

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

Mechanisms and Proposed Activities	Sum of Budget (in \$)
CDC IAA	\$ 754,500
Case Management-Related CDC TDY	\$ 10,000
CDC In-Country Staffing and Administration	\$ 600,000
SM&E - Related CDC TDY	\$ 10,000
Support to FETP	\$ 120,000
Vector Control - CDC Entomology Lead TDY	\$ 14,500
PASCO	\$ 320,000
Warehousing and Distribution	\$ 320,000
Peace Corps	\$ 45,000
Support to Peace Corps	\$ 45,000
PMI Evolve	\$ 4,050,000
IRS Implementation	\$ 2,000,000
Other ITN Implementation	\$ 750,000
Procure Insecticides for IRS	\$ 800,000
Support Entomological Monitoring	\$ 500,000
TBD Bilateral Mechanism	\$ 12,015,500
Community-based Case Management	\$ 2,800,000
Facility-based Case Management	\$ 2,100,000
Local Capacity Strengthening	\$ 110,000
MIP Implementation	\$ 700,000
National Level Support for Case Management	\$ 150,000
Other Case Management Implementation	\$ 50,000
Other Health Systems Strengthening Implementation	\$ 298,000
Other ITN Implementation	\$ 480,000
Other SM&E Implementation	\$ 500,000
SBC Implementation	\$ 2,500,000
Supply Chain and Pharmaceutical Management	\$ 377,500
Support Routine Surveillance	\$ 1,500,000
Support Surveys	\$ 200,000
Vaccine Implementation	\$ 250,000
USAID	\$ 1,260,000
USAID In-Country Staffing and Administration: Administration	\$ 560,000
USAID In-Country Staffing and Administration: Staffing	\$ 700,000
Working Capital Fund, Commodity Procurement	\$ 8,380,000
Procure ACTs	\$ 1,840,000
Procure Drugs for Severe Malaria	\$ 50,000
Procure IPTp Related Commodities	\$ 550,000
Procure ITNs for Continuous Distribution Channels	\$ 3,650,000
Procure Other Diagnosis Related Commodities	\$ 50,000
Procure Other Treatment Related Commodities	\$ 40,000
Procure RDTs	\$ 2,200,000
Working Capital Fund, LLIN Distribution	\$ 300,000
Distribute ITNs for Continuous Distribution Channels	\$ 300,000
Working Capital Fund, Supply Chain Technical Assistance	\$ 875,000
Supply Chain and Pharmaceutical Management	\$ 875,000
Grand Total	\$ 28,000,000

**Table 2: Budget Breakdown by Activity
U.S. President's Malaria Initiative — Zambia
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	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$500,000	Support entomological monitoring, including insecticide resistance monitoring (including resistance intensity/synergist testing and molecular analysis). Support 14 sentinel sites. Support NMEC capacity in entomological monitoring to leverage GF/GRZ and other partner investments.
Vector Control	Insecticide Treated Nets	Distribute ITNs for Continuous Distribution Channels	Working Capital Fund, LLIN Distribution	No-this activity will not be implemented by Local Partners	\$300,000	Support the storage and distribution of ITNs for continuous distribution channels (ANC clinics, EPI clinics, schools).
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	\$3,650,000	Procure approximately 1.1 million PBO nets (39% of country need) for 2025 continuous/routine distribution channels (ANC clinics, EPI clinics, schools).
Vector Control	Insecticide Treated Nets	Other ITN Implementation	TBD Bilateral Mechanism	Yes- the Prime is a Local Partner for PMI (not a G2G)	\$480,000	Provide partial funding for the procurement of data collection devices for household registration and ITN distribution and verification during the 2026 ITN mass campaign. This will include procurement of associated hardware accessories, configuration of software, and provision of data bundles in accordance with national ITN campaign specifications and guidelines.
Vector Control	Insecticide Treated Nets	Other ITN Implementation	PMI Evolve	No-this activity will not be implemented by Local Partners	\$250,000	Provide technical assistance for planning implementation for the 2026 mass campaign nationally and in the four PMI focus provinces. especially in mobilizing resources to implement a well-resourced campaign..
Vector Control	Insecticide Treated Nets	Other ITN Implementation	PMI Evolve	No-this activity will not be implemented by Local Partners	\$350,000	Provide technical assistance for planning, implementing and monitoring of ITN continuous distribution activities (ANC, EPI, school-based).
Vector Control	Other Vector Control	Other ITN Implementation	PMI Evolve	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$150,000	Provide technical assistance in the application of geospatial tools to inform the targeting and deployment of vector control interventions, building on past work in Zambia. Support the development and implementation of such tools to maximize household access to combined vector control methods given available resources (ITNs primarily, complemented by IRS and LSM in targeted localities).
Vector Control	Indoor Residual Spraying	IRS Implementation	PMI Evolve	No-this activity will not be implemented by Local Partners	\$2,000,000	Support implementation of a robust IRS program in a reduced footprint, including training of spray operators, supervisors, and storekeepers; monitoring and evaluation; SBC for IRS; pesticide storage; waste disposal; and pay for spray operations in PMI-funded districts. Build capacity for focal or responsive IRS in appropriate settings. For the NMEC-implemented IRS program, leverage Global Fund and GRZ resources by supporting microplanning, training of trainers, supervision, environmental compliance, and post-IRS activities including waste disposal.
Vector Control	Indoor Residual Spraying	Procure Insecticides for IRS	PMI Evolve	No-this activity will not be implemented by Local Partners	\$800,000	Procure insecticides and other IRS supplies and equipment for spraying at least 240,000 structures in Eastern and other areas TBD. Choice of pesticide(s) and target areas will be informed by NMEC and PMI policies, and by review of entomologic data including pesticide resistance and duration of efficacy, incorporating geospatial analysis.

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

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	No-this activity will not be implemented by Local Partners	\$700,000	Support the training and supervision of provincial-, district-, and health facility-level health workers on the implementation of MIP and IPTp guidelines in four high malaria burden provinces (Eastern, Luapula, Muchinga, and Northern). To help strengthen collaboration on MIP between RMNCAH&N and NMEC, PMI will support the safe motherhood TWG at central level.
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	\$550,000	Procure approximately 1.3 million courses of SP for the prevention of malaria in pregnancy, out of country need of 2.7 million courses (48%). Financial responsibility for additional IPTp procurement is expected to transition to GRZ in CY2022-2023, with the Global Fund grant to cover any gaps from CY2024. Will routinely monitor stock status to gauge level of PMI support needed (could reprogram PMI funds to increase or decrease).
Case Management	Procure Case Management-Related Commodities	Procure RDTs	Working Capital Fund, Commodity Procurement	No-this activity will not be implemented by Local Partners	\$2,200,000	RDTs: Procure approximately 5.8M million RDTs to be used at health facilities and by CHWs to contribute to meeting the annual national need of approx 34M RDTs (17%), for 42M suspected malaria cases. Ringfence a portion for each PMI focus province to prevent stockouts during CCM expansion, pending an operational assessment with NMEP stakeholder.
Case Management	Procure Case Management-Related Commodities	Procure Other Diagnosis Related Commodities	Working Capital Fund, Commodity Procurement	No-this activity will not be implemented by Local Partners	\$50,000	Microscopy supplies: Procure supplies to support malaria microscopy, filling gaps, including frosted slides and reagents for staining.
Case Management	Procure Case Management-Related Commodities	Procure ACTs	Working Capital Fund, Commodity Procurement	No-this activity will not be implemented by Local Partners	\$1,840,000	ACTs: Procure approximately 2.6 million ACTs (current first-line is artemether-lumefantrine) for the treatment of uncomplicated malaria at health facilities and at the community level. This would meet 24% of total need of 10.8M ACTs (16M with buffer), for 10.8 M suspected malaria cases. Ringfence a portion for each PMI focus province to prevent stockouts during CCM expansion, pending an operational assessment with MOH stakeholders.
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	\$50,000	RAS: Procure at least 72,000 rectal artesunate suppositories to support pre-referral treatment in selected districts which are also supported with PMI. Selection to be prioritized by the NMEC due to poor access to care and an existing emergency transport infrastructure for referral.
Case Management	Case Management Implementation	National Level Support for Case Management	TBD Bilateral Mechanism	No-this activity will not be implemented by Local Partners	\$150,000	Microscopy quality assurance: Support maintenance of national capacity in malaria microscopy through programming in quality assurance/quality control, slide bank maintenance and use, microscopy certification, etc.
Case Management	Case Management Implementation	Facility-based Case Management	TBD Bilateral Mechanism	No-this activity will not be implemented by Local Partners	\$1,300,000	Outreach Training and Supportive Supervision (OTSS): To improve case management in health facilities, support OTSS activities, assuring continuity of implementation in PMI's historic 6 provinces. Conduct a minimum of two rounds of OTSS each year, covering health facilities with and without microscopy. On the Copperbelt, continue to include private clinics among targeted facilities.

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

Broad Investment Area	Focused Investment Area	Proposed Activity	Mechanism	Local Partner	Budget (in \$)	Description of Proposed Activity
Case Management	Case Management Implementation	Facility-based Case Management	TBD Bilateral Mechanism	No-this activity will not be implemented by Local Partners	\$800,000	Severe malaria: To reduce case fatality rates in severe malaria cases, provide enhanced training, supervision and mentoring for health care workers and supervisors. Strengthen diagnosis, referral and definitive treatment or severe malaria as a medical emergency, prioritizing high-volume HFs and high-burden geographies. In large hospitals where OTSS coverage of clinical, laboratory, and/or pharmaceutical staff may be limited, supplement with mentoring and in-service training activities. Include technical assistance for blood supply system strengthening to fill gaps.
Case Management	Case Management Implementation	Community-based Case Management	TBD Bilateral Mechanism	To be determined	\$1,700,000	Community Case Management (CCM) Scale-up: Continue to scale up and strengthen community-level diagnosis and treatment services in four targeted provinces, based on iCCM platform. Build on previous years' investments, sustaining CCM where it has been introduced through supervision, mentoring or CHWs and replacement of CHWs lost due to attrition. As resources permit, support the training and deployment of new CHWs to saturate additional geographies. Where epidemiologically and programmatically appropriate, incorporate (1) RAS with ETS for community referral of severe malaria cases; (2) reactive case detection; (3) malaria case investigation; and/or (4) treatment of children under 5 for pneumonia and diarrhea (where commodities are available, non-PMI funded). May incorporate pro-active CCM informed by evolving national policy. Coordinate closely with other donors who support CCM (e.g., Global Fund/CHAZ, Rotary Club, Malaria Partners International, MACEPA).
Case Management	Case Management Implementation	Community-based Case Management	TBD Bilateral Mechanism	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$1,100,000	CHW Incentives: In order to promote sustainable CCM, provide partial funding for incentives to CBVs in PMI-supported geographies. Depending on resource availability, partner mapping, and priority needs, these may include CHWs enablers (e.g. bicycles, tote bags, lights, IDs, shirts, stationery, etc), allowances, and/or monthly stipends. Operationalization is to be guided by evolving GRZ/NMEC guidance and practice, and will be informed by the CY 2023-24 Global Fund "CHW22" pilot.
Case Management	Case Management Implementation	Other Case Management Implementation	TBD Bilateral Mechanism	No-this activity will not be implemented by Local Partners	\$50,000	Single low-dose primaquine (SLDPQ) scale up: Provide technical assistance to introduce and scale up administration of SLDPQ in targeted rural HFCAs with <125/1,000 cases (Level 1 and lower Level 2) to reduce malaria transmission. Activities will include training and deployment at HF and community levels, should be consistent with the national approach, and will be informed by a CY2023 pilot in Sinda district.
Case Management	Procure Case Management-Related Commodities	Procure Other Treatment Related Commodities	Working Capital Fund, Commodity Procurement	No-this activity will not be implemented by Local Partners	\$40,000	Single low-dose primaquine (SLDPQ) - procurement: Procure 250,000 doses of SLDPQ out of the estimated national need of 743,000 doses (34%), not including buffer stock.

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

Broad Investment Area	Focused Investment Area	Proposed Activity	Mechanism	Local Partner	Budget (in \$)	Description of Proposed Activity
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	\$875,000	Provide technical assistance to strengthen malaria pharmaceutical and supply chain management systems within NMEC and as part of larger systems in ZAMMSA, including quarterly forecasting and quantification, semi-annual end-use verification survey activities, and supporting ZAMMSA to ensure successful adoption of its new tasks including forecasting and supply planning capacity and the improvement of the storage and distribution of malaria commodities. This includes all malaria commodities, such as antimalarial medications, RDTs, and ITNs.
Supply Chain	In-Country Supply Chain	Warehousing and Distribution	PASCO	No-this activity will not be implemented by Local Partners	\$320,000	Commodity distribution: Provide partial funding, complementing PEPFAR major funding, of the USAID Mission investment in last mile distribution. Support the distribution of malaria commodities to meet occasional urgent need, in anticipation of gaps where routine deliveries will be unavailable.
Supply Chain	In-Country Supply Chain	Supply Chain and Pharmaceutical Management	TBD Bilateral Mechanism	N/A	\$40,000	Commodity security: Provide third-party monitoring of the last mile distribution. (PASCO)
Supply Chain	In-Country Supply Chain	Supply Chain and Pharmaceutical Management	TBD Bilateral Mechanism	N/A	\$337,500	Commodity security: Support the continuation of regular commodity security spot checks as Mission cross-cutting activity with funding from PEPFAR, FP, and PMI.
Vaccine	Vaccine	Vaccine Implementation	TBD Bilateral Mechanism	N/A	\$250,000	Malaria vaccines: Provide technical assistance to assist the MOH with malaria vaccine program development, including coordination between NMEC, immunization teams, and regulatory bodies on vaccine policy, approvals, funding applications, operationalization, and evaluation. Aid with vaccine adoption for priority populations of the RTS,S, the R21, and/or other available vaccines as guided by emerging WHO, PMI, and national policies at the time.
Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Support Routine Surveillance	TBD Bilateral Mechanism	No-this activity will not be implemented by Local Partners	\$1,500,000	Surveillance: Strengthen routine malaria data reporting at the community, health facility, district, and provincial levels in four targeted high-burden provinces. Includes support for training and mentorship of CHWs, HF staff, and district health offices in data collection, reporting, and use for decision-making. Support DQAs and data review meetings, including resources for central-level NMEP personnel participation and follow-up. Support scale-up of ANC-based surveillance as appropriate, depending on validation of the approach piloted in Chadiza with PMI support. In appropriate pre-elimination settings, support malaria case investigation and rapid response (1,3,7 approach), building on experience in Southern Province and in keeping with international best practice
Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Other SM&E Implementation	TBD Bilateral Mechanism	To be determined	\$500,000	Data system strengthening: Support national-level HMIS and MRR system strengthening, coordinating with partners such as the NMEC, the MOH M&E Unit, Gates/DCHI, Zenisys, and ICEMR. Provide technical assistance to enhance standardization and interoperability of databases. Support the secondment of computer science specialist(s) at the NMEC to backstop the management of databases and support data integration and visualization. Enhance capacity to triangulate routine, ento, and epi surveillance data with datasets from implementation and research partners (example: Nchelenge learning lab).

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

Broad Investment Area	Focused Investment Area	Proposed Activity	Mechanism	Local Partner	Budget (in \$)	Description of Proposed Activity
Monitoring, Evaluation, & Research	Surveillance, Monitoring and Evaluation	Support Surveys	TBD Bilateral Mechanism	No-this activity will not be implemented by Local Partners	\$200,000	2026 MIS: Partial initial funding for the anticipated 2026 Zambia Malaria Indicator survey. To support early preparations such as technical assistance for planning and procurement of supplies. Anticipate cost sharing with MACEPA, GF as in past.
SBC	SBC	SBC Implementation	TBD Bilateral Mechanism	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$800,000	SBC for ITNs: Provide increased funding for SBC interventions with an emphasis on interpersonal communication at the community level through support to Community Change Agents (CCAs) in order to address behavior barriers to ITN use and care. Support the NMEC's strategic shift from blanket IRS to increased universal ITN coverage. Leverage the engagement of faith-based communities. Support national-, provincial-, and district-level donor coordination and NMEC national coordination mechanisms.
SBC	SBC	SBC Implementation	TBD Bilateral Mechanism	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$800,000	SBC for prevention during pregnancy. Address local barriers and leverage appropriate motivators through community-based SBC to increase early ANC attendance and IPTp uptake through multiple channels such as community dialogues, ANC, and under five clinics. Leverage the engagement of faith-based communities. Support national-, provincial-, and district-level donor coordination mechanisms.
SBC	SBC	SBC Implementation	TBD Bilateral Mechanism	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$900,000	SBC for case management: Promote early care seeking by addressing local barriers and leveraging appropriate motivators through community-based SBC to increase appropriate early care-seeking behavior, demand for proper malaria diagnosis, and adherence to treatment for malaria through multiple channels such as ANC, and under five clinics. Strengthen linkages and coordination between CHWs and CCAs. Leverage the engagement of faith-based communities. Support national-, provincial-, and district-level donor coordination, and NMEC national coordination mechanisms. Fund and second a single, full-time central level SBC specialist to the NMEC.
Other Health Systems Strengthening	Other Health Systems Strengthening	Local Capacity Strengthening	TBD Bilateral Mechanism	To be determined	\$110,000	Malaria program management: Provide support to strengthen NMEC staff capacity through professional development activities. Activities will include training workshops and regional/global meetings. Support both national and the provincial level as well as malaria advocacy and oriontion for influences in media, the private sector, NGOs, and GRZ. As allowable under USAID rules and regulations may support light vehicle maintenance and repairs.
Other Health Systems Strengthening	Other Health Systems Strengthening	Other Health Systems Strengthening Implementation	TBD Bilateral Mechanism	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$148,000	End Malaria Council: Provide time-limited scaled-back support to the EMC in its role of advocacy, accountability and intersectoral mobilization of domestic resources. Aid the EMC to implement high-impact activities through engagement of communications specialist(s) and modest provision of resources for SBC implementation, so as to engage the private sector more effectively.
Other Health Systems Strengthening	Other Health Systems Strengthening	Other Health Systems Strengthening Implementation	TBD Bilateral Mechanism	To be determined	\$150,000	Localization: Support capacity strengthening of potential new USAID local implementing partners to implement select malaria interventions to include training of CHWs, SBC activities and entomological monitoring in targeted PMI focus provinces. This will be informed by assessments to be conducted in CY 2024. Following the outcome of these assessments, PMI will provide organizational capacity strengthening support.

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

Broad Investment Area	Focused Investment Area	Proposed Activity	Mechanism	Local Partner	Budget (in \$)	Description of Proposed Activity
Other Health Systems Strengthening	Other Health Systems Strengthening	Support to FETP	CDC IAA	Yes- one or more of the Sub-partner(s) is/are Local Partners for PMI	\$120,000	FETP: Provide support to the ZNPHI and NMEC for three Zambian nationals to participate in the Field Epidemiology Training Program (FETP) at the advanced level. This activity will support long-term local capacity within the MOH. These FETP residents will be posted to the NMEC. Proposed activities include the investigation of reported surges in cases and deaths; analysis of datasets from surveys; routine surveillance and other sources to inform the malaria program review; ad hoc projects as requested by the NMEC, etc.
Other Health Systems Strengthening	Other Health Systems Strengthening	Support to Peace Corps	Peace Corps	No-this activity will not be implemented by Local Partners	\$20,000	Provide funding for Peace Corps activities in malaria control including small project assistance (SPA) grants.
Other Health Systems Strengthening	Other Health Systems Strengthening	Support to Peace Corps	Peace Corps	No-this activity will not be implemented by Local Partners	\$25,000	Support a third year Peace Corps volunteer position to promote the effective engagement of Zambia's Peace Corps volunteers in malaria control, with a focus on SBC. An annual SOW will be developed in collaboration with Peace Corps and may include technical assistance for targeted MOH and PMI programming, as in the past, depending on the PCV interest and skill sets.
Staffing & Administration	Staffing & Administration	Vector Control - CDC Entomology Lead TDY	CDC IAA	N/A	\$14,500	Provide CDC technical assistance to vector control activities. Anticipate at least one such TDY visit by an Atlanta-based entomologist.
Staffing & Administration	Staffing & Administration	SM&E - Related CDC TDY	CDC IAA	N/A	\$10,000	Provide CDC technical assistance in surveillance, monitoring and evaluation, and/or operational research activities. Expectation of at least one such CDC TDY visits per year.
Staffing & Administration	Staffing & Administration	Case Management-Related CDC TDY	CDC IAA	N/A	\$10,000	Provide CDC technical assistance in aspects of malaria case management. May include support for the TES program, severe malaria care, and/or other PMI programming.
Staffing & Administration	Staffing & Administration	CDC In-Country Staffing and Administration	CDC IAA	N/A	\$600,000	Support for in-country PMI CDC resident advisor encompassing salaries, benefits, travel, and other staff support-related costs.
Staffing & Administration	Staffing & Administration	USAID In-Country Staffing and Administration: Staffing	USAID	N/A	\$700,000	Support for in-country PMI USAID international and locally hired staff encompassing salaries, benefits, travel, and other staff support related costs.
Staffing & Administration	Staffing & Administration	USAID In-Country Staffing and Administration: Administration	USAID	N/A	\$560,000	Support for general administrative costs that enable USAID Mission-wide assistance from which PMI benefits.