Table 2: Budget Breakdown by Activity President's Malaria Initiative – SENEGAL Planned Malaria Obligations for FY 2015

Revised April 20, 2016

| Proposed Activity | Mechanism | Budget | | Geographic Area | Description | | |
|---|---|-----------|--------------|---------------------------------|---|--|--|
| | | Total \$ | Commodity \$ | | | | |
| PREVENTIVE ACTIVITIES | | | | | | | |
| Insecticide-treated Nets | | | | | | | |
| Procurement of ITNs | TBD-Supply Chain Contract | 3,950,000 | 3,950,000 | Nationwide | Approximately 1,000,000 LLINs to support routine channels and national universal coverage campaign. | | |
| Operational costs of maintaining routine distribution system | NMCP | 250,000 | | Nationwide | Transport, support materials, supervision. | | |
| Operational costs for mass distribution | NMCP | 600,000 | | Nationwide | Transport, training, support materials, supervision. | | |
| Operational costs for social marketing of LLINs | Health Communication and Promotion Program Component & TBD | 100,000 | | Nationwide | Social marketing of LLINs in the private sector, including packaging and transportation to wholesalers. | | |
| SUBTOTAL ITNs | | 4,900,000 | 3,950,000 | | | | |
| Indoor Residual Spraying | | | | | | | |
| Indoor residual spraying operations | IRS 2 TO6 | 3,000,000 | | Hot spots in eligible districts | Spraying of hot spots in districts determined to be eligible (includes purchase of insecticides). | | |
| Strengthen entomologic capabilities and | IRS 2 TO6 | 500,000 | | Nationwide | Entomological monitoring. | | |
| entomologic monitoring | CDC IAA | 39,000 | | N/A | \$24,000 TA, \$15,000 supplies. | | |
| SUBTOTAL IRS | | 3,539,000 | 0 | | | | |
| Malaria in Pregnancy | | | | | | | |
| Reinforce provision of effective malaria in pregnancy services in health facilities and through outreach strategies | Health Services Improvement Program Component | 670,000 | | Nationwide | Monitoring and supportive supervision, update materials to reflect revised guidelines, training of new staff. Cups and water filters as needed for directly-observed treatment with SP. | | |
| SUBTOTAL MIP | | 670,000 | 0 | | | | |
| SUBTOTAL PREVENTIVE | | 9,109,000 | 3,950,000 | | | | |
| | | CASE MA | NAGEMENT | | | | |
| Diagnosis and Treatment | | | | | | | |
| Strengthen microscopic diagnosis of malaria and perform quality control of microscopy and RDTs | NMCP | 200,000 | | Nationwide | Training, supervision, quality assurance, and quality control for microscopy. Support for quality control of microscopy and RDTs, in conjunction with UCAD. This includes review of a percentage of positive and negative slides as well as the evaluation of RDTs upon arrival to Senegal and at regular intervals thereafter. | | |
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| Procurement of laboratory consumables | TBD-Supply Chain Contract | 10,000 | 10,000 | Nationwide | Laboratory consumables (e.g microscope slides) |
|--|--|-----------|-----------|--|--|
| Procurement of RDTs | TBD-Supply Chain Contract | 1,250,000 | 1,250,000 | Nationwide | Procurement of approximately 2,300,000 RDTs |
| Improve case management at health facilities | Health Services Improvement Program Component | 550,000 | 1,220,000 | Nationwide | Support for training and supervision of malaria case management at all levels of the health system, including the private sector. |
| Strengthen community case management | Community Health Program Component & TBD | 500,000 | | Nationwide | Support for community case management of malaria by CHWs in 1,620 functional health huts. Includes training, supervision, and monitoring of staff. |
| Supervision for integrated home-based management of malaria (PECADOM) and operational costs for PECADOM Plus | NMCP | 1,550,000 | | Selected Districts | Support for the supervision of DSDOMs recently trained to provide malaria diagnosis and treatment as part of an integrated package of services. Extension and continuation of previous DSDOM and inclusion of health huts. |
| Procurement of ACTs | TBD-Supply Chain Contract | 700,000 | 700,000 | Nationwide | Procurement of approximately 700,000 ACTs. |
| Operational costs for SMC implementation | NMCP | 1,500,000 | | Kédougou, Sédhiou, Kolda, Tambacounda | Monthly doses of SP-AQ for approximately 600,000 children (ages 3 months to 10 years), administered by community volunteers for 3-4 months during the high transmission season. |
| Procurement of drugs for SMC implementation | TBD-Supply Chain Contract | 600,000 | 600,000 | Kédougou, Sédhiou, Kolda, Tambacounda | Monthly doses of SP-AQ for approximately 600,000 children (ages 3 months to 10 years), administered by community volunteers for 3-4 months during the high transmission season. |
| Operational costs of expanding pre-referral treatment to the community level | NMCP | 300,000 | | Nationwide | Support for progressive nationwide scale-up of community- level pre-referral treatment, adding another 10 high transmission districts |
| Procurement of rectal artesunate for pre- referral treatment | TBD-Supply Chain Contract | 50,000 | 50,000 | Nationwide | Approximately 30,000 suppositories to provide for community level expansion. |
| Procurement of injectable artesunate for treatment of severe malaria | TBD-Supply Chain Contract | 105,000 | 105,000 | Nationwide | Injectable artesunate to treat severe malaria cases referred to the hospital or health center level (estimate is for approx. 30% of need based on 2013 severe malaria incidence levels). |
| Procurement of primaquine | TBD-Supply Chain Contract | 10,000 | 10,000 | Pre-elimination districts | Procurement costs include primaquine and G6PD tests (if commercially available) for single low-dose treatment. |
| Implementation of low-dose primaquine administration in elimination districts | NMCP | 40,000 | | Pre-elimination districts | Support for introduction of single low-dose treatment in one pre-elimination region. |
| Therapeutic efficacy monitoring | MalariaCare | 160,000 | | 2 sites | Therapeutic efficacy studies in 4 sites (2 sites per year on a rotating basis). |
| Subtotal Diagnosis and Treatment | | 7,525,000 | 2,725,000 | | |
| Pharmaceutical Management | | | | | |
| Supply chain management and drug management strengthening at the central level | Health System Strengthening Program Component | 300,000 | | Nationwide | Support for the NMCP to improve quantification through regular consumption data collection from the peripheral level. |

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| Support to supply chain management at the peripheral level | Health Services Improvement Program Component | 200,000 | | Nationwide | Support for training and supervision at all levels of the supply chain. | | |
| Creation of integrated supply chain by CMS/NMCP | NMCP | 700,000 | | Nationwide | PMI resources will support the creation of an integrated supply chain by the CMS/NMCP to improve the distribution of key malaria commodities to the peripheral levels. | | |
| Delivery fees for malaria commodities (3% of costs) | TBD-Supply Chain Contract | 60,000 | | Nationwide | These funds will cover delivery costs for PMI-procured malaria commodities. | | |
| Drug quality monitoring and advocacy | USP | 200,000 | | Nationwide | Sampling and testing antimalarials from 9 sites nationwide. | | |
| | | 25,000 | | 9 sites | TA for accreditation and drug quality monitoring. | | |
| Subtotal Pharmaceutical Management | | 1,485,000 | 0 | | | | |
| SUBTOTAL CASE MANAGEMENT | | 9,010,000 | 2,725,000 | | | | |
| HEALTH SYSTEM STRENGTHENING / CAPACITY BUILDING | | | | | | | |
| Support to NMCP to enable program supervision | NMCP | 250,000 | | Nationwide | Support visits by national staff to regional and district levels. | | |
| State of the art capacity building opportunities | NMCP | 25,000 | | N/A | Support participation in international technical scientific and professional meetings that present NMCP staff opportunities to learn best practices, share experiences, and develop networks. Potential meetings will include the American Society for Tropical Medecine and Hygiene and Pan-African Malaria Conference. ASTMH, MIM. 2 trips, 2 people each. | | |
| Support for Performance-Based Financing for malaria indicators | Health System Strengthening Program Component | 150,000 | | Targeted districts | Continued support for the collection of malaria indicators under the Performance-Based Financing model. | | |
| Malariology course | NMCP | 100,000 | | N/A | One malariology course for higher level health professionals. | | |
| Support for WHO National Professional Officer | WHO | 95,000 | | N/A | Support for a WHO NPO (one year) | | |
| SUBTOTAL HSS & CAPACITY BUILDING | | 620,000 | 0 | | | | |
| | | BEHAVIOR CHANG | E COMMUNICATION | 1 | | | |
| Development, implementation, and evaluation of BCC activities | Health Communication and Promotion Program Component & TBD | 800,000 | | Nationwide | Overall support for the development, production, and dissemination of IEC/BCC materials, including support for the national IEC/BCC Committee to ensure harmonization of messages among partners. | | |
| Capacity building for BCC (NMCP) | Health Communication and Promotion Program Component & TBD | 100,000 | | Nationwide | Support for BCC capacity building of the MoH/NMCP and SNEIPS, including technical skills and managerial capacity. | | |
| Sustaining community mobilization activities | Community Health Program Component & TBD | 700,000 | | Nationwide | Comprehensive malaria community mobilization activities including IEC/BCC, support for MIP, case management, ITNs. | | |
| Support to Peace Corps malaria related activities | Small Projects Assistance Peace Corps | 25,000 | | Peace Corps Volunteer Communities | Support for specific malaria-related Peace Corps volunteer projects. | | |

| Community sensitization and mobilization for IRS | NMCP | 100,000 | | Hot spots in eligible districts | Implementation of radio spots, community meetings, and house-to-house visits to ensure high community acceptance of IRS in spray areas. | | |
|--|-------------|--------------|----------------|--|---|--|--|
| Community sensitization and mobilization for SMC | NMCP | 100,000 | | Kédougou, Sédhiou, Kolda, Tambacounda | Promotion of SMC through radio spots, community meetings, and house-to-house visits in regions targeted for this intervention. | | |
| SUBTOTAL BCC | | 1,825,000 | 0 | | | | |
| | | MONITORING A | AND EVALUATION | | | | |
| Support to the malaria module in cDHS | Measure DHS | 450,000 | | Nationwide | Technical assistance for sampling and analysis (\$100,000). Operational support (\$350,000) to a full malaria module as part of cDHS, including biomarkers. Co-funding from other donors. | | |
| Strengthening malaria surveillance and response | NMCP | 400,000 | | Nationwide | Strengthening notification, particularly using mobile communication. (\$75,000 of funds reserved for potential response to epidemics). | | |
| Case investigation in districts with incidence <5/1,000 | NMCP | 400,000 | | Pre-elimination districts | Support training for the investigation of index cases and neighboring households and weekly electronic data transmission with DHIS2 integration. | | |
| Monitoring and evaluation of seasonal malaria chemoprevention | NMCP | 250,000 | | Kédougou, Sédhiou, Kolda, Tambacounda | Support process monitoring, end of season coverage survey and molecular markers. | | |
| Evaluation of impact of malaria control activities 2011-2015 | NMCP | 100,000 | | Nationwide | Funding for Round 2 impact evaluation of 2011-2015 malaria control activities. | | |
| Monitoring and evaluation course by NMCP | NMCP | 200,000 | | N/A | Support to develop a malaria Monitoring and Evaluation course to be held in Senegal, geared towards health staff from various levels (including districts and regions). | | |
| LLIN durability monitoring | HDS-Africa | 100,000 | | Nationwide | Support for training and field data collection, supplies and equipment for cone bioassays | | |
| Technical assistance for M&E | CDC IAA | 24,000 | | N/A | One technical assistance visit to assist with the NMCP's new M&E course and a second visit to provide assistance with surveillance activities. | | |
| SUBTOTAL M&E | n | 1,924,000 | 0 | EVON. | | | |
| IN-COUNTRY STAFFING AND ADMINISTRATION Support the salaries and expenses for one USAID resident | | | | | | | |
| USAID Technical Staff | USAID | 928,035 | | | advisor and local staff. | | |
| CDC Technical Staff | CDC | 583,965 | | | Support the salary and expenses for one CDC resident advisor. | | |
| SUBTOTAL IN-COUNTRY STAFFING | | 1,512,000 | 0 | | | | |
| GRAND TOTAL | | 24,000,000 | 6,675,000 | | | | |