

**Table 1: Budget Breakdown by Mechanism
U.S. President's Malaria Initiative — DR Congo
Planned Malaria Obligations for FY 2024**

Mechanims and Proposed Activities	Sum of Budget (in \$)
CDC IAA	\$ 1,169,000
Case Management-Related CDC TDY	\$ 10,000
CDC In-Country Staffing and Administration	\$ 950,000
Local Capacity Strengthening	\$ 150,000
OR-Related CDC TDY	\$ 10,000
SBC-Related CDC TDY	\$ 10,000
SM&E - Related CDC TDY	\$ 10,000
Vector Control - CDC Entomology Laboratory TDY	\$ 14,500
Vector Control - CDC Entomology Lead TDY	\$ 14,500
Country Health Information Systems and Data Use (CHISU)	\$ 2,720,000
Other Health Systems Strengthening Implementation	\$ 735,000
Support Routine Surveillance	\$ 1,985,000
PMI Evolve	\$ 1,467,951
Support Entomological Monitoring	\$ 1,316,640
Support ITN Durability Monitoring	\$ 151,311
Power Africa	\$ 300,000
Other Health Systems Strengthening Implementation	\$ 300,000
TBD Bilateral Mechanism	\$ 5,841,016
Community-based Case Management	\$ 1,864,000
Facility-based Case Management	\$ 1,100,000
MIP Implementation	\$ 652,016
SBC Implementation	\$ 975,000
Support Routine Surveillance	\$ 750,000
Warehousing and Distribution	\$ 500,000
TBD Central Mechanism	\$ 925,000
Other SBC	\$ 50,000
SBC Implementation	\$ 875,000
TBD Medicine Quality Technical Assistance Central Mechanism	\$ 300,000
Strengthen Medical Product Quality Assurance	\$ 300,000
USAID	\$ 2,810,000
USAID In-Country Staffing and Administration: Administration	\$ 960,000
USAID In-Country Staffing and Administration: Staffing	\$ 1,850,000
Working Capital Fund, Commodity Procurement	\$ 26,256,154
Procure ACTs	\$ 6,325,614
Procure Drugs for Severe Malaria	\$ 2,413,161

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Mechanims and Proposed Activities	Sum of Budget (in \$)
Procure IPTp Related Commodities	\$ 2,751,118
Procure ITNs for Continuous Distribution Channels	\$ 9,692,184
Procure RDTs	\$ 5,074,077
Working Capital Fund, LLIN Distribution	\$ 2,198,560
Distribute ITNs for Continuous Distribution Channels	\$ 2,198,560
Working Capital Fund, Supply Chain Technical Assistance	\$ 1,455,000
Supply Chain and Pharmaceutical Management	\$ 1,455,000
Working Capital Fund, Warehousing & Distribution	\$ 2,557,320
Warehousing and Distribution	\$ 2,557,320
Grand Total	\$ 48,000,000

**Table 2: Budget Breakdown by Activity
U.S. President's Malaria Initiative — DR Congo
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Broad Investment Area	Focused Investment Area	Proposed Activity	Mechanism	Local Partner	Budget (in \$)	Description of Proposed Activity
Vector Control	Entomological Monitoring	Support Entomological Monitoring	PMI Evolve	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$1,166,640	Support for entomological monitoring in at least 20 sites, including basic entomological indicators. Four sites (Lodja, Inongo, Kimpense, and Makalayi) will conduct monthly monitoring to better understand seasonality and vector behavior of various species and human behavior. Support is specifically focused on species identification and insecticide-resistance monitoring through supervision and technical assistance for field and laboratory activities. These activities will be implemented through the National Institute of Biomedical Research and the Kinshasa School of Public Health.
Vector Control	Entomological Monitoring	Support Entomological Monitoring	PMI Evolve	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$150,000	Support training in field entomology for national and provincial staff, with a special focus on quality assurance and with the goal of increasing the number of community bases sites not needing INRB supervision. This also includes funding for advanced molecular sample analysis at the CDC for which facility are not available in DRC
Vector Control	Insecticide Treated Nets	Support ITN Durability Monitoring	PMI Evolve	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$151,311	Support ITN Durability monitoring in Nord Ubangi (Month 12), Tanganyika (Month 36).
Vector Control	Insecticide Treated Nets	Distribute ITNs for Continuous Distribution Channels	Working Capital Fund, LLIN Distribution	To be determined	\$829,645	Distribute 2,370,415 ITNs for continuous distribution in PMI-supported provinces through ANC and child health clinics. Cost estimate includes delivery from health zones to health facilities, storage, and supervision (\$0.35 per net)
Vector Control	Insecticide Treated Nets	Distribute ITNs for Continuous Distribution Channels	Working Capital Fund, LLIN Distribution	To be determined	\$1,368,915	In country storage and distribution (from CDRs to Health Zones) are budgeted at 15% of of ex-works (factory) product price.
Vector Control	Insecticide Treated Nets	Procure ITNs for Continuous Distribution Channels	Working Capital Fund, Commodity Procurement	No-this activity will not be implemented by Local Partners	\$9,692,184	Procurement of 2,370,415 PBO ITNs for ANC and EPI continuous distribution \$3.85 per net. Budgeted an additional \$566,086 to cover additional costs specific to DRC for CDR delivery.

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Broad Investment Area	Focused Investment Area	Proposed Activity	Mechanism	Local Partner	Budget (in \$)	Description of Proposed Activity
Drug Based Prevention	Prevention of Malaria in Pregnancy	MIP Implementation	TBD Bilateral Mechanism	To be determined	\$300,000	Supportive supervision of health workers, primarily at facilities with ANC clinics. The activity includes mentoring and support for ANC staff on malaria in pregnancy, with a focus on IPTp and management of malaria in pregnant women. The focus of supportive supervision will be informed by findings from the ANC/IPTp study carried out in 2021. Approximately 1,000 health workers will be targeted in PMI-supported provinces with priority given to provinces and health zones with poor performance based on DHIS-2 data. Supervision visits are integrated with malaria case management and other health elements. Also, provision/replacement of water containers and reusable cups to facilitate directly observed IPTp.
Drug Based Prevention	Prevention of Malaria in Pregnancy	MIP Implementation	TBD Bilateral Mechanism	To be determined	\$352,016	Expansion of community IPTp through community care sites based on global evidence and findings from the DRC TIPTOP study. Support will include training, supportive supervision, and monthly monitoring meetings.
Drug Based Prevention	Prevention of Malaria in Pregnancy	Procure IPTp Related Commodities	Working Capital Fund, Commodity Procurement	No-this activity will not be implemented by Local Partners	\$2,751,118	Procure 6,550,280 treatments of SP (50x3 blister packs). The cost estimate includes delivery to regional warehouses. This procurement will leave a three-month buffer stock in country based on CY 2023 needs for PMI provinces.
Case Management	Procure Case Management-Related Commodities	Procure RDTs	Working Capital Fund, Commodity Procurement	No-this activity will not be implemented by Local Partners	\$5,074,077	Procure 13,352,834 HRP2 (Pf) RDTs (tests) for use at hospitals, health centers, and community care sites in PMI-supported provinces.
Case Management	Procure Case Management-Related Commodities	Procure ACTs	Working Capital Fund, Commodity Procurement	No-this activity will not be implemented by Local Partners	\$6,325,614	Procure ACT treatments divided as follows: 30% artemether-lumefantrine (3,614,637) for use in urban areas and 70% artesunate-amodiaquine (8,434,152) for use in rural areas. ACTs will be used at hospitals, health centers, and community care sites. Cost estimate includes delivery to regional warehouses.

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Case Management	Procure Case Management-Related Commodities	Procure Drugs for Severe Malaria	Working Capital Fund, Commodity Procurement	No-this activity will not be implemented by Local Partners	\$2,166,951	Procure 1,072,748 vials out of 2145495 vials of injectable artesunate needed with out syringe, covering the CY 2025 estimated needs of children ages 0-5 years for reference health centers and hospitals. Cost estimate includes delivery to regional warehouses.
Case Management	Procure Case Management-Related Commodities	Procure Drugs for Severe Malaria	Working Capital Fund, Commodity Procurement	No-this activity will not be implemented by Local Partners	\$246,210	Procure 178,413 blister packs for pre-referral treatment. Cost estimate includes delivery to regional warehouses. Assumes two suppositories for each expected need (including for children <10 kg), since they come in blister packs of two.
Case Management	Case Management Implementation	Community-based Case Management	TBD Bilateral Mechanism	To be determined	\$498,000	Provide supportive supervision of community health workers by nurses who offer integrated case management for malaria, diarrhea, and pneumonia at community care sites. Each CCS will be supervised once per month, and each nurse who supervises the CCS will be receiving \$10 per supervision per month. (\$10x4004x12=\$480,480 + mobile money transfer fees).
Case Management	Case Management Implementation	Community-based Case Management	TBD Bilateral Mechanism	To be determined	\$1,116,000	CHWs' monthly reimbursements, as a way to motivate them for their valuable contribution. The monthly commodities transport reimbursement is an estimated flat rate paid per community care site, but not per CHW, per year. PMI plans to increase the stipend from \$10 to \$20 per CCS,i.e., (\$1,116,000/4004/12=23,22), including mobile money transfer and administrative fees.
Case Management	Case Management Implementation	Community-based Case Management	TBD Bilateral Mechanism	To be determined	\$250,000	Resume providing support for training new CHWs and small equipment procurement for new 500 community care sites establishment in support of the DRC CCSs extension plan, aiming to increase the CCS coverage from 15% to 23%, i.e., from 10,112 to 15,000 CCS, by 2027. (250,000/\$500 unit cost for new iCCM establishment= 500 new CCS)

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Case Management	Case Management Implementation	Facility-based Case Management	TBD Bilateral Mechanism	To be determined	\$1,100,000	Supportive supervision (on-the-job training and mentoring) of facility-based health workers responsible for the management of both uncomplicated and severe malaria in public and not-for-profit health centers and hospitals. PMI plans to target health workers in low-performing health structures by using provincial level DHIS2 analysis to identify poorly performing health zones/high volume facilities. Data from various activities will help inform the focus of supportive supervision (e.g., DQAs, RDT adherence, continuous quality improvement expansion). Supervision will be integrated with MIP and ITN routine distribution. Pending malaria vaccine rollout, support the introduction of vaccine in health facilities through health system strengthening, supportive supervision and community engagement will be conducted in collaboration/in coordination with DRC's EPI program.
Supply Chain	In-Country Supply Chain	Supply Chain and Pharmaceutical Management	Working Capital Fund, Supply Chain Technical Assistance	No-this activity will not be implemented by Local Partners	\$1,275,000	Supply chain management strengthening for malaria commodities including system design, forecasting, inventory management at CDR level, and the logistics management information system at national and provincial levels. Work with Health Zone staff to strengthen skills in overseeing and supporting the SC. Capacity building of HZ and FOSA staff in SCM. Strengthening visibility, quality and use of supply chain data from all levels.
Supply Chain	In-Country Supply Chain	Strengthen Medical Product Quality Assurance	TBD Medicine Quality Technical Assistance Central Mechanism	No-this activity will not be implemented by Local Partners	\$300,000	Post-marketing surveillance of antimalarial medicines and technical assistance to the Direction de la Pharmacie et du Medicament (DPM) for quality assurance and quality control of antimalarial medicines.
Supply Chain	In-Country Supply Chain	Supply Chain and Pharmaceutical Management	Working Capital Fund, Supply Chain Technical Assistance	No-this activity will not be implemented by Local Partners	\$180,000	Annual end-use verification survey of a representative sample of health facilities and warehouses. Co-funded with the Global Fund to cover 25 of the 26 provinces. Comparison of EUV data against the InfoMED data to check the consistency of the data.
Supply Chain	In-Country Supply Chain	Warehousing and Distribution	Working Capital Fund, Warehousing & Distribution	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$2,557,320	In country storage and distribution are budgeted at 15% of ex-works (factory) product price. We will explore contracting directly with CDR

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Supply Chain	In-Country Supply Chain	Warehousing and Distribution	TBD Bilateral Mechanism	To be determined	\$500,000	Last mile distribution of ACT, RDTs from Health Zones to aires sanitaires
Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Support Routine Surveillance	Country Health Information Systems and Data Use (CHISU)	No-this activity will not be implemented by Local Partners	\$350,000	Support on data analysis and use for program management. Support for supervision to the provincial level, coordination of monitoring and evaluation working groups, and facilitation of national-level reviews. Support for implementing partner meetings to discuss SME activities and coordination.
Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Support Routine Surveillance	TBD Bilateral Mechanism	To be determined	\$750,000	Support for 12 monthly data validation meetings at each of the 178 PMI-supported health zones and nearly 3,000 health areas, as well as transmission of data to the zone level. Ensure one day of these validation meetings is malaria-specific.
Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Support Routine Surveillance	Country Health Information Systems and Data Use (CHISU)	No-this activity will not be implemented by Local Partners	\$400,000	Reproduction and distribution of registers and tools.
Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Support Routine Surveillance	Country Health Information Systems and Data Use (CHISU)	No-this activity will not be implemented by Local Partners	\$50,000	Provide technical and financial support to the NMCP for organizing the annual data malaria review meeting. This is at the national level and involves collaboration with partners such as Global Fund, BMGF, etc. The objective will be to evaluate the implementation of the NMCP annual action plan, to validate malaria data, and analyze the trends of the key indicators. This is a five-day activity, and participants include the NMCP at the national and provincial levels (malaria focal points, chief of DPS), staff from other MOH departments (DSNIS, Direction Surveillance épidémiologique), and other partners.

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Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Support Routine Surveillance	Country Health Information Systems and Data Use (CHISU)	No-this activity will not be implemented by Local Partners	\$250,000	Training and coaching on data analysis and use and general monitoring and evaluation support to the NMCP Provincial Health Department. Continued improvement of standard dashboards and visualizations through Malaria Data integration and Visualization platform (MDIVE) for review of malaria data (from routine health information system, entomological monitoring, surveys, and climate data) at the health zone, provincial and national levels. Work with HZ on malaria data analysis. Ensure they are using the standard malaria dashboards and visualizations (MDIVE) to review HZ malaria data and make decisions based on their data. Additionally, this will support the management, monitoring, and integration of malaria vaccine introduction data into the national HMIS
Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Support Routine Surveillance	Country Health Information Systems and Data Use (CHISU)	No-this activity will not be implemented by Local Partners	\$585,000	Enhanced DQAs with register comparison and review, as well as examination of classification of severe malaria in health facilities. Target 20 health facilities per year per province. In each province, purposefully sample approximately five health zones and select four health facilities per health zone.
Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Support Routine Surveillance	Country Health Information Systems and Data Use (CHISU)	No-this activity will not be implemented by Local Partners	\$200,000	Support provincial level data review and improve data quality control at the health zone and provincial levels
SBC	SBC	Other SBC	TBD Central Mechanism	To be determined	\$50,000	Provide support to the NMCP at the national-level coordination of SBC partners through quarterly routine meetings of the national SBC technical working group, and NMCP participation in the annual SBC RBM working group and the international SBC summit to build SBC capacity. Support expansion of IPC training curriculum at medical training institutions building on work done at the University of Kinshasa. Support to NMCP to celebrate World Malaria Day promoting malaria prevention measures and prompt care seeking behavior . PMI will support the development and functionality of an online repository containing all the SBC tools created during the life of the project.

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SBC	SBC	SBC Implementation	TBD Central Mechanism	To be determined	\$875,000	PMI will ensure an expansive coverage of malaria SBC activities in the nine PMI supported provinces, to promote appropriate ITN use, prompt care seeking for children under 5 year and ANC attendance/IPTp uptake and generate demand, through mass media, community radios network, local mobilization institutions such as FBO and CSO that had received capacity strengthening to conduct SBC activities. IPs will continue to collaborate closely to design any SBC interventions that improve health workers behavior (e.g. provider conversation with pregnant women during IPT administration) as recommended by the survey findings and provide technical assistance to other malaria stakeholders in planning, designing, monitoring (using the M&E framework developed the previous year) an SBC intervention. PMI will support the EPI and NMCP to implement a set of activities that promote the introduction and uptake of vaccine in PMI supported provinces.
SBC	SBC	SBC Implementation	TBD Bilateral Mechanism	To be determined	\$975,000	Will continue SBC implementation to address net use, prompt care seeking and ANC attendance/IPTp uptake through targeted scale-up of pilot interventions developed using a human-centered design approach. Specific activities will include the light VIVA campaign with a focus on couples' communication for care-seeking decisions, quality health facility, Interpersonal Communication targeted to market-goers, and strategies to encourage household health savings to address cost barriers to care-seeking. The VIVA campaign engages local leaders (teachers, religious, and women's and youth groups) to serve as community mobilizers. Additional activities will be targeted to facility-based providers to address issues identified through studies related to poor counseling and lack of adherence to national directives. This also supports SBC activities related to the vaccine introduction and roll-out.
Other Health Systems Strengthening	Other Health Systems Strengthening	Local Capacity Strengthening	CDC IAA	No-this activity will not be implemented by Local Partners	\$150,000	Support for two residents in the advanced field epidemiology training program. Mentoring and activities will have a malaria focus.

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Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Support Routine Surveillance	Country Health Information Systems and Data Use (CHISU)	No-this activity will not be implemented by Local Partners	\$150,000	strengthen malaria surveillance through the assessment of the accuracy of the malaria morbidity data using the Audere Health Pulse application in a sample of supported provinces (Haut Katanga, Kasai Central, South Kivu, Kasai Oriental, Tanganyika, and Sankuru) compared to the data reported on the DRC HMIS. These data from a select group of facilities would generate discussions for all HWers and supervisors in the health zone, and potentially change behavior in other facilities in the health zone not using the HP app.
Other Health Systems Strengthening	Other Health Systems Strengthening	Other Health Systems Strengthening Implementation	Country Health Information Systems and Data Use (CHISU)	No-this activity will not be implemented by Local Partners	\$50,000	Attendance of two NMCP staff at a key malaria scientific conference; attendance of NMCP at course(s) that address critical technical needs identified by PMI and the NMCP (can include national malariology course [\$7k/participant]) and/or a site visit to another country to observe activities and explore new approaches.
Other Health Systems Strengthening	Other Health Systems Strengthening	Other Health Systems Strengthening Implementation	Country Health Information Systems and Data Use (CHISU)	No-this activity will not be implemented by Local Partners	\$585,000	Provide embeded technical staff (provincial advisors) for nine provinces and support the operational costs for supervision and other fieldbased activities. The embeded technical staff with M&E expertise will provide a tachtical assistance to the DPS staff including joint supervision, data review and analysis meetings at provincial and Health Zone levels, and support to the implementation of malaria dashboard (MDIVE) support in targeted provinces.
Other Health Systems Strengthening	Other Health Systems Strengthening	Other Health Systems Strengthening Implementation	Country Health Information Systems and Data Use (CHISU)	No-this activity will not be implemented by Local Partners	\$100,000	Support quarterly multi-partners national Malaria Task Force at the central and provincial levels, including meetings, report dissemination, technical assistance for coordination, and annual review. Support the printing and nationwide dissemination of key NMCP guidelines and strategic documents.
Other Health Systems Strengthening	Other Health Systems Strengthening	Other Health Systems Strengthening Implementation	Power Africa	No-this activity will not be implemented by Local Partners	\$300,000	Health facility electrification to improve the quality of services provided and improve access to network for ease of digital health data recording and reporting.
Staffing & Administration	Staffing & Administration	Vector Control - CDC Entomology Lead TDY	CDC IAA	No-this activity will not be implemented by Local Partners	\$14,500	A visit by the Ento lead/backstop to provide technical assistance on insectary operations,Entomological monitoring activities and timeliness of deliverables .
Staffing & Administration	Staffing & Administration	Vector Control - CDC Entomology Laboratory TDY	CDC IAA	No-this activity will not be implemented by Local Partners	\$14,500	This TA will provide capacity building by training and strenghtening entomological laboratory skills using advance molecular analysis through the CDC entomology laboratory TDY support.
Staffing & Administration	Staffing & Administration	Case Management-Related CDC TDY	CDC IAA	N/A	\$10,000	One visit to support activities related to case management.
Staffing & Administration	Staffing & Administration	SBC-Related CDC TDY	CDC IAA	N/A	\$10,000	One visit to support activities related to SBC.

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Staffing & Administration	Staffing & Administration	SM&E - Related CDC TDY	CDC IAA	N/A	\$10,000	One visit to support activities related to monitoring and evaluation.
Staffing & Administration	Staffing & Administration	OR-Related CDC TDY	CDC IAA	N/A	\$10,000	One visit to support activities related to OR.
Staffing & Administration	Staffing & Administration	USAID In-Country Staffing and Administration: Staffing	USAID	N/A	\$1,850,000	Staffing and administration for one PMI USAID Resident Advisor, two Malaria Program Specialists (100%), and one PMI Data Specialist (100%). Also, partial staffing and administration for cross-cutting technical staff: one Senior Supply Chain Advisor (40%), one Community Case Management Specialist (20%), one Commodities and Logistics Specialist (25%), and one Global Fund Liaison (30%).
Staffing & Administration	Staffing & Administration	USAID In-Country Staffing and Administration: Administration	USAID	N/A	\$960,000	Administrative and oversight costs, and program design and learning costs. Based on 2% of \$48 million.
Staffing & Administration	Staffing & Administration	CDC In-Country Staffing and Administration	CDC IAA	N/A	\$950,000	Staffing and administration for one PMI Centers for Disease Control and Prevention Resident Advisor.