

## Information on national malaria control for the World Malaria Report 2009

**General instruction**

Re-check data for years 2001–2006 to ensure they are correct. Then enter data for years 2000, 2007, and 2008. Data for 2000 is needed because 2000 is the baseline year for judging achievement of WHA/RBM targets for 2010 and 2015.

**1. Administrative, demographic and epidemiological information**

 Country 

Select from drop-down menu list. If it is not available, enter manually

Name of person completing the form

  
  
  
  



 (Control, pre-elimination, elimination, prevention of re-introduction) based on the WHO classification<sup>1</sup>

High endemic areas	= Reported malaria incidence (RMI <sup>2</sup> ) > 1 cases per 1000 population
Low endemic areas	= Reported malaria incidence (RMI) < 1 case per 1000 population
Malaria-free areas	= Zero incidence or no local transmission

For the purpose of standardized reporting, please consolidate the information into three risk groups as mentioned above. This approach will help simplify reporting of country information and allow comparisons using uniform criteria across regions and time.

**Distribution of malarious population (2008)**

Level of risk	Population
High endemic or risk areas ( RMI > 1)	
Low endemic or epidemic-prone areas ( RMI < 1)	
Malaria-free areas (no indigenous transmission)	
<b>Total</b>	

\* If the national classification methods or criteria are different, please use the table given below

Stratum	Method or criteria used	Population
<b>Total</b>		

**National official number of malaria cases to be used in WHO's table of malaria-case trends**

Choose only one from the drop-down menu (confirmed plus probable, confirmed only, suspected)

\* Countries that examine a low percentage of suspected malaria cases by laboratory means may want to choose "suspected cases"

## Footnotes

<sup>1</sup> Global malaria control and elimination: report of a technical review. Geneva, World Health organization, 2008.

<sup>2</sup> RMI = Reported malaria incidence is the total number of malaria cases (probable and confirmed) divided by total population multiplied by 1000

## 2. National policies by intervention

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Intervention	National policy	Currently implemented* (Yes/No)	Implemented since (Year)	Remarks
ITN	Targeting population – Under 5 years old and pregnant women			
ITN	Targeting population – All			
ITN	Distribution – Antenatal care ( ANC)			
ITN	Distribution – Free			
ITN	ITN distribution is subsidized			
ITN	Distribution – EPI routine			
IRS	IRS is the primary vector control intervention			
IRS	Where IRS is conducted, other options are also implemented, e.g. ITN			
IRS	IRS is used for prevention and control of epidemics			
IRS	DDT is used for IRS			
IRS	Insecticide-resistance management implemented			
Treatment	Oral artemisinin monotherapies banned (prohibited from registration or removed from			
Treatment	Parasitological confirmation for patients of all ages			
Treatment	Parasitological confirmation for patients of 5 years and above only			
Treatment	ACT is free of charge for under 5 years old in the public sector			
Treatment	ACT is free of charge for 5 and above years in the public sector			
Treatment	Malaria diagnosis is free of charge in the public sector			
Treatment	Oversight regulation of case management in the private sectors			
Treatment	Diagnosis of malaria of inpatients is based on laboratory testing			
Treatment	Pre-referral treatment at health facility level with quinine IM or artesunate suppositories			
Treatment	Uncomplicated malaria cases are admitted			
Treatment	ACT is delivered at community level through community agents (beyond the health facility)			
Treatment	RDTs used at community level			
Malaria in pregnancy	IPT strategy used to prevent malaria during pregnancy			

\*Currently implemented: Please indicate with "Yes" when a national policy is currently applied. If "Yes" please provide the year when it was initiated.

3.1.1 Health facility - Outpatient malaria cases (Passive): All-age groups (including children under 5 years)

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Sectors data included from:    
 Please select the sectors from the drop-down list

Health facility data included from:    
 Please select the health facility type from the drop-down list

Year	Passive: All-age groups (including children under 5 years)					Active case detection, all ages		Under 5 years of age					Microscopy, all ages			Rapid diagnostic test (RDT), all-ages				Imported cases	Source	Remark		
	All-cause outpatient cases (Including malaria cases)	Suspected* malaria cases (including confirmed cases)	Suspected malaria cases not examined (probable malaria cases)	Examined (by microscopy and RDT)	Positive (by microscopy and RDT)	Examined (by microscopy and RDT)	Positive (by microscopy and RDT)	All-cause outpatient cases (Including malaria)	Suspected* malaria cases (including confirmed cases)	Suspected malaria cases not examined (probable malaria cases)	Examined (by microscopy and RDT)	Positive (by microscopy and RDT)	Examined	Positive	Number of P. falciparum	Number of P. vivax	Number of mixed infections	Examined	Positive	Number of P. falciparum			Number of Non-Pf	Total imported cases (from other countries)
2000																								
2001																								
2002																								
2003																								
2004																								
2005																								
2006																								
2007																								
2008																								

\* Countries that

3.1.2 Completeness of

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Admin level to where health facilities report

Year	Reporting completeness							
	Health facility level				District or equivalent*			
	No. of health facility reports received per year	Number of reports expected per health facility per year	% completeness (calc)	No. of Admin2 reports received	No. of Admin2 units	No. of reports expected per district (Admin2) per year	% completeness (calc)	
2000								
2001								
2002								
2003								
2004								
2005								
2006								
2007								
2008								

\*District or equivalent: An administrative level to where the health facilities report

3.1.3 Community level data\*: Malaria cases at community level (all ages)

Suspected malaria cases (seen at community level)	Total tested at community level (RDT tested)	Total RDT positives	Malaria cases treated at community level

\*Community-based treatment of malaria- conducted outside the formal health service by trained mothers, community health workers or other voluntary individuals

<sup>5</sup>Confirmed malaria case: malaria case that is confirmed by microscopy or RDT

### 3.2 Inpatient or admitted malaria cases and deaths

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Sectors data included from: <span style="background-color: yellow;">Please select</span>		Health facility data included from: <span style="background-color: yellow;">Please select</span>					
<small>Please select the sectors from the drop-down list</small>		<small>Please select the health facility type from the drop-down list</small>					
Year	All-age groups (including children under 5 years)		Under 5 years of age		Pregnant Women	Source	Remark
	All-cause inpatient cases (including malaria)		All-cause inpatient cases (including malaria)	Malaria inpatient cases (including confirmed cases)	Malaria inpatient cases in pregnant women		
2000							
2001							
2002							
2003							
2004							
2005							
2006							
2007							
2008							

<sup>7</sup>Inpatient malaria case: An admitted or over-night patient with a discharge diagnosis of malaria

#### 3.2.2 Inpatient deaths

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Year	All-age groups (including children under 5 years)		Under 5 years of age		Pregnant women	Source	Remark
	All-cause deaths (including malaria death)		All-cause deaths (including malaria deaths)	Malaria inpatient deaths (including confirmed deaths)	Malaria inpatient malaria death in pregnant women		
2000							
2001							
2002							
2003							
2004							
2005							
2006							
2007							
2008							

#### 3.2.3. Vital registration records:Deaths

All-age groups (including children under 5 years)	
All-cause deaths (including malaria death)	Malaria deaths (including confirmed deaths)

#### 3.2.4 Completeness of inpati

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Year	Reporting completeness							
	Health facility level				District or equivalent*			
	No. of inpatient health facility reports received		Number of reports expected per inpatient health facility per year	% completeness (calc)	No. of Admin2 reports received	No. of Admin2 units	Number of reports expected per district (Admin 2) per year	% completeness (calc)
2000								
2001								
2002								
2003								
2004								
2005								
2006								
2007								
2008								





#### 4.1 Insecticide-treated nets (ITN)

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Year	Total no. of conventional insecticide-treated nets (ITNs) sold or delivered <sup>8</sup>	Total no. of long-lasting insecticide-treated nets (LLINs) sold or delivered <sup>9</sup>	Total no. of ITNs (both conventional and LLIN ) sold or delivered	Distribution strategy				Remarks	Source
				Number distributed through mass campaign	Number distributed through ANC	Number distributed through EPI	Number distributed through other channels		
2000									
2001									
2002									
2003									
2004									
2005									
2006									
2007									
2008									

<sup>8</sup>In countries currer

<sup>9</sup>In countries currer

#### 4.2 Indoor residual :

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Year	Number of spraying cycles in a year	No. of households targeted	Sprayed		Population		Insecticide used	Remarks	Source
			No. of houses or structures sprayed at least once	No. of households sprayed at least once	No. of people targeted for protection by IRS	No. of people protected by IRS			
2000									
2001									
2002									
2003									
2004									
2005									
2006									
2007									
2008									

#### 4.3 Antimalarial treat

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Year	No. of full treatment courses of any 1st-line antimalarial delivered by the programme per year (including ACTs)	No. of ACT only treatments (full courses) delivered (public facilities only)	No. of malaria cases treated with ACT in public facilities	No. of RDTs delivered (public facilities and community)	Remarks	Source
2000						
2001						
2002						
2003						
2004						
2005						
2006						
2007						
2008						

#### 4.4 Antimalarial treatment at community level

No. of ACT treatments (full courses) delivered	No. of malaria cases treated with ACT

\* Note difference between number courses delivered (distribution data) and no. treated

5.1 Survey data, intervention coverage: ITN, access to effective treatment, and IPT

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Title of survey	Year	Type of survey (DHS, MICS, MIS, other national or sub-national)	No. of admin. units surveyed	Level of admin. units surveyed (province, district, etc)	No. of households surveyed	Residence (Urban / Rural / Overall)	% households with any net	% households with at least one ITN	% children <5 who slept under ITN the previous night	% pregnant women who slept under ITN the previous night	% pregnant women who took at least two IPT doses with SP during last pregnancy	% of children < 5 with fever	% of children < 5 who took any antimalarial drug the any time after onset of fever	% of children < 5 who took any antimalarial drug the same / next day of fever	% of children < 5 with fever who took ACT any time after onset of fever	% of children < 5 with fever who took ACT same / next day of fever	Remark	Source
	2000																	
	2001																	
	2002																	
	2003																	
	2004																	

5.2 Parasite Rate Survey

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Year	Site (Area)	No. of micr. slides or RDT tests taken	% of Parasite positive	% of P. falciparum	% of P. vivax	Remarks	Source



Section/Category	Definition
Epidemiological profile	
Malaria control programme phase	The stage of the malaria control programme--1) control, 2) pre-elimination, 3) elimination, and 4) prevention of re-introduction phases, as recommended with WHO experts in "Malaria elimination: A field manual for low and moderate endemic countries (Figure 5, p. 13, <a href="http://www.who.int/malaria/docs/elimination/MalariaElimination_BD.pdf">http://www.who.int/malaria/docs/elimination/MalariaElimination_BD.pdf</a> ). <b>Figure 5. Malaria programme phases and milestones on the path to malaria elimination*</b>
	<p>SPR: slide or rapid diagnostic test positivity rate. * These milestones are indicative only; in practice, the transitions will depend on the malaria burden that a programme can realistically handle (including case notification, case investigation, etc.).</p>
Reported malaria incidence (RMI)	Number of malaria cases reported (confirmed and probable) divided by mid-year population multiplied by 1,000
Stratum	Epidemiological block/zone with distinct malaria endemicity depending on given range of reported malaria incidence or other national classification thresholds.
<b>2. National policies by intervention</b>	
National policy	Antimalarial policies adopted and implemented in the country
Conventional insecticide-treated nets (ITNs) sold or delivered	Conventional insecticide-treated nets (ITNs) are mosquito net that are not long-lasting and which need to be treated (by dipping) with a WHO-recommended insecticide within the last twelve months before the survey (Instructions for treatment and use of insecticide-treated mosquito nets. WHO/CDS/RBM/2002.41. p.24). Record those nets that have been sold or distributed from national or peripheral levels in the calendar year.
Long-lasting insecticide-treated nets (LLINs) sold or delivered	Long-lasting insecticidal nets (LLINs) are those that maintain adequate insecticidal capacity for up to 3 and 5 years. Record those nets that have been sold or distributed from national or peripheral levels in the calendar year.
Treatment	Policies for treatment of malaria
Diagnosis	Diagnosis of suspected malaria cases using either microscopy or RDT
ACT	Artemisinin-combination therapy
RDT	Rapid Diagnostic Tests
IPT	Intermittent Preventive Therapy
<b>3. Trends in morbidity and mortality</b>	
<b>3.1 Number of malaria cases (outpatient probable or confirmed malaria cases) from all health facilities, including community-based treatments and active case detection</b>	
All-cause outpatient cases	Total number of outpatient consultations (for all diseases or causes of consultations)
Suspected malaria cases	Cases with clinical malaria or symptoms of malaria. Sum of both cases that were not diagnostically examined (probable) cases and those that were examined (both positive and negative).
Not examined (probable malaria cases)	Number of suspected cases (with clinical malaria or symptoms of malaria) that did not have a parasite-based diagnostic examination by microscopy or RDT.
Examined	Number of suspected malaria cases examined by microscopy or RDT
Positive	Number of positive malaria cases by either microscopic or RDT examination
Total number of malaria cases treated at community level	Total number of malaria cases treated by trained mothers, community health workers or other voluntary individuals through community-based services conducted linked to formal health service or conducted separately.
Sectors included (public/ NGO/private)	The malaria cases reported were from from either of the sectors/categories of health facilities given in the drop-down list. i.e either from Public only, Non-Governmental Organizations (NGOs) such as missionary of community facilities only; or Private services for profit. Depending on their local contexts, countries may or may not report from one or combinations of categories/sectors from the drop-down list.
Total cases from health facilities includes: (hospital / health centre / health post)	The malaria cases were reported from either of the types of health facilities given in the drop-down list. i.e. from either hospital only, health centre only, health post or similar level only; or combination of those. Please choose from the drop down list as it applies.
Reporting completeness (health facilities)	Ideally, reporting completeness would be derived as the number of health facilities reporting <i>divided by</i> total number of health facilities expected to report in a month multiplied by 12 month X 100. However, not all countries have such details. Some countries may have only by number of districts.
Reporting completeness (districts)	Ideally, reporting completeness would be derived as the number of districts reporting <i>divided by</i> total number of districts expected to report in a month multiplied by 12 month X 100. This is important when countries have difficulties to get details by health facilities.

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Section/Category	Definition
Active case detection	Cases detected and treated outside the health facility or at community level through either fever case surveys or mass screening and treatment. This should be clearly differentiated from mobile clinics (which include outreach services) conducted on routine basis.
Passive case detection	Malaria cases recorded by health facilities (public, or private)
Malaria cases treated at community level	Malaria cases treated by trained or voluntary community health workers
<b>3.2.1 Inpatient malaria cases</b>	
All-cause inpatient cases and deaths	Number of inpatient admissions (for all diseases or causes of admission)
Malaria inpatient case	Number of malaria cases and deaths as reported through the health information system from inpatient health facilities (both hospitals and health centers with inpatient beds). Ideally, the diagnosis should be a discharge diagnosis and should be based on a parasite-based test. It is recognized that inpatient malaria cases will be a combination of moderate cases, in addition to severe cases that fit the WHO definition of severe malaria (WHO. Severe falciparum malaria. Transactions of the Royal Society of Tropical Medicine and Hygiene, 2000, 94(Suppl. 1):1-90).
<b>3.2.2 Malaria deaths</b>	
All-cause deaths	Number of deaths (due to all diseases or causes of deaths). In most situations all-cause deaths are reported from inpatient records. But if a country has a system where by deaths are reported from outpatient records, please include them to this section.
Malaria inpatient deaths	Total number of inpatient malaria deaths. In most situations, malaria deaths are reported from inpatient records. But if a country has a system where by other malaria deaths are reported from outpatient records, please include them to this section.
<b>3.3 Number of outpatient, inpatient malaria cases and malaria deaths in all age-groups reported by province, region, state for year (2008)</b>	
Administrative level 1	A sub-national entity of a government. Depending on the country, "Administrative level 1" can be a province, region, state, division, governorate or other similar entities.
Slide positivity rate (SPR)	Number of positive malaria cases (by either microscopic slide or RDT) divided by total number of malaria examined by either microscopy or RDT multiplied by 100.
<b>4. Performance of interventions</b>	
<b>4.1 Insecticide-Treated Nets (ITNs)</b>	
No. of conventional insecticide-treated nets (ITNs) sold or delivered	An insecticide treated net defined as (i) a retreatable mosquito net which has been pre-treated by the manufacturer or treated by dipping with a WHO-recommended insecticide within the last twelve months or (ii) an untreated mosquito net packaged with a WHO-recommended insecticide. Number of conventional nets that need re-treatment with insecticide regularly (frequency depends on brand or manufacturer)
No. of long-lasting insecticide-treated nets (LLINs) sold or delivered	A mosquito net with insecticide incorporated within or bound around fibres, which retains its insecticidal effect for at least 3 years without re-treatment. Guidelines for laboratory and field testing of long lasting insecticidal mosquito nets. WHO/CDS/WHOPES/GCDPP/2005.11. p. 1.
No. of ITNs (both conventional and LLIN ) sold or delivered	Sum of both conventional ITNs and LLINs distributed. This field is useful for a programme that does not have separate figures for the two.
Vouchers distributed	Number of voucher (coupons or tickets) provided to targeted population, pregnant women, or care givers in order to deem conventional ITNs or LLINs from designated shoppes or distributors. Hanson, K et al. Monitoring and Evaluation of the TNVS, Final Report, February 2007. This is applicable to countries currently implementing a ITN voucher system.
Vouchers redeemed	Number of vouchers (coupons or tickets) re-deemed or claimed by targeted population, mothers or care givers in exchange of physical ITN or LLIN from designated shoppes or distributors. This is applicable to countries currently implementing a ITN voucher system.
<b>4.2 Indoor residual spraying (IRS)</b>	
Houses or structures	A single room or structure targeted for spraying (by the programme)
Households	A room or a group of houses (inhabited by a family who share a kitchen). On average a household has more than one room or structure depending on the country
No. of houses or structures targeted	A single room or structure targeted for spraying (by the programme)
No. of houses or structures sprayed	A single room or structure sprayed with in-door residual insecticide during a particular spraying cycle
No. of households targeted	A room or a group of houses (inhabited by a family who share a kitchen) targeted for IRS during a particular spraying cycle.
No. of households sprayed	A room or a group of houses (inhabited by a family who share a kitchen) sprayed with in-door residual insecticide during a particular spraying cycle
No. of people targeted for protection by IRS	Number of people protected by IRS during a particular spraying cycle. This may be calculated either from average number of households sprayed or from inventory list during spraying or post-spraying.
No. of people protected by IRS	Number of people targeted to be protected by IRS during a particular spraying cycle. This may be calculated either from average number of households targeted or from list created during reconnaissance or preparation for IRS.
Insecticide used	Type of insecticide used for IRS. This should be either of the twelve WHO-recommended insecticides for IRS
Spraying cycle	The number of periodic spraying cycles in a year. Often countries using DDT have one spraying cycle. However, those using other insecticides may need to apply two or more spraying cycles. The 2nd or more cycles however may not be applied in the same places as the 1st cycle
<b>4.3 Antimalarial treatment (case management)</b>	
No. of any 1st-line treatment courses delivered by the programme per year (including ACTs)	Number of treatment courses of nationally recommended or adopted first-line medicine to treat all Plasmodium species

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Section/Category	Definition
No. of ACT only treatment doses or courses delivered	Number of full treatment courses of nationally recommended or adopted ACT as first-line medicine to treat P. falciparum either delivered by the programme to the peripheral levels or received at national level. Stock that is received for next year should not be included as if used in current year. E.g. if a country receives 10 million treatment courses of ACTs at the end of 2007, its should be used as stock for 2008.
No. of RDTs delivered (used)	Number of RDT packs or sets distributed by the NMCP to lower admin levels to health facilities. (this includes what may exist in stores or RDTs already used for testing)
<b>5. Surveys (coverage of interventions)</b>	
<b>5.1 Coverage of ITN and access to antimalarial treatment</b>	
Type of survey	Nature of the survey if it is standard DHS, MICS or MIS that includes malaria module or other surveys conducted by the country organized either by the NMCP or NGOs
Number of Administration levels (provinces, districts, etc)	Number of first admin levels included in the survey
Type of residence (Urban/Rural)	Results by residence of respondents (urban, rural or total)
Percent of households that have at least one ITN	Number of HHs with at least one ITN divided by all number of HHs surveyed X 100
Percent of children under 5 who slept under an ITN the previous night	Number of children under 5 who slept under an ITN the previous night before the survey divided by all children under 5 surveyed X 100
Percent of pregnant women who slept under an ITN the previous night	Number of pregnant women who slept under an ITN the previous night before the survey divided by all pregnant women surveyed X 100
Number of households surveyed	Number of all HHs included in the survey
Number of children under 5 surveyed	Number of all children under 5 included in the survey
(%) of children < 5 with fever	Number of children under 5 who had fever in the last two weeks before the survey divided by number of children under 5 surveyed x 100
(%) of children < 5 who took any antimalarial drug any time after onset of fever	Number of children under 5 with fever who took any antimalarial same or next day of onset of fever divided by number of children under 5 who had fever x 100
(%) of children < 5 who took any antimalarial drug the same/next day of fever	Number of children under 5 with fever who took any antimalarial same or next day of onset of fever divided by number of children under 5 who had fever x 100
(%) of children < 5 with fever who took ACT any time after onset of fever	Number of children under 5 with fever who took any antimalarial any time after onset of fever divided by number of children under 5 who had fever x 100
(%) of children < 5 with fever who took ACT same/next day of fever	Number of children under 5 with fever who took ACT any time after onset of fever divided by number of children under 5 who had fever x 100
<b>5.2 Malaria Parasite Rate Survey</b>	
Site (Area)	
Age group ( choose from list or enter new age group)	Age group of the population surveyed or sampled
Percentage of Parasite positive	Number of positives divided by total slides examined or RDTs taken X 100
Percentage of P. falciparum	Number of P. falciparum divided by total positive X 100
Percentage of P. vivax	Number of P.vivax divided by total positive X 100
Number of microscopic slides or RDT tests taken	
<b>6. Human resources and financing for malaria control</b>	
<b>6.1 Human resources designated for malaria control (indicate the number of staff)</b>	Number of health staff working on malaria. This may also include the number of support staff (secretary, driver store keeper, etc). The involvement time should be at least 80% at any level. Often, at provincial and district levels, malaria control is integrated. Therefore, indicate "N/A" for "not applicable" when there is no designated programme specific staff.
Area of work	This is the category of health or support staff. Add category as it applies to your setting.
<b>6.2 Financing of malaria control</b>	
Gov. budget for health (USD)	Total amount budgeted by the government for health sector
Gov. budget for malaria (USD)	Total amount budgeted by the government for malaria (out of the health sector budget)
World Bank	Contributions of World Bank
WHO	Contributions of WHO
UNICEF	Contributions of UNICEF
UN agencies	Contributions of WHO United Nation Agencies (WHO, UNICEF, UNDP, etc)
European Union	Contributions of European Union
PMI	Contributions of Presidents' Malaria Initiative
Other Bilaterals	Contributions from other bilaterals
Others	Local and international NGOs, communities
<b>6.2.2 Expenditure by category for 2008 or latest available financial year:</b>	
Human Resources & Technical Assistance.	For each source of funding (Government, GFATM, World Bank etc) please give details of how the money allocated was used or planned to be used e.g. expenditure on salaries of program staff, ITNs etc. The totals of columns in Section 6.2.2. should add up to the corresponding year in Section 6.2.1, although this may not always happen if there have been unplanned expenditures. Salaries, wages and related costs (pensions, incentives, supplements top ups and other employee benefits) relating to all malaria program staff (all admin levels including field personnel, house sprayers etc) and their recruitment costs. Salaries of non-malaria staff e.g. those working in working Cost of all consultancy (long or short term) providing technical or management assistance. This includes all costs related to the consultant such as consulting fees, travel and per-diems, field visits and other costs related to program planning, supervision and administration (including in respect of managing sub-recipient relationships, monitoring and evaluation, and procurement and supply management). Salaries of personnel working for integrated programs should not be included unless th
Training	Training workshops, meetings, training publications, training-related travel, including training per-diems. Do not include human resource costs related to training which should be included in the human resources category.
<b>Health Products and Health Equipment (HPHE):</b>	
Bednets:	Insecticide treated nets. Include insecticide bought for retreatment.
Spraying:	Insecticide and spraying
Diagnostics:	Diagnostics: Include microscopes, slides, reagents, test kits, syringes. Do not include non-health equipment as these costs should be included in the infrastructure and other equipment category.
Medicines and Pharmaceutical Products:	Cost of medicines for treating malaria, including IPT. Do not include insurance, transportation, storage, distribution or other like costs, as these should be included in Procurement and Supply Management costs.

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Section/Category	Definition
Procurement and Supply Management Costs:	Transportation costs for all purchases (equipment, commodities, products, medicines) including packaging, shipping and handling, warehouse, PSM office facilities, and other logistics requirements and procurement agent fees. Costs for quality assurance (including laboratory testing of samples) and any other costs associated with the purchase, storage and delivery of items. Do not include staff, TA, PSM information technology systems, health products or health equipment costs as these should be included in categories above.
Infrastructure & Other Equipment:	Health infrastructure rehabilitation, renovation and enhancement costs. Non-health equipment such as generators, beds, information technology systems (IT) and software, web-site creation and development. Office equipment, furniture, audiovisual equipment. Vehicles, motorcycles. Related maintenance, spare parts and repair costs.
Communication Materials:	Printed material and communication costs associated with program-related campaigns. TV spots, radio programs, advertising, media events, education, dissemination, promotion, promotional items.
Planning, Administration, Monitoring and Evaluation; and Overheads:	Office supplies, travel field visits and other costs relating to program planning and administration (including in respect of managing sub-recipient relationships). Legal, translation, accounting and auditing costs, bank charges etc. Data collection surveys, research, analysis, travel, field supervision visits and any other costs associated with monitoring and evaluation. Overhead costs such as office rent, utilities, internal communication costs (mail, telephone, internet), insurance, fuel, security, cleaning, management or overhead fees. <i>Do not include human resources technical assistance (TA) or M&amp;E IT systems costs as these should be included in the categories above.</i>
Other:	Significant costs which do not fall under the above defined-categories.

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