

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

| Mechanisms and Proposed Activities | Sum of Budget (in \$) |
|--|------------------------------|
| CDC IAA | \$ 450,000 |
| Case Management-Related CDC TDY | \$ 10,000 |
| CDC In-Country Staffing and Administration | \$ 420,000 |
| OR-Related CDC TDY | \$ 10,000 |
| SBC-Related CDC TDY | \$ 10,000 |
| Country Health Information Systems and Data Use (CHISU) | \$ 500,000 |
| Other SM&E Implementation | \$ 350,000 |
| SM&E for Community based information systems (CBIS) | \$ 150,000 |
| PMI Evolve | \$ 2,691,000 |
| IRS Implementation | \$ 1,491,000 |
| Procure Insecticides for IRS | \$ 400,000 |
| Support Entomological Monitoring | \$ 800,000 |
| TBD Bilateral Mechanism | \$ 3,196,447 |
| Community-based Case Management | \$ 1,121,447 |
| Facility-based Case Management | \$ 765,000 |
| MIP Implementation | \$ 400,000 |
| National Level Support for Case Management | \$ 50,000 |
| Other Drug Based Prevention- Implementation | \$ 120,000 |
| Private Sector Case Management | \$ 140,000 |
| SBC Implementation | \$ 250,000 |
| Support Routine Surveillance | \$ 300,000 |
| Vaccine Implementation | \$ 50,000 |
| TBD Central Mechanism | \$ 225,000 |
| Local Capacity Strengthening | \$ 100,000 |
| Other SBC | \$ 125,000 |
| TBD Malaria Service Delivery Central Mechanism | \$ 425,000 |
| Other Case Management Implementation | \$ 300,000 |
| Support Therapeutic Efficacy Study | \$ 125,000 |
| TBD Supply Chain Central Mechanism | \$ 1,886,250 |
| Procure ACTs | \$ 525,000 |
| Procure Drugs for Severe Malaria | \$ 414,350 |
| Procure RDTs | \$ 396,900 |
| Supply Chain and Pharmaceutical Management | \$ 550,000 |
| USAID | \$ 1,537,423 |
| USAID In-Country Staffing and Administration: Administration | \$ 290,000 |
| USAID In-Country Staffing and Administration: Staffing | \$ 1,247,423 |
| Working Capital Fund, Commodity Procurement | \$ 2,743,000 |
| Procure ITNs for Continuous Distribution Channels | \$ 2,743,000 |
| Working Capital Fund, LLIN Distribution | \$ 845,880 |
| Distribute ITNs for Continuous Distribution Channels | \$ 845,880 |
| Grand Total | \$ 14,500,000 |

Table 2: Budget Breakdown by Activity
U.S. President's Malaria Initiative — Sierra Leone
Planned Malaria Obligations for FY 2024

| 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 | \$800,000 | Support for routine entomologic surveillance in five districts during two transmission seasons, including training, equipment, and supplies; transport and analysis of samples; ELISA analysis of mosquito samples; capacity building and supervision support for NMCP staff; entomological monitoring; laboratory support of local laboratory analysis. |
| Vector Control | Insecticide Treated Nets | Distribute ITNs for Continuous Distribution Channels | Working Capital Fund, LLIN Distribution | To be determined | \$845,880 | Support routine ITN distribution at ANC and EPI clinic visits (four quarters). Support school based distribution of ITNs in primary schools in at least five districts and conduct an evaluation of the method. |
| Vector Control | Insecticide Treated Nets | Procure ITNs for Continuous Distribution Channels | Working Capital Fund, Commodity Procurement | N/A | \$2,743,000 | Procure 650,000 IG2 nets for continuous distribution channels. |
| Vector Control | Indoor Residual Spraying | IRS Implementation | PMI Evolve | To be determined | \$1,491,000 | This level of funding will allow for spray operations to continue in the non-urban areas of two districts at a similar level as currently conducted in Sierra Leone. Estimated budget includes support for planning, payment of spray operators, environmental compliance, community mobilization, monitoring, etc., and will be updated as new information is available. |
| Vector Control | Indoor Residual Spraying | Procure Insecticides for IRS | PMI Evolve | To be determined | \$400,000 | Procurement of insecticides for spray operations in communities/areas that will be determined using epidemiological and historical cost data. The type of insecticide will be based on the insecticide resistance data. |
| Drug Based Prevention | Prevention of Malaria in Pregnancy | MIP Implementation | TBD Bilateral Mechanism | To be determined | \$100,000 | Supporting the national Technical Working Group for MIP, including the NMCP and Directorate of Reproductive and Child Health. |
| Drug Based Prevention | Prevention of Malaria in Pregnancy | MIP Implementation | TBD Bilateral Mechanism | To be determined | \$300,000 | Implementation support for MIP and IPTp to improve uptake and coverage, including strengthening supervision and refresher training of providers including public and private sector facility staff, midwives, and CHWs. |
| Drug Based Prevention | Other Drug Based Prevention | Other Drug Based Prevention-Implementation | TBD Bilateral Mechanism | To be determined | \$120,000 | Implementation support for IPTi (PMC) to improve uptake and coverage including strengthening supervision tools. |
| Case Management | Procure Case Management-Related Commodities | Procure RDTs | TBD Supply Chain Central Mechanism | 0 | \$396,900 | Procure 810,000 10-pack RDTs. |
| Case Management | Procure Case Management-Related Commodities | Procure ACTs | TBD Supply Chain Central Mechanism | 0 | \$525,000 | Procure 750,000 ACTs |
| Case Management | Procure Case Management-Related Commodities | Procure Drugs for Severe Malaria | TBD Supply Chain Central Mechanism | 0 | \$404,000 | Procure 200,000 vials of injectable artesunate for use at selected health facilities |

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| Case Management | Procure Case Management-Related Commodities | Procure Drugs for Severe Malaria | TBD Supply Chain Central Mechanism | N/A | \$10,350 | Procure 15,000 rectal artesunate suppositories for use at health facilities |
| Case Management | Case Management Implementation | Community-based Case Management | TBD Bilateral Mechanism | To be determined | \$621,447 | PMI will support OTSS+ for approximately 580 PS in 10 PMI focus districts. PMI will also support an embedded Advisor in the CHW Hub to ensure that the CHWs deliver high quality malaria services. PMI will use these structures to ensure that existing priority behaviors continue to be reinforced despite the presence of the vaccine. |
| Case Management | Case Management Implementation | Community-based Case Management | TBD Bilateral Mechanism | To be determined | \$500,000 | Collaborating with other donors, PMI will provide financial incentives for approximately 2,000 CHWs and PS in three PMI districts - Pujehun, Falaba, and Kailahun. |
| Case Management | Case Management Implementation | Facility-based Case Management | TBD Bilateral Mechanism | To be determined | \$765,000 | Implementation support for case management to improve quality of services including supportive supervision, coaching, and mentorship for >800 facilities across 10 districts. Also, PMI will use these structures to ensure that existing priority behaviors continue to be reinforced despite the presence of the vaccine. |
| Case Management | Case Management Implementation | Private Sector Case Management | TBD Bilateral Mechanism | To be determined | \$140,000 | Support for private sector facilities to report case management indicators into DHIS2 |
| Case Management | Case Management Implementation | National Level Support for Case Management | TBD Bilateral Mechanism | To be determined | \$50,000 | Continue technical assistance to NMCP - support for TWG |
| Case Management | Case Management Implementation | Support Therapeutic Efficacy Study | TBD Malaria Service Delivery Central Mechanism | N/A | \$125,000 | Support for efficacy monitoring of first- (AL) and second-line (ASAQ) ACT in two sites. (\$100k FY 23 and then \$125k FY24). Includes support for k13 monitoring. |
| Case Management | Case Management Implementation | Other Case Management Implementation | TBD Malaria Service Delivery Central Mechanism | N/A | \$300,000 | Periodic quality assurance, M&E, and supportive supervision at 24 hospitals using the OTSS+ laboratory module; maintain malaria reference laboratory. |
| Supply Chain | In-Country Supply Chain | Supply Chain and Pharmaceutical Management | TBD Supply Chain Central Mechanism | N/A | \$50,000 | Support one EUV |
| Supply Chain | In-Country Supply Chain | Supply Chain and Pharmaceutical Management | TBD Supply Chain Central Mechanism | 0 | \$500,000 | Continued support for national- and district-level forecasting, eLMIS strengthening (and increasing investments in the digitization RRVs), and technical assistance to the supply chain system in all 16 districts plus technical assistance to the central supply chain unit. |
| Monitoring, Evaluation, & Research | Surveillance, Monitoring and Evaluation | Other SM&E Implementation | Country Health Information Systems and Data Use (CHISU) | N/A | \$350,000 | Provide TA to the bilateral mechanism and support to the national level to support M&E strategy design and implementation. |

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|------------------------------------|---|---|---|------------------|-----------|---|
| Monitoring, Evaluation, & Research | Surveillance, Monitoring and Evaluation | Support Routine Surveillance | TBD Bilateral Mechanism | To be determined | \$300,000 | PMI will support the collection, reporting, and use of routine malaria data at the district and chiefdom levels through capacity strengthening of malaria focal persons, SM&E teams, and community health officers and by ensuring that sufficient infrastructure capacity exist to collect, analyze, and report quality malaria data using DHIS2. District-level efforts will also strengthen data from the supply chain to ensure that commodity consumption is reported and to minimize stock-outs. The activity will provide technical assistance at districts for mentoring district- and chiefdom-level staff, assist with the analysis and dissemination of malaria data, and participate in the supervision and training of lower-level staff. Trainings and workshops will include content on the use of tools for better data quality assessment (standard paper and electronic data capture) and data management and analysis. Additional staff to support data analysis activities. |
| Monitoring, Evaluation, & Research | Surveillance, Monitoring and Evaluation | SM&E for Community based information systems (CBIS) | Country Health Information Systems and Data Use (CHISU) | N/A | \$150,000 | Provide TA to the bilateral mechanism and support to the national level to support the M&E strategy design and implementation, aligned with the digital community health initiative. There will be significant investment in supporting nationwide CHIS solutions. |
| Vaccine | Vaccine | Vaccine Implementation | TBD Bilateral Mechanism | To be determined | \$50,000 | Provide SBC malaria vaccine support to promote the uptake of the vaccine while promoting the continued use of proven, existing interventions. This may also include support for rumor management systems to monitor and address mis/disinformation. |
| SBC | SBC | SBC Implementation | TBD Bilateral Mechanism | To be determined | \$250,000 | Community level implementation support for facility and community-based SBC activities. This will support the uptake and maintenance of prompt care-seeking behaviors, provider adherence to guidelines, consistent and correct ITN use and care, ANC attendance, and IPTp uptake. |
| SBC | SBC | Other SBC | TBD Central Mechanism | N/A | \$125,000 | Support to national and district level malaria programs' SBC teams to better coordinate, assure quality, and provide oversight to malaria SBC activities at the national and district levels. Includes funding to support SBC HSS activities targeted at the public sector at the national and subnational levels to build capacity for planning, design, implementation, and evaluation of SBC and improve coordination. This also includes direct TA support to NMCP and EPI for SBC for the malaria vaccine targeting health providers and community members. |

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| Other Health Systems Strengthening | Other Health Systems Strengthening | Local Capacity Strengthening | TBD Central Mechanism | N/A | \$100,000 | Capacity strengthening of local partners based on the results of the assessment of local partners completed with prior year funding. USAID has multiple mechanisms that can provide wraparound support in a variety of areas depending on organizational needs, including but not limited to Introduction to doing business with USAID: compliance, procurement, report writing, and monitoring, evaluation, and learning. PMI will select a mechanism and the focus of the capacity-strengthening based on the results of the new partners assessment being funded with FY 2021 funds in 2022-2023. |
| 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 implementation activities. |
| Staffing & Administration | Staffing & Administration | OR-Related CDC TDY | CDC IAA | N/A | \$10,000 | One technical assistance visit to support ongoing OR study. |
| Staffing & Administration | Staffing & Administration | SBC-Related CDC TDY | CDC IAA | N/A | \$10,000 | One technical assistance visit from CDC to support for quality control of SBC program. |
| Staffing & Administration | Staffing & Administration | USAID In-Country Staffing and Administration: Administration | USAID | N/A | \$290,000 | Administrative and oversight costs 2%. |
| Staffing & Administration | Staffing & Administration | USAID In-Country Staffing and Administration: Staffing | USAID | N/A | \$1,247,423 | Staffing and administration for one PMI/USAID Resident Advisor and two 100% PMI-dedicated Foreign Service National (one Malaria Specialist and one Data Analyst). Also includes embassy-related costs for PMI/CDC Resident Advisor. |
| Staffing & Administration | Staffing & Administration | CDC In-Country Staffing and Administration | CDC IAA | N/A | \$420,000 | Staffing and administration for one PMI/CDC Resident Advisor. |

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