

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

Mechanisms and Proposed Activities	Sum of Budget (in \$)
PMI Evolve	\$ 8,250,000
IRS Implementation	\$ 5,000,000
Procure Insecticides for IRS	\$ 2,500,000
Support Entomological Monitoring	\$ 750,000
USAID Supply Chain Strengthening (Mission for Essential Drugs and Supplies (MEDS))	\$ 1,870,690
Distribute ITNs for Continuous Distribution Channels	\$ 1,500,000
Warehousing and Distribution	\$ 370,690
Working Capital Fund, Commodity Procurement	\$ 10,332,804
Procure ACTs	\$ 690,000
Procure Drugs for Severe Malaria	\$ 606,000
Procure ITNs for Continuous Distribution Channels	\$ 6,330,000
Procure RDTs	\$ 2,695,000
Procure Other Diagnosis Related Commodities	\$ 11,804
Mission Support for Localization, Inclusion and Sustainability Activity (LISA)	\$ 120,000
IRS Implementation	\$ 120,000
TBD Malaria Service Delivery Central Mechanism	\$ 1,750,000
Community-based Case Management	\$ 400,000
Facility-based Case Management	\$ 600,000
MIP Implementation	\$ 600,000
National Level Support for Case Management	\$ 150,000
TBD	\$ 1,500,000
Other Health Systems Strengthening Implementation	\$ 300,000
Supply Chain and Pharmaceutical Management	\$ 1,200,000
Afya Uwazi	\$ 100,000
Supply Chain and Pharmaceutical Management	\$ 100,000
Promoting the Quality of Medicines Plus (PQM+)	\$ 300,000
Strengthen Medical Product Quality Assurance	\$ 300,000
Country Health Information Systems and Data Use (CHISU)	\$ 1,700,000
Support Routine Surveillance	\$ 900,000
Other SM&E Implementation	\$ 700,000
SM&E for Elimination	\$ 100,000
TBD Bilateral Mechanism	\$ 2,600,000
Other Health Systems Strengthening Implementation	\$ 200,000
Support Routine Surveillance	\$ 350,000
SBC Implementation	\$ 1,150,000
Local Capacity Strengthening	\$ 900,000
CDC IAA	\$ 1,006,000
Case Management-Related CDC TDY	\$ 10,000
CDC In-Country Staffing and Administration	\$ 757,000
SM&E - Related CDC TDY	\$ 10,000
Support to FETP	\$ 200,000
Vector Control - CDC Entomology Lead TDY	\$ 29,000
Peace Corps	\$ 40,000
Support to Peace Corps	\$ 40,000
WHO Umbrella	\$ 200,000
Other Health Systems Strengthening Implementation	\$ 200,000
USAID	\$ 1,230,506
USAID In-Country Staffing and Administration: Administration	\$ 620,000
USAID In-Country Staffing and Administration: Staffing	\$ 610,506
Grand Total	\$ 31,000,000

**Table 2: Budget Breakdown by Activity
U.S. President's Malaria Initiative — Kenya
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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	N/A	\$750,000	Continue insecticide resistance monitoring (including resistance intensity) in endemic counties in IRS and non-IRS areas. Support monthly monitoring of malaria vector distribution, bionomics, and insecticide resistance profiles in 14 sites, plus collections by community-based teams in three sites in Vihiga and Kakamega Counties, also three additional sites for monitoring <i>An. stephensi</i> in northwestern Kenya (Turkana County). PMI will also support monitoring for <i>An. stephensi</i> in at least one additional site in northeastern Kenya. Monitoring of spray quality and decay rate in areas where spraying is done. Capacity strengthening will primarily be through inclusion of county health officers in the entomological monitoring activities. Support DNMP to monitor for <i>An. stephensi</i> .
Vector Control	Insecticide Treated Nets	Distribute ITNs for Continuous Distribution Channels	USAID Supply Chain Strengthening (Mission for Essential Drugs and Supplies (MEDS))	Yes- the Prime is a Local Partner for PMI (not a G2G)	\$1,500,000	Provide logistics support, including transportation and storage of ITNs, for distribution of approximately 1.5 million ITNs within the national continuous distribution system.
Vector Control	Insecticide Treated Nets	Procure ITNs for Continuous Distribution Channels	Working Capital Fund, Commodity Procurement	N/A	\$6,330,000	Procure approximately 1.5 million Dual AI (or PBO) ITNs for continuous distribution at ANC and child welfare clinics in 23 endemic and epidemic prone counties and select sub-counties in six seasonal and low transmission counties.
Vector Control	Indoor Residual Spraying	IRS Implementation	PMI Evolve	N/A	\$5,000,000	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. Tentative counties/sub-counties are shown.
Vector Control	Indoor Residual Spraying	Procure Insecticides for IRS	PMI Evolve	N/A	\$2,500,000	Procure insecticides for 2025 IRS campaign. Kenya's IRS policy requires an insecticide to be used for two years prior to rotating. Therefore, the insecticide for 2025 will be a combination of SumiShield and Fludora Fusion.
Vector Control	Indoor Residual Spraying	IRS Implementation	Mission Support for Localization, Inclusion and Sustainability Activity (LISA)	No-this activity will not be implemented by Local Partners	\$120,000	Support third-party monitoring of IRS spray campaign quality following the 2025 IRS campaign.
Drug Based Prevention	Prevention of Malaria in Pregnancy	MIP Implementation	TBD Malaria Service Delivery Central Mechanism	N/A	\$300,000	Sensitize and carry out refresher trainings and mentoring for healthcare workers and supervisors on MIP package of interventions, in addition to improving health facility reporting on IPTp. Trainings are expected to reach over 2,800 health workers in at least 1,400 facilities from the eight malaria endemic counties. 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 and the provision of supplies to the DOTS corners in health facilities.

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Drug Based Prevention	Prevention of Malaria in Pregnancy	MIP Implementation	TBD Malaria Service Delivery Central Mechanism	N/A	\$250,000	Sensitize, orient, and supervise CHVs on MIP package of interventions and improve reporting using data collection tools. This activity will build on previous multi-year efforts and include 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, including minimizing missed opportunities for ANC attendance.
Drug Based Prevention	Prevention of Malaria in Pregnancy	MIP Implementation	TBD Malaria Service Delivery Central Mechanism	N/A	\$50,000	Support the quarterly national-level MIP CoE meetings to review and develop guidelines and policies on malaria in pregnancy, and quantify SP commodity needs. Support will also be provided to national-level teams to carry out mentorship sessions and oversight in the counties in addition to supporting cross-county learning.
Case Management	Procure Case Management-Related Commodities	Procure RDTs	Working Capital Fund, Commodity Procurement	N/A	\$2,695,000	Procure up to 5.5 million Pf HRP2 RDTs (in packs of 10) 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.
Case Management	Procure Case Management-Related Commodities	Procure Other Diagnosis Related Commodities	Working Capital Fund, Commodity Procurement	N/A	\$11,804	Procure microscopes for 8 county reference labs
Case Management	Procure Case Management-Related Commodities	Procure ACTs	Working Capital Fund, Commodity Procurement	N/A	\$690,000	Procure approximately 1 million AL treatments to fill gaps in the public sector and community case management.
Case Management	Procure Case Management-Related Commodities	Procure Drugs for Severe Malaria	Working Capital Fund, Commodity Procurement	N/A	\$606,000	Procure approximately 300,000 vials of injectable artesunate for use in public facilities.
Case Management	Case Management Implementation	Community-based Case Management	TBD Malaria Service Delivery Central Mechanism	N/A	\$400,000	PfPR will continue to support CCM activities for all ages, integration of CCM with iCCM platforms, and data capture, reporting, and use at the community level. Expand and improve the capacities of CHVs in the identification and referral of uncomplicated and severe malaria. Maintain the capacity of CHVs for the diagnosis and treatment of uncomplicated malaria. Support orientation and training of CHVs in the counties with functional CHUs and support supervision by CHAs.
Case Management	Case Management Implementation	Facility-based Case Management	TBD Malaria Service Delivery Central Mechanism	N/A	\$400,000	Capacity building for and strengthening of malaria case management at the county and health facility levels. 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 facility level data capture and use. Using a total market approach, interventions in the 8 malaria endemic counties (e.g. mentorship, supervision, capacity building opportunities) will include a light touch for private sector facilities.

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Case Management	Case Management Implementation	Facility-based Case Management	TBD Malaria Service Delivery Central Mechanism	N/A	\$200,000	PMI will continue to support diagnostic guidelines development, the diagnostic EQA program, and microscopy proficiency testing programs. Capacity building for and strengthening of malaria diagnosis, including RDTs and microscopy, at the county and health facility levels. Strengthening of county reference laboratories and support to the National Reference Lab for external quality assurance for the eight lake endemic focus counties.
Case Management	Case Management Implementation	National Level Support for Case Management	TBD Malaria Service Delivery Central Mechanism	N/A	\$150,000	Support to the DNMP for oversight and mentorship of malaria case management and diagnostics, including support for the Case Management Committee of Experts. Support virtual continuing medical education platform, case management mentoring toolkit, and upstream in-service curriculum development. Support for national policy needs for CCM with Division of Community Health.
Supply Chain	In-Country Supply Chain	Supply Chain and Pharmaceutical Management	TBD	To be determined	\$300,000	Support the DNMP and Health Products and Technology Unit of the MOH to strengthen governance, coordination, and leadership structures for supply chain management and improved capacity to ensure accurate forecasting, supply planning, and monitoring for country malaria commodity needs and flow of logistics data through KHIS to inform the annual quantification and county need-based ordering processes. Support for biannual county pharmacist and lab technologists forums. Support for the functionality of structures to enhance accountability for malaria commodities, including enactment and operationalization of legislative bill and strengthened linkages with county HPTUs. Support for routine use of automated supply chain outputs on the malaria dashboard in KHIS for decision making.
Supply Chain	In-Country Supply Chain	Supply Chain and Pharmaceutical Management	TBD	To be determined	\$900,000	Support establishment and functionality of governance structures in malaria endemic counties, including county HPT units; strengthen commodity security throughout the supply chain (county, sub-county, health facility, and community levels) by strengthening capacity and structures for proper commodity management; and ensure that high-quality logistics data is available and used to inform reorder and resupply by counties. Support redistribution of commodities as needed. Support accountability and monitoring of routine ITN distribution.
Supply Chain	In-Country Supply Chain	Supply Chain and Pharmaceutical Management	Afya Uwazi	To be determined	\$100,000	Support third-party monitoring of malaria commodity distribution to improve commodity security and accountability.
Supply Chain	In-Country Supply Chain	Strengthen Medical Product Quality Assurance	Promoting the Quality of Medicines Plus (PQM+)	N/A	\$300,000	Support the operationalization and functionality of governance structures for risk-based post-market surveillance within the Pharmacy and Poisons Board. Strengthen regulatory systems for antimalarial medicines 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. Support to the Federation of Kenyan Pharmaceutical Manufacturers to attain GMP and WHO PQ.

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Supply Chain	In-Country Supply Chain	Warehousing and Distribution	USAID Supply Chain Strengthening (Mission for Essential Drugs and Supplies (MEDS))	Yes- the Prime is a Local Partner for PMI (not a G2G)	\$370,690	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.
Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Other SM&E Implementation	Country Health Information Systems and Data Use (CHISU)	N/A	\$600,000	Support to the DNMP for implementation of the national 2024-2028 M&E Plan by providing technical assistance to strengthen 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. Support for the 2025 Kenya National Malaria Forum.
Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	SM&E for Elimination	Country Health Information Systems and Data Use (CHISU)	N/A	\$100,000	Continue support to DNMP for surveillance structures for elimination and preparation of elimination strategic documents. Support elimination CoE. Technical assistance for development of a case based surveillance system.
Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Support Routine Surveillance	Country Health Information Systems and Data Use (CHISU)	N/A	\$900,000	Strengthen governance structures for HIS at the county level; oversight for data capture and quality at the 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 strengthening in counties for SM&E activities, including quarterly data review and analysis meetings, mentorship, routine DQAs, development of information products (e.g., county malaria bulletins), reporting in line with county malaria control plans, and routine data quality monitoring performed by the sub-county and county health offices. Support Frontline FELTP malaria course.
Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Support Routine Surveillance	TBD Bilateral Mechanism	To be determined	\$350,000	Routine maintenance and IT support for KHIS. Support updating of the Commodities Dashboard and malaria module, revisions to the KHIS/EMR platform to capture inpatient malaria data, and maintenance of the EPR dashboard within KHIS to enable analyzing data for epidemic threshold setting from eIDSR.
Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Other SM&E Implementation	Country Health Information Systems and Data Use (CHISU)	N/A	\$100,000	Support an annual malaria health facility assessment to collect information on commodity availability, malaria case management practices, routine malaria surveillance practices, and training needs. PMI will fill the funding gap, with Global Fund funding the remainder of the assessment. PMI support for this activity in 2025 is pending the results and use of the data from the HFAs conducted in 2022, 2023, and 2024.

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SBC	SBC	SBC Implementation	TBD Bilateral Mechanism	N/A	\$850,000	Support for interpersonal communication activities at the household and community levels in the eight malaria endemic counties. Support will also be provided for supportive supervision and training of CHVs and facility-based providers on interpersonal communication and malaria prevention and treatment behaviors. Expansion of MCAT support to new health facilities within the malaria endemic counties while maintaining the functioning of existing MCATs and CHUs. Continued implementation support for interpersonal communication, including those targeting religious congregants and male partners of pregnant women. Expanded SBC in Homa Bay following withdrawal of IRS with messaging about net use and care seeking. Funding will be split during reprogramming between BA and the next SBC mechanism.
SBC	SBC	SBC Implementation	TBD Bilateral Mechanism	N/A	\$150,000	Support for county-level capacity strengthening activities, including development of county-specific SBC plans and tools and support for county-level SBC TWG meetings. Funding will be split during reprogramming between BA and the next SBC mechanism.
SBC	SBC	SBC Implementation	TBD Bilateral Mechanism	N/A	\$150,000	Support for the design and implementation of a national multi-channelled, multi-pronged SBC campaign to promote prompt care-seeking for fever, early ANC attendance, and other malaria prevention and treatment behaviors. Support SBC Committee of Experts meetings at national level. Funding will be split during reprogramming between BA and the next SBC mechanism.
Other Health Systems Strengthening	Other Health Systems Strengthening	Local Capacity Strengthening	TBD Bilateral Mechanism	To be determined	\$200,000	Provide technical assistance and capacity strengthening to improve the DNMP's capacity to fulfill the roles and responsibilities in line with the KMS 2024-2028. Strengthen linkages between the DNMP and 47 counties. Improve the DNMP's technical capacity for program implementation, management, and leadership development through formal and informal training, courses, and workshops, supportive supervision, on-the-job coaching, and mentoring. Support the Malaria Health Sector Working Group and Committees of Experts as essential platforms for DNMP policy formulation and implementation. Support strategy and guideline review, updating, and validation processes, and coordination of malaria partners.

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Other Health Systems Strengthening	Other Health Systems Strengthening	Local Capacity Strengthening	TBD Bilateral Mechanism	To be determined	\$700,000	Programmatic support to staff in CHMTs and SCHMTs for leadership, governance, and coordination of malaria activities in counties. Assistance with intercounty coordination and advocacy and strengthened linkages with the DNMP. Support to county malaria control programs to develop malaria-specific work plans. Support for CHMTs in collating and analyzing malaria-related information that can be used to facilitate quantification for medicines and laboratory supplies and planning for training, supervision, and mentorship of health workers. Support to county teams for review meetings with the sub-counties to assess progress made in implementing malaria control interventions, and support for coordination of malaria partners in the counties.
Other Health Systems Strengthening	Other Health Systems Strengthening	Other Health Systems Strengthening Implementation	TBD	To be determined	\$300,000	Support in-depth costing for malaria control interventions and approaches for domestic resource mobilization at the national and county levels. Support the DNMP for the collection of malaria control cost data from the county and sub-county levels to inform financing gaps and requirements in the KMS 2024-2028. Advocacy for availability, allocation, and absorption of these resources.
Other Health Systems Strengthening	Other Health Systems Strengthening	Other Health Systems Strengthening Implementation	TBD Bilateral Mechanism	To be determined	\$200,000	Support the broader Mission private sector health strategy to address policy and legislative barriers that hinder access to strategic program health services, including malaria, in the private sector. Strengthen government oversight of and engagement with the private health care market. Support a low-cost health insurance model that expands access to malaria among other services in private sector and improves quality of care (test and treat) in the private sector through existing structures and networks.
Other Health Systems Strengthening	Other Health Systems Strengthening	Support to FETP	CDC IAA	N/A	\$200,000	Support for two malaria-focused advanced FELTP residents for the full two-year training program or intermediate training program. PMI encourages the MoH to deploy FELTP graduates to the DNMP 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	Other Health Systems Strengthening	Support to Peace Corps	Peace Corps	N/A	\$40,000	Support three Peace Corps Volunteers and additional malaria activities in the lake endemic counties.
Other Health Systems Strengthening	Other Health Systems Strengthening	Other Health Systems Strengthening Implementation	WHO Umbrella	N/A	\$200,000	Support for a WHO National Program Officer, who will provide technical recommendations to the DNMP across malaria technical areas.
Staffing & Administration	Staffing & Administration	Case Management-Related CDC TDY	CDC IAA	N/A	\$10,000	One technical assistance visit from CDC to support case management activities.
Staffing & Administration	Staffing & Administration	SM&E - Related CDC TDY	CDC IAA	N/A	\$10,000	One technical assistance visit from CDC for SM&E to support strengthening HMIS activities.
Staffing & Administration	Staffing & Administration	Vector Control - CDC Entomology Lead TDY	CDC IAA	N/A	\$29,000	Two technical assistance visits from CDC with an emphasis on coordination of vector monitoring efforts.
Staffing & Administration	Staffing & Administration	USAID In-Country Staffing and Administration: Administration	USAID	N/A	\$620,000	USAID administrative and oversight costs (2%).

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Staffing & Administration	Staffing & Administration	USAID In-Country Staffing and Administration: Staffing	USAID	N/A	\$610,506	Staffing and administration for one PMI/USAID Resident Advisor and three 100% FTE PMI-dedicated FSNs.
Staffing & Administration	Staffing & Administration	CDC In-Country Staffing and Administration	CDC IAA	N/A	\$757,000	Staffing and administration for one PMI/CDC Resident Advisor.