

**Table 1: Budget Breakdown by Mechanism
U.S. President's Malaria Initiative - KENYA
Planned Malaria Obligations for FY 2021**

Mechanism	Activity	Budget	%
TBD Kenya Bilateral Vector Control	Entomological monitoring, net durability monitoring, technical assistance for continuous community net distribution, and IRS implementation	\$8,400,000	25%
Global Health Supply Chain Procurement and Supply Management (GHSC PSM) Malaria	Procurement of ITNs, RDTs, ACTs, and severe malaria medicines	\$11,387,932	34%
TBD Kenya Bilateral	Routine and continuous community net distribution, warehousing and distribution of commodities, quality improvement support, support to local development organizations (<i>more than one bilateral mechanism</i>)	\$2,544,868	8%
Breakthrough ACTION	SBC activities at central and county level	\$1,050,000	3%
PMI Impact Malaria	Strengthening malaria diagnosis and appropriate treatment, including MIP, and support to DNMP for MIP and case management	\$2,400,000	7%
Global Health Supply Chain Procurement and Supply Management (GHSC PSM) TO5 (Afya Ugavi)	Strengthen leadership and coordination with the DNMP and other supply chain partners, forecasting and quantification, and support county pharmacists monitoring of commodity stock status	\$1,350,000	4%
KEMSA Medical Commodities Project (MCP)	Warehousing and distribution of PMI-procured commodities (e.g., ACTs, RDTs, and severe malaria medications)	\$236,677	1%
Promoting the Quality of Medicines Plus (PQM+)	Antimalarial drug quality monitoring, and support to the National Quality Control Lab and Pharmacy and Poisons Board	\$300,000	1%
Health IT	DHIS2 system support, epidemic preparedness and response dashboard, and in-patient module development	\$200,000	1%

PMI Measure Malaria	Support DNMP SM&E activities, including SM&E Committee of Experts, annual report, Kenya National Malaria Forum, regional malaria epidemic threshold setting, and establishment of structures for malaria elimination	\$1,550,000	5%
Health Policy Plus (HP+)	Support technical assistance and capacity building for the DNMP, and support in-depth costing and domestic resource mobilization for malaria control activities	\$600,000	2%
Malaria Data Integration and Visualizations for Eradication (M-DIVE)	Support PMI data analytics	\$251,250	1%
TBD - Central Mechanism	Support PMI connected/digital diagnostics project	\$251,250	1%
TBD	Technical assistance to build county capacity for malaria program implementation, management, and leadership	\$500,000	1%
TBD	Support to the DNMP	\$185,000	1%
CDC IAA	Technical assistance visits for entomological monitoring, case management, and SM&E, support for FELTP, and CDC staffing and administration costs	\$919,000	3%
USAID	Staffing and administration	\$1,374,023	4%
TOTAL		\$33,500,000	100%

**Table 2: Budget Breakdown by Activity
U.S. President's Malaria Initiative - KENYA
Planned Malaria Obligations for FY 2021**

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	TBD Kenya Bilateral Vector Control	\$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 ten sites. Additional collections will be 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	TBD Kenya Bilateral Vector Control	\$150,000		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 2 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 : \$800,000						

Insecticide-Treated Nets

Procure ITNs for Continuous Distribution Channels	Global Health Supply Chain Procurement and Supply Management (GHSC PSM) Malaria	\$5,826,827	Nationwide			Fill the ITN gap for routine distribution by purchasing ~2.1 million ITNs for routine distribution through ANC and child welfare clinics in endemic and epidemic counties.
Procure ITNs for Continuous Distribution Channels	Global Health Supply Chain Procurement and Supply Management (GHSC PSM) Malaria	\$1,220,833		To Be Determined		Procure 344,868 PBO ITNs for continuous community net distribution (CCND) in one or two counties.
Distribute ITNs for Continuous Distribution Channels	TBD Kenya Bilateral	\$2,100,000	Nationwide			Provide logistical support, including transportation and storage of ITNs, for distribution of the 2.1 million ITNs within the national routine distribution system.
Distribute ITNs for Continuous Distribution Channels	TBD Kenya Bilateral	\$344,868		To Be Determined		Provide logistical support, including transportation and storage of ITNs, for distribution of the 344,868 ITNs within the CCND system.
Other ITN Implementation	TBD Kenya Bilateral Vector Control	\$100,000		To Be Determined		Design and continued oversight of the CCND system. Sites to be determined with the DNMP.

Subtotal : \$9,592,527

Indoor Residual Spraying

IRS Implementation	TBD Kenya Bilateral Vector Control	\$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 two million people) with at least 85% coverage in all targeted areas. Counties/sub-counties for spraying will be determined in consultation with the DNMP Vector Control Team.
Procure Insecticides for IRS	TBD Kenya Bilateral Vector Control	\$2,826,540		Homa Bay, Migori	Procure insecticide for 2022 spraying.

Subtotal : \$7,500,000

SBC Implementation for Vector Control	Breakthrough ACTION	\$200,000		Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga	Support the implementation of the multi-channeled, multi-pronged social and behavior change strategy for malaria through the expansion of community-based SBC efforts. Increased emphasis will be placed on community-based efforts around case management and MIP, while high-levels of ITN use will be maintained through mass media channels. Activities will be conducted in all eight counties, with increased focus on community-level implementation in five counties (Busia, Bungoma, Kisumu, Migori and Homa Bay).
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Subtotal : \$200,000**Total : \$18,092,527**

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 IPTp dosages. Trainings are expected to reach 1000 health workers in at least 340 facilities. Activities will include reorientation and training of facility in-charges and health service providers on the MIP package and ANC data collection. Support will also include implementation of a quality improvement framework.
MIP Implementation	PMI Impact Malaria	\$400,000		Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga	Sensitize, orient, and supervise CHVs on MIP package of interventions and improve reporting. Activity will build on previous multi-year efforts and include the reorientation, training, and supervision of CHVs to support early referral of pregnant women, registration of all pregnancies for follow-up, and the provision of advice on case management and the use of ITNs. Previously trained CHVs will also undergo some refresher trainings on MIP-specific interventions. 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	\$50,000	Central		Strengthen the national level for review of policies and build capacity for county policy monitoring, oversight, and mentorship, as well as supporting cross-county learning.

Subtotal : \$750,000

SBC

SBC Implementation for Prevention	Breakthrough ACTION	\$350,000		Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga	Support the implementation of the multi-channeled, multi-pronged social and behavior change strategy for malaria through the expansion of community-based SBC efforts. Increased emphasis will be placed on community-based efforts around case management and MIP, while high-levels of ITN use will be maintained through mass media channels. Activities will be conducted in all eight counties, with increased focus on community-level implementation in five counties (Busia, Bungoma, Kisumu, Migori and Homa Bay).
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Subtotal : \$350,000**Total : \$1,100,000****CASE MANAGEMENT****Procure Case Management-Related Commodities**

Procure RDTs	Global Health Supply Chain Procurement and Supply Management (GHSC PSM) Malaria	\$2,250,000	Nationwide		Procure up to 4.5 million Pf HRP2 POCT 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	\$1,537,773	Nationwide		Procure ~2.3 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	\$552,500	Nationwide		Procure severe malaria drugs, including up to approximately 250,000 vials of injectable artesunate, as needed, for use in public facilities.

Subtotal : \$4,340,273

Case Management Implementation

Facility-based Case Management	PMI Impact Malaria	\$850,000		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 and update mapping and identification of CHUs.
National-level Support for Case Management	PMI Impact Malaria	\$200,000	Central			Capacity building and support to the DNMP for malaria case management and diagnostics guidelines review and oversight for implementation. Support the DNMP for oversight and mentorship of malaria case management and diagnostics. Support the National Reference Lab.
Support Therapeutic Efficacy Study	PMI Impact Malaria	\$300,000			To Be Determined	Support a therapeutic efficacy study at up to four sites to monitor first-line antimalarial drug efficacy.

Subtotal : \$1,650,000

SBC

SBC Implementation for Case Management	Breakthrough ACTION	\$350,000		Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Siaya, Vihiga		Support the implementation of the multi-channeled, multi-pronged social and behavior change strategy for malaria through the expansion of community-based SBC efforts. Increased emphasis will be placed on community-based efforts around case management and MIP, while high-levels of ITN use will be maintained through mass media channels. Activities will be conducted in all 8 counties, with increased focus on community-level implementation in five counties (Busia, Bungoma, Kisumu, Migori and Homa Bay).
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Subtotal : \$350,000

Total : \$6,340,273

SUPPLY CHAIN

In-Country Supply Chain

Warehousing and Distribution	KEMSA Medical Commodities Project (MCP)	\$236,677	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)	\$350,000	Central			Support the DNMP and Health Products and Technology Unit of the Ministry of Health to strengthen governance, coordination, and leadership structures for supply chain management and build capacity to ensure accurate forecasting and supply planning and monitoring for country malaria commodity needs and upstream flow of logistics data through DHIS2 to inform the annual quantification process. Support to county pharmacist and laboratory personnel meetings. Biannual county pharmacist and lab technologists forums. Support the establishment of structures that enhance accountability for malaria commodities, including building capacity of warehousing and distribution partners for improved commodity security.
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 establishment and functionality of governance structures in malaria endemic counties, strengthen commodity security throughout the supply chain (county, sub-county, and health facility levels) by building 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. Support accountability and monitoring of routine ITN distribution.
Ensuring drug and other health product quality	Promoting the Quality of Medicines Plus (PQM+)	\$300,000	Central			Support the operationalization and functionality of governance structures for post-market surveillance within the Pharmacy and Poisons Board. Strengthen antimalarial drug quality monitoring through the provision of technical, strategic, and operational support to the DNMP and counties, the Pharmacy and Poisons Board, and the National Quality Control Laboratory.

Subtotal : \$1,886,677

Total : \$1,886,677

MONITORING, EVALUATION & RESEARCH

Surveillance, Monitoring, and Evaluation

Support Routine Surveillance	Health IT	\$200,000	Central			Routine maintenance and IT support for DHIS2. Support updating of the Commodities Dashboard, revisions to the DHIS2/EMR platform to capture inpatient malaria data, and development of the EPR dashboard within DHIS2 to enable analyzing data for epidemic threshold setting from E-IDSR.
Support to FELTP	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	\$150,000	Central			Continue support NMP to establish surveillance structures for elimination by conducting an assessment and planning a surveillance framework. Conduct consultations with low malaria risk counties.
Other SM&E Implementation	PMI Measure Malaria	\$600,000	Central			Continue support to the DNMP for implementation of the national M&E plan by providing technical assistance to increase the capacity of SM&E staff at the national level and to promote data use for decision-making. Support to HIS Department and the IDSR unit for streamlined and coordinated malaria data capture activity strengthening. Support counties in threshold setting for EPR through regional meetings and reporting on weekly surveillance data.
Other SM&E Implementation	PMI Measure Malaria	\$800,000		Bungoma, Busia, Homa Bay, Kakamega, Kisumu, Migori, Samburu, Vihiga		Strengthen, governance structures for HIS at county level, oversight for data capture and quality at facility level, and increase data demand and use of routine data for programmatic improvements 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. Support use of scannable forms for improved data collection at county level.

	Data Analytics	Malaria Data Integration and Visualizations for Eradication (M-DIVE)	\$251,250	Central			The new M-DIVE platform houses data from multiple sources for PMI countries. This data is used to inform PMI programming.
	Connected Diagnostics	TBD - Central Mechanism	\$251,250	Central			Support PMI's digital diagnostic needs to strengthen collection of case management data globally.
Subtotal : \$2,452,500							
Total : \$2,452,500							
OTHER HEALTH SYSTEMS STRENGTHENING							
	Other Health Systems Strengthening Implementation	Health Policy Plus (HP+)	\$300,000	Central			Provide technical assistance and capacity building to improve the DNMP's capacity to fulfill the roles and responsibilities in line with the KMS 2019-2023. Strengthen linkages between the NMP and 47 counties. Improve the DNMP'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 DNMP program management and technical team members and CMCCs from priority counties to attend key technical meetings. Support the Malaria Health Sector Working Committee and Committees of Experts as essential platforms for DNMP policy. Support strategy and guideline review, updating, and validation processes, and coordination of malaria partners.

	Other Health Systems Strengthening Implementation	TBD	\$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) for leadership and coordination of malaria activities in the county. Support emerging malaria control issues at the county level. Assist with intercounty coordination and advocacy and strengthened linkages with the DNMP. 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. 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. 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	Breakthrough ACTION	\$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 implementation. Support 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 ensure enhanced accountability.
	Other Health Systems Strengthening Implementation	Health Policy Plus (HP+)	\$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 DNMP 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	TBD	\$185,000	Central		Support to the DNMP across malaria technical areas.
Subtotal : \$1,535,000						
Total : \$1,535,000						

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.
	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	\$704,023	Central			Staffing and administration for one PMI/USAID Resident Advisor and four 100% FTE PMI-dedicated FSNs and one 50% FTE FSN, who is focused on Western/Nyanza Region.
	USAID In-Country Staffing and Administration: Administration	USAID	\$670,000	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 : \$2,093,023							
Total : \$2,093,023							
GRAND TOTAL:		\$ 33,500,000					