

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

Mechanisms and Proposed Activities	Sum of Budget (in \$)
PMI Evolve	\$ 8,677,500
IRS Implementation	\$ 4,500,000
Procure Insecticides for IRS	\$ 3,500,000
Support Entomological Monitoring	\$ 677,500
TBD Supply Chain Central Mechanism	\$ 7,543,687
Procure ITNs for Continuous Distribution Channels	\$ 6,021,400
Procure RDTs	\$ 1,372,287
Supply Chain and Pharmaceutical Management	\$ 150,000
Joint Medical Stores	\$ 2,667,432
Distribute ITNs for Continuous Distribution Channels	\$ 2,002,000
Warehousing and Distribution	\$ 665,432
TBD Central Mechanism	\$ 45,000
Support independent Environmental Monitoring	\$ 45,000
Malaria Reduction Activity	\$ 8,280,110
Community-based Case Management	\$ 3,258,621
Facility-based Case Management	\$ 1,500,000
MIP Implementation	\$ 550,000
Other Health Systems Strengthening Implementation	\$ 150,000
Private Sector Case Management	\$ 518,334
Support Routine Surveillance	\$ 1,500,000
SBC Implementation	\$ 503,155
Local Capacity Strengthening	\$ 300,000
G2G	\$ 300,000
Facility-based Case Management	\$ 300,000
TBD Bilateral Mechanism	\$ 400,000
Strengthen Medical Product Quality Assurance	\$ 300,000
Other SM&E Implementation	\$ 100,000
Social and Behavior Change Activity (SBCA)	\$ 503,155
SBC Implementation	\$ 503,155
Uganda Health Systems Strengthening (UHSS) Project	\$ 300,000
Other Health Systems Strengthening Implementation	\$ 300,000
CDC IAA	\$ 1,060,000
Case Management-Related CDC TDY	\$ 10,000
CDC In-Country Staffing and Administration	\$ 840,000
SBC-Related CDC TDY	\$ 10,000
SM&E - Related CDC TDY	\$ 20,000
Support to FETP	\$ 180,000
Peace Corps	\$ 30,000
Support to Peace Corps	\$ 30,000
USAID	\$ 1,193,116
USAID In-Country Staffing and Administration: Administration	\$ 573,116
USAID In-Country Staffing and Administration: Staffing	\$ 620,000
Grand Total	\$ 31,000,000

Table 2: Budget Breakdown by Activity
U.S. President's Malaria Initiative — Uganda
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	No-this activity will not be implemented by Local Partners	\$677,500	Support for entomological monitoring, including both insecticide resistance and vector bionomics. Support for vector bionomics includes monitoring indoor and outdoor biting activity, time of feeding, indoor density, and species composition in six districts: Bugiri, Lira, Otuke, Tororo, Apac, and Soroti (IRS and non-IRS districts). Support for insecticide resistance includes alternate yearly monitoring of various eco epidemiological zones to test for insecticide resistance to WHO-recommended IRS insecticides, including intensity and resistance mechanism testing, and monitoring four IRS zone districts (Bugiri, Lira, Soroti, and Gulu). PMI will also support procurement of consumables and supplies for use by vector control officers at the national, regional, and district levels. \$50k increase from FY 2023 MOP funding level to support active monitoring of anopheles stephensi.
Vector Control	Insecticide Treated Nets	Procure ITNs for Continuous Distribution Channels	TBD Supply Chain Central Mechanism	No-this activity will not be implemented by Local Partners	\$6,021,400	Procure approximately 1,540,000 Dual AI, Rectangular, white, 180 (L) x160 (W) x 170 (H) cm for distribution at ANC and EPI clinics. Fully loaded net cost is \$3.91 each. PMI will continue with routine nets for ANC/EPI. GF will continue with both ANC/EPI and school-based net distribution.
Vector Control	Insecticide Treated Nets	Distribute ITNs for Continuous Distribution Channels	Joint Medical Stores	Yes- the Prime is a Local Partner for PMI (not a G2G)	\$2,002,000	Distribute 1,540,000 dual AI nets from the Joint Medical Stores (JMS) to district warehouses and the health facility level. Distribution will be through ANC and EPI clinics. Assumes \$1.3/net.
Vector Control	Indoor Residual Spraying	IRS Implementation	PMI Evolve	No-this activity will not be implemented by Local Partners	\$4,500,000	Implement indoor residual spraying operations in approximately five to six districts in Uganda. Based on historic costs, approximately 600,000 structures can be covered. Budget includes support for planning, payment of spray operators, environmental management, community mobilization, and quality assurance monitoring. It also includes IRS equipment and supplies, logistics, environmental assessments, and SBC activities specific to IRS.
Vector Control	Indoor Residual Spraying	Procure Insecticides for IRS	PMI Evolve	No-this activity will not be implemented by Local Partners	\$3,500,000	Procure new long-lasting insecticide. Procure approximately 250,000 bottles/sachets.
Vector Control	Indoor Residual Spraying	Support independent Environmental Monitoring	TBD Central Mechanism	No-this activity will not be implemented by Local Partners	\$45,000	Support for an independent environmental assessment of IRS campaign.
Drug Based Prevention	Prevention of Malaria in Pregnancy	MIP Implementation	Malaria Reduction Activity	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$550,000	Support NMCD and DHMTs in the implementation of MIP guidelines; training of newly recruited health workers in MIP; support to address barriers to low IPTp uptake; and continuing MIP-focused supportive supervision. Includes support for the MIP TWG.
Case Management	Procure Case Management-Related Commodities	Procure RDTs	TBD Supply Chain Central Mechanism	No-this activity will not be implemented by Local Partners	\$1,372,287	Procure approximately 3,611,281 single-species RDTs for use in PNFP health facilities (in packs of 25 tests) at a cost of \$0.38/each.

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Case Management	Case Management Implementation	Community-based Case Management	Malaria Reduction Activity	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$3,258,621	Support iCCM in 16 to 19 districts. Support will include both first-time and refresher training of village health teams (VHTs) in iCCM, including treatment of uncomplicated malaria and rectal artesunate administration and referral for patients with severe malaria. PMI will also pilot electronic Community Health Information System (eCHIS) to improve the timeliness and accuracy of community data collection, reporting, and surveillance. Thus, aiding VHTs and CHEWs in the delivery of integrated health services at the community level.
Case Management	Case Management Implementation	Facility-based Case Management	G2G	Yes- the Prime is a Local Partner for PMI (G2G)	\$300,000	Leverage Mission's existing G2G agreement for support to two regional referral hospitals. Support supervision and training of lower level facilities to increase referrals and mitigate severe malaria.
Case Management	Case Management Implementation	Facility-based Case Management	Malaria Reduction Activity	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$1,500,000	Support case management trainings that focus on appropriate malaria diagnosis and management and QA/QC. Strengthen case management in public and PNFP health facilities of all levels, including diagnosis and management of uncomplicated and severe malaria. Provide supportive supervision for malaria case management in collaboration with the NMCP and DHMTs, including in-service training. Support implementation of G2G in two regional referral hospitals.
Case Management	Case Management Implementation	Private Sector Case Management	Malaria Reduction Activity	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$518,334	Private sector case management focusing on lower-level practices. This will include training of lower-level private health facility workers in RDT testing, supply chain management, and routine reporting of data.
Supply Chain	In-Country Supply Chain	Warehousing and Distribution	Joint Medical Stores	Yes- the Prime is a Local Partner for PMI (not a G2G)	\$665,432	Continued support for management, oversight, warehousing, and physical distribution of PMI-procured ACTs, RDTs, SP, ITNs, and drugs for severe malaria (9% of procurement costs).
Supply Chain	In-Country Supply Chain	Supply Chain and Pharmaceutical Management	TBD Supply Chain Central Mechanism	No-this activity will not be implemented by Local Partners	\$150,000	Provide technical assistance to the NMCP/MOH to forecast national requirements for essential medicines, and coordinate national supply planning among the various suppliers.
Supply Chain	In-Country Supply Chain	Strengthen Medical Product Quality Assurance	TBD Bilateral Mechanism	To be determined	\$300,000	Conduct EUV surveys (post-market surveillance) twice yearly in 75 randomly selected health facilities in 10 randomly selected districts to determine the availability of antimalarials. Technical assistance to forecast national requirements for essential medicines and coordinate national supply plan.
Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Support Routine Surveillance	Malaria Reduction Activity	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$1,500,000	Support supportive supervision and relevant data management review meetings in collaboration with the NMCD/DHMT to improve data collection, completeness, timeliness, reliability, validity, analysis, and use at the community, facility, district, and national levels.
Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Other SM&E Implementation	TBD Bilateral Mechanism	To be determined	\$100,000	Support learning, adaption, and coordination for PMI projects, including data collection, dissemination, and reporting; data quality assessments (DQAs); information tracking; partner meetings; and general assessments. Support focused learning reviews and periodical malaria data reviews.

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SBC	SBC	SBC Implementation	Malaria Reduction Activity	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$503,155	Support for comprehensive SBC to promote early care-seeking for prompt malaria diagnosis and effective treatment. Support comprehensive SBC for correct and consistent use and care of ITNs through community engagement. Support for household level SBC in 53 districts.
SBC	SBC	SBC Implementation	Social and Behavior Change Activity (SBCA)	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$503,155	SBCA works nationally to communicate a coherent malaria message as well as has a focus in 5 specific districts. Support is for comprehensive SBC for early and frequent ANC attendance, correct and consistent net use, and prompt care-seeking for fever as well as the SBC TWG at the national level. MRA and SBCA currently overlap in approximately 2 districts. In its five focus districts, SBCA is working through VHTs to hold household meetings and share malaria prevention messages. SBCA's 5 focus districts will be concentrated in districts that have or are in the process of exiting IRS.
Other Health Systems Strengthening	Other Health Systems Strengthening	Other Health Systems Strengthening Implementation	Malaria Reduction Activity	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$150,000	Support for private sector health systems strengthening, including engagement with regulatory authorities and private sector associations. Support reporting of high-volume health facilities into DHS.
Other Health Systems Strengthening	Other Health Systems Strengthening	Other Health Systems Strengthening Implementation	Uganda Health Systems Strengthening (UHSS) Project	No-this activity will not be implemented by Local Partners	\$300,000	Support rollout of CHEWs and case management TWG. PMI will also pilot electronic Community Health Information System (eCHIS) to improve the timeliness and accuracy of community data collection, reporting, and surveillance. Thus, aiding VHTs and CHEWs in the delivery of integrated health services at the community level.
Other Health Systems Strengthening	Other Health Systems Strengthening	Local Capacity Strengthening	Malaria Reduction Activity	No-this activity will not be implemented by Local Partners	\$300,000	Enhance NMCD capacity-strengthening, support RBM partnership and coordination of partners' meetings, support pre-service training, and strengthen a forum to share an updated malaria curriculum across training institutions. In addition, PMI will support the secondment of experts in critical technical areas, such as community malaria surveillance, to the NMCD.
Other Health Systems Strengthening	Other Health Systems Strengthening	Support to FETP	CDC IAA	N/A	\$180,000	Support training of two advanced Public Health Fellowship Program (FETP) fellows to support NMCD's program planning, management, and M&E unit and to strengthen malaria surveillance at the national and subnational levels; (G2G mechanism will support two intermediate FETP to support at regional referral hospitals). For Advanced FETP fellows, PMI will also support minigrants for FETP trainees to serve as principal investigators on projects designed to analyze existing health surveillance data in a particular topic area related to malaria.
Other Health Systems Strengthening	Other Health Systems Strengthening	Support to Peace Corps	Peace Corps	No-this activity will not be implemented by Local Partners	\$30,000	Support placement, training, and small-scale malaria projects for three PCVs and their counterparts at the community level.
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 and/or community health.
Staffing & Administration	Staffing & Administration	SBC-Related CDC TDY	CDC IAA	N/A	\$10,000	SBC TDY at community level to provide high-level review of current program activities and advise on ways to further strengthen the SBC program.
Staffing & Administration	Staffing & Administration	SM&E - Related CDC TDY	CDC IAA	N/A	\$20,000	Two technical assistance visits from CDC to support PMI program implementation.

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Staffing & Administration	Staffing & Administration	USAID In-Country Staffing and Administration: Administration	USAID	N/A	\$573,116	This is a provision for the 2% mission requirement for administration, program development, and learning costs. This is for administration costs only. Of this, 67% will go to administration costs only, and 33% will go to program development and learning costs. These costs are flatlined from the previous year's MOP.
Staffing & Administration	Staffing & Administration	USAID In-Country Staffing and Administration: Staffing	USAID	N/A	\$620,000	USAID staffing, management, five FSNs, and the CDC Resident Advisor's ICASS and all in-country support costs.
Staffing & Administration	Staffing & Administration	CDC In-Country Staffing and Administration	CDC IAA	N/A	\$840,000	CDC management, staffing, and other direct costs.

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Vector Control	Insecticide Treated Nets	Procure ITNs for Continuous Distribution Channels	TBD Supply Chain Central Mechanism	No-this activity will not be implemented by Local Partners	\$6,021,400	Procure approximately 1,540,000 Dual AI, Rectangular, white, 180 (L) x160 (W) x 170 (H) cm for distribution at ANC and EPI clinics. Fully loaded net cost is \$3.91 each. PMI will continue with routine nets for ANC/EPI. GF will continue with both ANC/EPI and school-based net distribution.
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Case Management	Case Management Implementation	Facility-based Case Management	G2G	Yes- the Prime is a Local Partner for PMI (G2G)	\$300,000	Leverage Mission's existing G2G agreement for support to two regional referral hospitals. Support supervision and training of lower level facilities to increase referrals and mitigate severe malaria.
Case Management	Case Management Implementation	Facility-based Case Management	Malaria Reduction Activity	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$1,500,000	Support case management trainings that focus on appropriate malaria diagnosis and management and QA/QC. Strengthen case management in public and PNFP health facilities of all levels, including diagnosis and management of uncomplicated and severe malaria. Provide supportive supervision for malaria case management in collaboration with the NMCP and DHMTs, including in-service training. Support implementation of G2G in two regional referral hospitals.
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Supply Chain	In-Country Supply Chain	Supply Chain and Pharmaceutical Management	TBD Supply Chain Central Mechanism	No-this activity will not be implemented by Local Partners	\$150,000	Provide technical assistance to the NMCP/MOH to forecast national requirements for essential medicines, and coordinate national supply planning among the various suppliers.
Supply Chain	In-Country Supply Chain	Strengthen Medical Product Quality Assurance	TBD Bilateral Mechanism	To be determined	\$300,000	Conduct EUV surveys (post-market surveillance) twice yearly in 75 randomly selected health facilities in 10 randomly selected districts to determine the availability of antimalarials. Technical assistance to forecast national requirements for essential medicines and coordinate national supply plan.
Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Support Routine Surveillance	Malaria Reduction Activity	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$1,500,000	Support supportive supervision and relevant data management review meetings in collaboration with the NMCD/DHMT to improve data collection, completeness, timeliness, reliability, validity, analysis, and use at the community, facility, district, and national levels.

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Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Other SM&E Implementation	TBD Bilateral Mechanism	To be determined	\$100,000	Support learning, adaption, and coordination for PMI projects, including data collection, dissemination, and reporting; data quality assessments (DQAs); information tracking; partner meetings; and general assessments. Support focused learning reviews and periodical malaria data reviews.
SBC	SBC	SBC Implementation	Malaria Reduction Activity	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$503,155	Support for comprehensive SBC to promote early care-seeking for prompt malaria diagnosis and effective treatment. Support comprehensive SBC for correct and consistent use and care of ITNs through community engagement. Support for household level SBC in 53 districts.
SBC	SBC	SBC Implementation	Social and Behavior Change Activity (SBCA)	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$503,155	SBCA works nationally to communicate a coherent malaria message as well as has a focus in 5 specific districts. Support is for comprehensive SBC for early and frequent ANC attendance, correct and consistent net use, and prompt care-seeking for fever as well as the SBC TWG at the national level. MRA and SBCA currently overlap in approximately 2 districts. In its five focus districts, SBCA is working through VHTs to hold household meetings and share malaria prevention messages. SBCA's 5 focus districts will be concentrated in districts that have or are in the process of exiting IRS.
Other Health Systems Strengthening	Other Health Systems Strengthening	Other Health Systems Strengthening Implementation	Malaria Reduction Activity	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$150,000	Support for private sector health systems strengthening, including engagement with regulatory authorities and private sector associations. Support reporting of high-volume health facilities into DHS.
Other Health Systems Strengthening	Other Health Systems Strengthening	Other Health Systems Strengthening Implementation	Uganda Health Systems Strengthening (UHSS) Project	No-this activity will not be implemented by Local Partners	\$300,000	Support rollout of CHEWs and case management TWG. PMI will also pilot electronic Community Health Information System (eCHIS) to improve the timeliness and accuracy of community data collection, reporting, and surveillance. Thus, aiding VHTs and CHEWs in the delivery of integrated health services at the community level.
Other Health Systems Strengthening	Other Health Systems Strengthening	Local Capacity Strengthening	Malaria Reduction Activity	No-this activity will not be implemented by Local Partners	\$300,000	Enhance NMCD capacity-strengthening, support RBM partnership and coordination of partners' meetings, support pre-service training, and strengthen a forum to share an updated malaria curriculum across training institutions. In addition, PMI will support the secondment of experts in critical technical areas, such as community malaria surveillance, to the NMCD.
Other Health Systems Strengthening	Other Health Systems Strengthening	Support to FETP	CDC IAA	N/A	\$180,000	Support training of two advanced Public Health Fellowship Program (FETP) fellows to support NMCD's program planning, management, and M&E unit and to strengthen malaria surveillance at the national and subnational levels; (G2G mechanism will support two intermediate FETP to support at regional referral hospitals). For Advanced FETP fellows, PMI will also support minigrants for FETP trainees to serve as principal investigators on projects designed to analyze existing health surveillance data in a particular topic area related to malaria.
Other Health Systems Strengthening	Other Health Systems Strengthening	Support to Peace Corps	Peace Corps	No-this activity will not be implemented by Local Partners	\$30,000	Support placement, training, and small-scale malaria projects for three PCVs and their counterparts at the community level.

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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 and/or community health.
Staffing & Administration	Staffing & Administration	SBC-Related CDC TDY	CDC IAA	N/A	\$10,000	SBC TDY at community level to provide high-level review of current program activities and advise on ways to further strengthen the SBC program.
Staffing & Administration	Staffing & Administration	SM&E - Related CDC TDY	CDC IAA	N/A	\$20,000	Two technical assistance visits from CDC to support PMI program implementation.
Staffing & Administration	Staffing & Administration	USAID In-Country Staffing and Administration: Administration	USAID	N/A	\$573,116	This is a provision for the 2% mission requirement for administration, program development, and learning costs. This is for administration costs only. Of this, 67% will go to administration costs only, and 33% will go to program development and learning costs. These costs are flatlined from the previous year's MOP.
Staffing & Administration	Staffing & Administration	USAID In-Country Staffing and Administration: Staffing	USAID	N/A	\$620,000	USAID staffing, management, five FSNs, and the CDC Resident Advisor's ICASS and all in-country support costs.
Staffing & Administration	Staffing & Administration	CDC In-Country Staffing and Administration	CDC IAA	N/A	\$840,000	CDC management, staffing, and other direct costs.