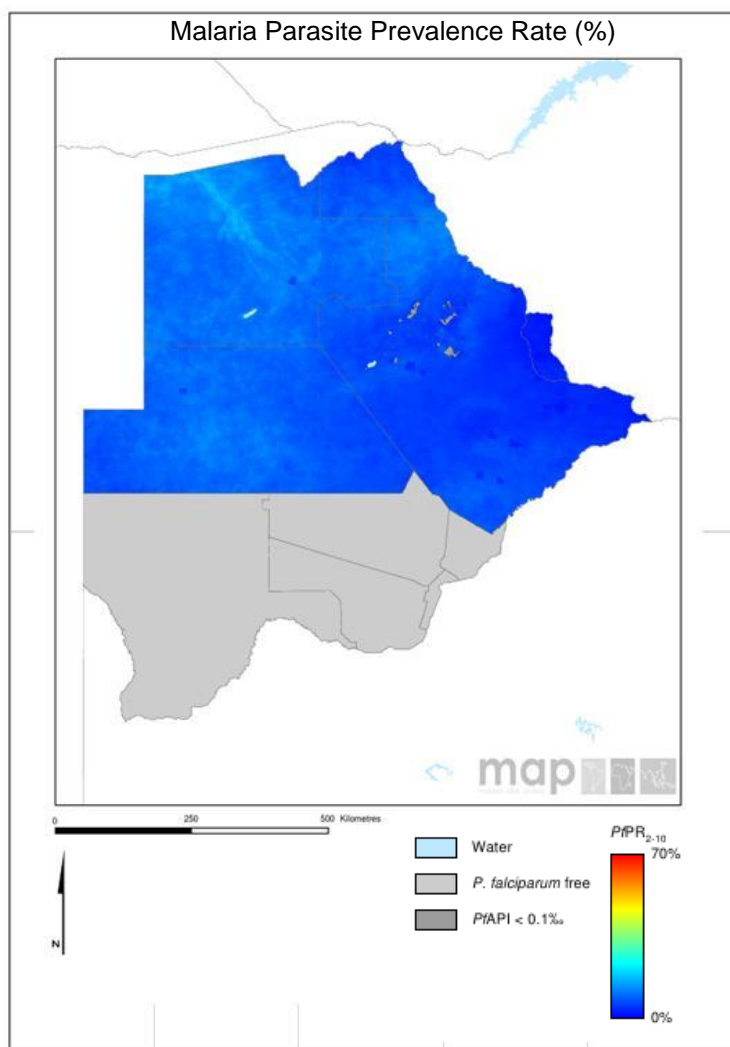


Scorecard for Accountability and Action



Malaria transmission is highly seasonal occurring between December and April mostly in the northern part of the country. The annual reported number of confirmed malaria cases in 2012 was 308 with three deaths.

Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2014)	Target achieved or on track
Community case management (Pneumonia)	No data/Not applicable
Community case management (Malaria)	No data/Not applicable
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)	No data/Not applicable
Commodities Financed, Implementation and Malaria Impact	
IRS financing 2014 (% of at-risk population)	100
Public sector RDT financing 2014 projection (% of need)	100
Public sector ACT financing 2014 projection (% of need)	100
IRS Operational Coverage (%)	68
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	Target achieved or on track
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)	95
% deliveries assisted by skilled birth attendant	95
Exclusive breastfeeding (% children < 6 months)	20
Vitamin A Coverage 2012 (2 doses)	No data/Not applicable
DPT3 coverage 2012 (vaccination among 12-23 month olds)	96
Postnatal care (within 48 hrs)	No data/Not applicable

Key

Target achieved or on track
Progress but more effort required
Not on track
No data/Not applicable

Progress

Botswana has banned oral artemisinin-based monotherapies and has successfully mobilised resources for malaria control with sufficient financing available for IRS and malaria treatment in 2014. Significant progress has been made in scaling-up malaria control interventions, including case management. Botswana's success in malaria control is reflected in the country's inclusion in the SADC Elimination Scorecard, launched in May 2014. Progress has also been made in tracer MNCH interventions, including PMTCT coverage, deliveries by skilled birth attendants and DPT3 vaccination.

Impact

Botswana has made significant progress in malaria control. The number of confirmed malaria cases reported annually has declined from 3,362 during 2000–2005 to only 308 cases in 2012. Malaria deaths have declined from 21 to three during the same period. As such, the country has achieved the international target of reducing malaria burden by 75% since 2000.





Key Challenge

- Achieving and maintaining IRS coverage above 80%.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Optimise quality of care	Urgently investigate and address reasons for low IRS coverage	Q4 2014		Deliverable not yet due
Address funding	Ensure the NFM concept note is submitted by Q4 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q4 2014		Deliverable not yet due but country has finalised the MTR and NSP and is working on the GF NFM concept note
MNCH ¹ : Optimise quality of care	MNCH Ensure all facilities are baby friendly by implementing the ten steps to successful breastfeeding, providing follow-up support to breastfeeding mothers and enhancing community awareness	Q1 2013		Botswana has a strong national level policy and strategy environment for breastfeeding and has introduced the International Code of Marketing Breast-milk Substitutes. Behaviour change communication and the BFHI requires strengthening

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due

¹ MNCH metrics, recommended actions and response tracked through WHO MCA/iERG