and Homabay). The activity will be carried out in five counties in malaria endemic zones, with a population of more than 5 million.
		Subtotal : \$350,000			
Total : \$1,250,000					
CASE MANAGEMENT					
Procure Case Management-Related Commodities					
Procure RDTs	Global Health Supply Chain Procurement and Supply Management (GHSC PSM) Malaria	\$3,220,000	Nationwide		Procure up to 7 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	\$3,308,150	Nationwide		Procure up to 5.14 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	\$1,210,000	Nationwide		Procure severe malaria drugs, including up to approximately 500,000 vials of injectable artesunate, as needed, for use in public facilities.
		Subtotal : \$7,738,150			

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Case Management Implementation					
Facility-based case management	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. Strengthen the county reference labs.
Community-based case management	PMI Impact Malaria	\$300,000	Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga		Expand and improve capacities of CHVs in the identification and referral of uncomplicated and severe malaria. Maintain capacity of CHVs in the diagnosis and treatment of uncomplicated malaria in anticipation of regulatory support for CHV administration of RDTs and ACTs. Support orientation and training of CHVs in the counties with functional CHUs. Support supervision by CHAs; update mapping and identification of CHUs.
National-level support for case management	PMI Impact Malaria	\$300,000	Central		Capacity building for and support to the NMP for malaria case management and diagnostics. Support the NMP for oversight and mentorship of malaria case management and diagnostics. Support the National Reference Lab.
Subtotal : \$1,500,000					
SBC					
SBC Implementation for Case Management	Health Communications and Marketing Program (HCM)	\$350,000	Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga		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. Explore determinants of provider behavior using existing tools and data. Support will be provided toward expansion of community-based SBC 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. Community barazas, dramas, and public gatherings will also be used to deliver malaria prevention and control messaging, including early and appropriate health-seeking behavior, and prompt diagnosis and treatment for all people with fever. SBC activities will be conducted in all eight counties, with the exception that an increased focus on community activities will be in 5 counties (Busia, Bungoma, Kisumu, Migori and Homabay). The activity will be carried out in five counties in malaria endemic zones, with a population of more than 5 million.
Subtotal : \$350,000					
Total : \$9,588,150					

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SUPPLY CHAIN					
In-Country Supply Chain					
Warehousing and Distribution	TBD Kenya Bilateral	\$456,148	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) T05 (Afyu Ugavi)	\$350,000	Central		Support the NMP 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. Biannual county pharmacist and lab technologists forums. Continue to support the establishment of national HMPTU, build capacity of warehousing and distribution partners, and capture malaria commodity usage in the private sector.
Pharmaceutical Management Systems Strengthening	Global Health Supply Chain Procurement and Supply Management (GHSC PSM) T05 (Afyu Ugavi)	\$800,000		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. Continue to support the establishment of county HMPTUs.
Ensuring drug and other health product quality	Promoting the Quality of Medicines Plus (PQM+)	\$300,000	Central		Strengthen antimalarial drug quality monitoring through the provision of technical, strategic and operational support to the NMP and counties, Pharmacy and Poisons Board, and National Quality Control Laboratory. Activities will be conducted in collaboration with KEMSA and MEDS.
Subtotal : \$1,906,148					
Total : \$1,906,148					
MONITORING, EVALUATION & RESEARCH					
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 (including the Malaria Commodities Dashboard) and the inpatient malaria module within DHIS2.
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.
SM&E for Elimination	PMI Measure Malaria	\$200,000	Central		Support NMP to establish surveillance structures for elimination, by conducting an assessment and planning a surveillance framework. Conduct consultations with low malaria risk counties.

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Other SM&E Implementation	PMI Measure Malaria	\$600,000	Central		Continue support to the NMP 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 M&E COEs, monitoring program activities, GMP reporting, data analysis, support to HIS division, and KNMF. Support counties in threshold setting for EPR through regional meetings.
Other SM&E Implementation	PMI Measure Malaria	\$800,000		Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Samburu, 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.
Subtotal : \$1,900,000					
Operational Research					
OR Implementation	TBD - Central Mechanism	\$300,000		To Be Determined	Analyzing the effectiveness of behavior change interventions in different malaria transmission zones in order to understand the most appropriate behavior change approach for areas transitioning from high and moderate to low, very low and zero malaria transmission.
Subtotal : \$300,000					
Total : \$2,200,000					
OTHER HEALTH SYSTEMS STRENGTHENING					
Other Health Systems Strengthening Implementation	TBD	\$300,000	Central		Provide technical assistance and capacity building to improve the NMP's capacity to fulfill the roles and responsibilities in line with the KMS. Improve the NMP'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 NMP 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 COEs, partners, and stakeholders. PMI will continue to support the Malaria Health Sector Working Committee and COEs as essential platforms for NMP policy; strategy; and guideline review, updating, and validation processes, and coordination of malaria partners.
Other Health Systems Strengthening Implementation	TBD Kenya Bilateral	\$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 NMP. 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.

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Other Health Systems Strengthening Implementation	TBD Kenya Bilateral	\$300,000		Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga	Support Quality Improvement activities with CHMTs and SCHMTs.
Other Health Systems Strengthening Implementation	Health Communications and Marketing Program (HCM)	\$150,000	Central		Support national-level development and dissemination of key SBC 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 to ensure effective SBC activity implementation. Activities will also provide capacity strengthening for the Division of Health Promotion.
Other Health Systems Strengthening Implementation	TBD Kenya Bilateral	\$100,000	Nationwide	Kakamega, Kisumu	Support to local development organizations to promote citizen advocacy at the community and facility level to increase demand for quality malaria services and enhanced accountability.
Other Health Systems Strengthening Implementation	TBD - Central Mechanism	\$300,000	Central	Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga	Support in-depth costing for malaria control and approaches for domestic resource mobilization at the national and county level. Support the NMP 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 KMS 2019-2023. Advocate for availability, allocation, and absorption of these resources.
Other Health Systems Strengthening Implementation	WHO Umbrella	\$170,000	Central		Support for a WHO National Program Officer, who will provide technical recommendations to the NMCP across malaria technical areas.
Subtotal : \$1,820,000					
Total : \$1,820,000					
STAFFING & ADMINISTRATION					
Vector Control-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.
Case Management-Related CDC TDY	CDC IAA	\$10,000	Central		Support one CDC visit to provide technical assistance for malaria case management.
SBC-Related CDC TDY	CDC IAA	\$10,000	Central		Support one CDC visit to provide technical assistance for SBC.
SM&E-Related CDC TDY	CDC IAA	\$10,000	Central		Support one CDC TDYs to provide technical assistance for M&E activities.
USAID In-Country Staffing and Administration: Staffing	USAID	\$514,277	Central		Staffing and administration for one PMI/USAID Resident Advisor and two 100% PMI-dedicated Foreign Service Nationals.
USAID In-Country Staffing and Administration: Administration	USAID	\$680,000	Central		USAID administrative and oversight costs. To include third party monitoring.
CDC In-Country Staffing and Administration	CDC IAA	\$670,000	Central		Staffing and administration for one PMI/CDC Resident Advisor.
Subtotal : \$1,923,277					
Total : \$1,923,277					
GRAND TOTAL:	\$	34,000,000			