

Botswana

Update on the context and situation of children

Botswana continues to be an outlier in Eastern and Southern Africa in terms of its political stability, strong track record on economic growth, low levels of public debt and historically high levels of public spending on the social sectors. However, the COVID-19 pandemic has exposed structural weaknesses in the Botswana economy, including the lack of economic diversification beyond the diamond industry and insufficient formal employment for young people. Almost all economic sectors experienced negative growth since 2020 into 2021. According to government estimates, the domestic economy contracted by 8.5 per cent in 2020 and was projected to grow by 9.7 per cent and 4.3 per cent in 2021 and 2022, respectively. The unemployment rate stood at 24.5 per cent, however, only 32.4 per cent of youth were unemployed in quarter four of 2020. Official data report that the impact of COVID-19 on employment was protected by the declaration of the State of Public Emergency (SoPE), which prevented firms from dismissing employees. However, unemployment is likely to have risen since the lifting of the SoPE, on September 30, 2021.

Children are affected by persistent inequalities, as indicated by data from the 2020 MODA study, showing that one in two children experience multidimensional poverty, with rates as high as 68 per cent in rural areas, compared to 27 per cent in cities/towns. The most deprived children are those residing in remote rural areas (especially Northwest, Ghanzi and Central districts), in lower-income households, woman-headed households and households with a member who is HIV-positive. Around 70 per cent of children and nearly nine out of every ten children in rural areas are deprived of sanitation, making it the most common deprivation for children. At the same time, children's access to improved drinking water is improved.

Botswana has achieved near universal access to primary healthcare services with 95 per cent of skilled birth attendance, however indications are that neonatal, infant, under-five and maternal mortality rates have stagnated over the past three decades. Neonatal deaths account for 70 per cent of under-five mortality and are caused by prematurity, birth asphyxia, sepsis and congenital anomalies. Only 76 per cent of children under 1 year of age were fully vaccinated in 2019, dropping to 47.5 per cent in 2021. The refocus of health sector priorities towards the COVID response and vaccine roll-out as well as restrictions on movement have further threatened progress on routine immunization.

Botswana has high malnutrition rates, considering its status as an Upper Middle- Income country. A secondary analysis of data from 2016 estimates the prevalence of wasting, stunting and overweight at 5.1%, 19.8% and 3.5%, respectively, in children under five. The lack of a multisectoral nutrition policy in the country hampers progress in this area.

The year 2021 witnessed a key milestone on the path to eliminating mother to child transmission of HIV as Botswana achieved silver tier status, by achieving a mother to child transmission (MTCT) rate of less than 5 per cent in a breastfeeding population and a case rate of new paediatric HIV infections due to MTCT of less than 500 cases per 100 000 live births.

Adolescent girls are exposed to the triple threat of gender-based violence, HIV infection and unintended early pregnancy. They account for significant proportions of all maternal deaths (6.9 per cent for girls aged 15-19 years and 12.6 per cent for young women aged 20-24 years). HIV prevalence in young women aged 15 to 24 years is more than twice the rate in young men of the same age group (9 versus 4 per cent, UNAIDS 2021 Spectrum Estimates).

Access to and quality of education services remain major challenges. While 80 per cent of children attend primary school, rates are as low as 30 per cent for preschool which is dominated by the private sector and therefore unaffordable for most families. Transition rates from primary to junior secondary level are high at 98 per cent, but as low as 67 per cent from junior to senior secondary level. Furthermore, pass rates decline as children progress through the education system, ranging from 73 per cent at primary level to 21 per cent at senior secondary level (2018 data). Furthermore, adolescents graduating from secondary education lack the skillset required to be successful in the labour market, including digital skills, with only around 30% of schools connected to the internet.

Both girls and boys in Botswana are exposed to violence with 25 per cent of girls and 9 per cent of boys subject to sexual violence and 43 per cent of boys and 28 per cent of girls subject to physical violence. Less than 10 per cent of them seek help due to the stigma attached to sexual violence, with most perpetrators being family members or known to the family. Furthermore, the country has only two child-friendly police stations (the most recent established in December 2021) and the limited capacity and numbers of social workers restrict VAC cases being brought to court and to conclusion.

Botswana was heavily affected by the COVID-19 pandemic in 2021 with a peak in infections and death during the months of June, July and August and ramifications for children going beyond health. Despite the Government's efforts to keep schools open throughout the SoPE, schools had to close for several weeks in July. Police records indicate an increase in sexual violence during the COVID-19 lockdown in 2020, illustrated through a 20 per cent increase in reporting of rape. Furthermore, there is anecdotal evidence of increasing numbers of children suffering from poor mental health.

As a self-financing country, Botswana has been comparatively successful in rolling out the COVID-19 vaccine, with high vaccine acceptance and deployment levels. To date 1,125,993 people have received their first dose and 1,002,358 are fully vaccinated.

This year concluded the 5-year 2017-2021 country programme cycle with a new one approved by the Executive Board, based on an updated situation analysis, emerging issues, lessons learned and aligned to national priorities, the UNSDCF and the new UNICEF strategic plan.

Major contributions and drivers of results

1. Every child survives and thrives

UNICEF continued to provide technical, financial, and logistical support to the Ministry of Health and Wellness (MoHW) to achieve key results, despite a year of unprecedented challenges with Botswana being hit hard by the fourth wave of the COVID-19 pandemic.

UNICEF supported successful commissioning of phase two of the Nutrition and Child Health Information System (NIS) which included the Integrated Management of Acute Malnutrition (IMAM) module to manage all forms of malnutrition in children, auto-calculation of Z-scores to minimize errors in grading the type of malnutrition, improving data quality, and improved analytics linked to national DHIS2 platform. The system covered about 5,520 children in the two piloting districts (Boteti and South East). Once fully scaled up, the system will benefit over 765,000 children aged 0 – 17 years, including over 285,000 children under five.

In order to update information on the nutritional status of children in Botswana, UNICEF collaborated with the MoHW and the National Statistics Office in analysing nutrition data from three national surveys: Botswana Core Welfare Indicators Survey (BCWIS) 2009/2010, Botswana Multi-Topic Household Survey (BMTHS) 2015/2016 and Botswana Demographic Survey (BDS) 2017. This data showed significant reductions in stunting, wasting and underweight rates from 31.4% to 19.8%; 7.2% to 5.1% and 13.5% to 8.6%, respectively, between 2007 and 2016.

Community-based service delivery continues to be a key strategy for Botswana, given that 40.4% of the child population dwell in rural districts. UNICEF supported capacity-building of 30 Health Education Assistants working in 15 health facilities on infant and young child feeding as well as screening and homecare module on the IMAM guidelines, covering 15 health facilities in 3 districts. Furthermore, UNICEF provided technical support to the development of Community-Based Health Services Guidelines by strengthening interpersonal communication and social and behaviour change components in the in-service training curriculum for community health workers who will now better placed to effectively influence adoption of positive child health and feeding practices by caregivers and communities.

Furthermore, UNICEF supported procurement services to the Government of Botswana. In 2021, a combined total of 1,237,810 doses of various antigens were procured to vaccinate at least 63,000 surviving infants and around 255,000 under 5's for their routine and catch-up immunization against vaccine-preventable diseases. Additionally, 40,000 adolescent girls (9 – 13 years old) were vaccinated against the Human Papilloma Virus. UNICEF also procured passive cold chain equipment, including 800 30-day temperature loggers, 600 vaccine carriers, 100 cold boxes and 3000 0.4l ice packs. In support of COVID-19 vaccination rollout, UNICEF has facilitated procurement and quality check of 1,272,570 doses of COVID-19 vaccines through the COVAX facility, representing 70% of the total number of 1,800,000 vaccine doses in country. UNICEF supported the development of the National Vaccine Deployment Plan as a core member of the Coordination Committee at the highest level advising the President and at the technical working group level particularly supporting the Vaccine rollout and coordination, Logistics, Risk Communication and Monitoring and Evaluation technical working groups. To ensure a coordinated approach to COVID-19 risk communication and vaccine demand creation, UNICEF provided a technical expert to the MoHW, working in close collaboration with the national risk communication and community engagement (RCCE) committee. This support enabled MoHW to standardize RCCE tools for partners implementing RCCE in the country and continuously adapt RCCE messaging and response plans based on data analysis emerging from consolidated social listening mechanisms.

In the area of HIV, Botswana in 2021 became the first African and first high burden country to be certified on the path to the elimination (PTE) of mother-to-child transmission of HIV (MTCT). Building on its ongoing commitment to PMTCT and its achievements over the past 20 years, the Government of Botswana with technical and financial support from UN agencies, PEPFAR and CDC, over the last few years has been progressively building national capacity to collect, collate and analyze PMTCT data and meticulously address gaps identified. Joint UN (WHO, UNICEF and UNAIDS) support to the MoHW focused on the PTE national assessment, preparation and submission of the national validation report to the Regional Validation Team. According to verified data, Botswana was able to reduce the MTCT rate to under 5 per cent since 2018; to provide antenatal care and antiretroviral treatment to more than 90 per cent of pregnant women; and to achieve an HIV case rate of less than 500 per 100,000 live births, thus meeting the criteria of the silver tier status on the PTE.

Regarding prevention of and treatment for HIV for adolescents and young people, UNICEF continued to champion the use of innovation and technology, harnessing digital tools to improve programming and enhance outreach. Through digital technology, engagement with adolescents and young people, evidence-driven programming and a combination of differentiated approaches and service delivery models, over 443,868 adolescents and young people continued to access life-saving information and services and were empowered to protect themselves from HIV, sexual violence and COVID-19.

UNICEF continued to partner with the National AIDS and Health Promotion Agency (NAHPA) and MTV-Staying Alive Foundation (MTV-SAF) to institutionalise and scale up the Shuga Radio programme, with support provided in 2021 for development of season three series, with COVID-19 mainstreamed into the storylines. The Shuga Radio interpersonal peer education (IPE) programme underway in the 4 high burden districts was consolidated and extended to four additional villages in 2021. Combined, the IPE and VPE programmes ensure that AYP continue to be empowered with information, knowledge and skills, are protecting themselves from HIV, sexual and gender-based violence and unintended pregnancy and are accessing appropriate services.

To circumvent limitations in access to HIV services due to COVID-19 restrictions, UNICEF in partnership with Botswana-Baylor, Ministry of Health and Wellness (MoHW) and Viamo developed a remote training platform (RTP) on psychosocial support and care for adolescents living with HIV (ALHIV). The platform was designed in consultation with district health management teams, adolescents and their caregivers to ensure feasibility and relevance.. Combined RTP and audio-visual materials will support virtual Teen Club sessions, providing much needed psychosocial and peer support to 200 ALHIV particularly during this period of colliding pandemics. These innovative approaches enabled UNICEF to leverage resources from Global Fund and PEPFAR for scale-up of cost-effective models of adolescent engagement around HIV.

2. Every child learns

UNICEF's high-level advocacy resulted in the President of the Republic of Botswana joining World Leaders as a Champion of Generation Unlimited prioritizing the youth agenda in Botswana and SADC. As a result, UNICEF has commissioned a landscape analysis for Gen U, highlighting key priority areas of focus for the country and scalable solutions aiming at skills development for youth in Botswana.

UNICEF through the Generation Unlimited movement has partnered with two organizations to offer skills development for earning challenges (Digital Livelihoods) to adolescents and young people. Dare to Dream and Botswana Scouts Association (BSA), had enrolled 269 young people in Botswana, giving Botswana a ranking of 5th in Africa. In the Think like an entrepreneur challenge, BSA has so far enrolled 60 participants (36 Females vs 24 males). The targeted groups (both school-going and out of school youth) represent marginalized communities in different parts in of the country.

UNICEF together with the Office of the President, hosted the inaugural themed youth dialogue, convening young people, private sector, government, CSOs, UN agencies and Development. A total of 208 young people were engaged through face to face and virtual platforms in the Youth Dialogue, themed Youth Innovation in ICT and Food Systems for Human and Planetary Health. This Dialogue allowed young people to share innovations and dialogue on the Food systems component which was facilitated by Agriculture experts. The Dialogue is the first of many to come under Gen U and will continue to be driven and informed by young people.

As part of the Global Children and Youth Forum (CY 21) which UNICEF co-hosted with Governments of Botswana and Sweden, the Government of Botswana committed to provision of universal access to learning to capacitate children to be part of the solution to the problem faced in Botswana and SADC. UNICEF is collaborating with the Government to accelerate efforts towards creating and nurturing an enabling environment for learning through implementation of key elements of Reimagine Education approach. In addition to supporting school connectivity through the GIGA project, UNICEF supports SmartBotswana, the national initiative driving digitization in Botswana, to introduce sustainable and innovative business models into the national connectivity project, ensuring universal access to education.

The preliminary findings from the Remediation and Enrichment programme show that factors that

affect learning outcomes include low staff capacity, resources, and level of commitment by parents to be actively involved in the education of their children. The result of the field study will inform the programme design which will contribute to improvement of learning outcomes for children. UNICEF provided psychosocial support for 6500 learners and 2200 teaching and non-teaching staff who have been affected by COVID 19 as well as continued technical support to response to COVID 19 in the education sector.

In support of governments efforts to increase access to education for children in the most marginalised communities of Botswana, UNICEF is supporting the development of the National Language Policy and learning materials for selected 11 mother tongue languages that will be used as a medium of instruction in basic education. The national exercise will address the gap in access to education due to language barriers and will benefit approximately 10,000 learners in its first year of implementation.

UNICEF supported the Government of Botswana in its efforts to increase access to Early Childhood Education. In 2021, UNICEF commissioned a consultancy to develop an ECD Public-Private Partnership Model to explore alternative ways of increasing access to quality early childhood education, particularly for children in marginalised communities. The ECD PPP Model will be available in Q2 of 2022.

3. Every child is protected from violence and exploitation

UNICEF advocated for Botswana to become a member of the Pathfinding Initiative under the Global Partnership to End Violence Against Children (VAC) partnership and thus the country joined the movement in July 2021.

Furthermore, UNICEF continued to support the professionalisation of the social service workforce, a critical player in the child protection system. UNICEF supported the drafting of an act to establish a social work council and a code of conduct for social workers. Once passed by Parliament in 2022, the initiative will ensure that all social workers, especially those working with children are registered and accredited, thereby enhancing safeguarding of children.

The review of the Social Worker Toolkit which was developed and endorsed by the Government is ongoing and expected to be completed early 2022. The toolkit will be used as an on-the-job training tool for social workers as per the recommendations from the 2020 Mapping and Capacity analysis exercise of social services workers in Botswana. The operationalization of the toolkit will result in the workforce being kept abreast of the needs of children and frame interventions to prevent and respond to VAC. Support to village child protection committees continued through virtual dissemination of the violence against children information pack to social workers, reaching 12 out of 17 districts and 64 social workers. The sessions enhanced the knowledge of social workers to better capacitate VCPCs to prevent and respond to violence against children.

Following the establishment of the first ever child friendly police station in late 2020, UNICEF continued to support government to strengthen the capacity of police to better respond to cases of violence or abuse of children. Over the course of 2021, the child-friendly police station received over 200 cases related to violence against children, including sexual abuse and violence, opened 164 cases, and referred 40 cases to relevant stakeholders with 76 cases being under investigation. A total of 196 officers from 78 police stations across the country have been designated as focal points for child-related cases and received an induction on dealing with GBV and child protection cases. Additionally, UNICEF was able to leverage the support of the British National Crime Agency through a bilateral funding agreement with the British High Commission to develop SOPs for all stakeholders and frontline workers engaged in service provision to children in contact with the law and to build police officers' capacity around child-sensitive interviewing techniques, collecting quality evidence and safeguarding best practices.

4. Every child has an equitable chance in life

The endorsement of Botswana's National Social Protection Framework (NSPF) opened opportunities for UNICEF to contribute to putting child vulnerability high on Government's social protection reform agenda. UNICEF-commissioned studies on social protection and economic impact simulation models contributed to raising awareness amongst relevant stakeholders on the rationale for introducing Botswana's first infant and child support grant (CSG). UNICEF effectively utilized the joint Government/UN Social Protection Thematic Working Group (SP/TWG) consultations to sensitize key stakeholders on critical gaps in Botswana's social protection system, including the importance of cash-based social assistance with a focus on the nutritionally vital first 1,000 days. UNICEF further strengthened the partnership with UNDP to advocate for a rights-based, shock-responsive, and universal approach to social protection. UNICEF together with other UN agencies supported the Ministry of Local Government and Rural Development (MLGRD) in operationalising the NSPF vision by providing technical assistance to develop models for the consolidated life-course social protection programme, including a CSG. The updated National Multiple Overlapping Deprivation Analysis report was published for the first time on Statistics Botswana's website. The key findings generated policy discussions during the 2021 Annual Child Rights Convention, organised by the Botswana Child Rights Network (BCRN), comprising of civil society organizations that provide services to children.

The collective technical support of UNICEF and its partners helped the Government to make progress towards generating fiscal space to fund the realization of child rights through initiatives such as zero-based budgeting and budget transparency. Within the Joint UN Programme on SDG Financing Strategy (JP), UNICEF provided technical assistance to the Ministry of Finance and Economic Development (MFED) in institutionalizing the zero-based budgeting (ZBB) framework. UNICEF utilized this opportunity to capacitate social sector ministries, including the ministries of Basic Education, Health and Local Government to implement ZBB and to better plan and budget on child-related services. UNICEF supported the 2021 Open Budget Survey, including the COVID-19 module, which led to discussions around transparency and accountability on the COVID-19 Relief Fund. UNICEF partnered with a local watchdog to urge civil society organisations to be the voice of vulnerable groups, including children, during the formulation, approval, and execution of emergency fiscal policy measures. Botswana's public participation score of 9 in the 2019 Open Budget Survey indicates minimal citizen engagement opportunities in the different stages of the budget process. Therefore, UNICEF advocated for collaboration to promote citizens' knowledge and foster a participatory budgeting culture around joint budget transparency initiatives with non-government institutions.

UN Collaboration and Other Partnerships

In 2021, collaboration with UN agencies was critical in amplifying and increasing the reach of UNICEF's advocacy and programming for children in Botswana. The Government's commitment to consolidate Botswana's social protection system around five life-course programmes created further opportunities to engage with the UN family and enabled UNICEF to position itself as a convener and knowledge leader on child rights, particularly around the proposed Child Support Grant. Furthermore, UNICEF – jointly with UNDP, UNFPA and UNWOMEN – continued to support the Government in designing and implementing an SDG financing strategy to leverage domestic and international finance for the achievement of the SDGs and national priorities. UNICEF engaged closely with WHO on coordination of the UN responses on COVID-19, the national vaccine deployment plan of the MoHW as well as continuity of essential health services for children and adolescents. Furthermore, UNICEF collaborated with OHCHR and UNDP to support the Government of Botswana to draft an action plan on the recommendations on the Convention on the Rights of the Child (CRC) which will be used to track implementation of the CRC recommendations. Partnership between development partners (WHO, UNICEF, UNAIDS and CDC) and clear division of labour created effective synergies in progressing on the Path to Elimination (PTE).

Throughout 2021, UNICEF also partnered with civil society organisations, including Baylor Botswana and Botswana Red Cross Society in order to promote access to, and use of quality social services, and delivering Risk Communication and Community Engagement interventions. UNICEF also continued to support innovative interventions for adolescents and young people through youth-led organizations such as Dare to Dream, the Botswana Scouts Association, Makgabaneng, BOFWA and Young Love. These partnerships enabled UNICEF to extend its reach to communities, especially adolescents and young people.

UNICEF Botswana continued its engagement with the private sector, including members of the CEO Council for Children's rights to drive advocacy and support programmatic interventions. The office established a three-year partnership with the country's largest mobile network provider, MASCOM, to support the roll out of UReport by zero rating SMS's for the platform. MASCOM, also a member of the CEO Council, continued to support COVID-19 response by zero rating the URL for the MoHW COVID-19 surveillance tracker. Private sector fundraising led to a contribution agreement with Botswana Insurance Holdings Limited (BIHL) to support the roll-out of MTV Shuga Peer Education Programme.

Partnership with SADC continued in 2021 around the GenU movement and youth. The ESAR Regional Director's meeting with the new SADC Executive Secretary, raised the need to update the existing MOU between ESARO and SADC to focus on post COVID-19 recovery and youth employment. The secondee to SADC continued to work on the food and nutrition agenda and monitoring of the implementation of SDG6.

UNICEF Botswana continued its partnership with National Strategy Office (NSO) to support the implementation of the National Monitoring and Evaluation System (NMES) through national evaluation capacity development activities supported by the regional office. This partnership is working on the development of a national evaluation plan for Botswana.

Lessons Learned and Innovations

In 2021, the COVID-19 pandemic continued to have an impact on children's rights and continuity of

services for children reaching far beyond the health sector. In the health sector, the focus on COVID-19 prevention and response in addition to restrictions on movement during the state of emergency had an impact on continuity of routine immunization services and uptake of child wellbeing clinic appointments for under-fives. For example, vaccination coverage of children under 1 year, dropped from 90% in 2019 to 49% in 2020 and 47.5% in 2021 for all antigens used in routine immunization. However, in some instances, the COVID-19 vaccination and its rollout have been beneficial to strengthening the health system as more cold chain equipment has been acquired, personnel have seen their capacity in EPI reinforced and M&E tools have been improved. These gains will continue to strengthen the EPI programme beyond the COVID-19 vaccination roll-out, provided that decreases in demand can also be tackled.

While Botswana made commendable efforts to keep schools open in 2021, the government had to take the difficult decision to close schools for several weeks during the third COVID-19 wave between June and August, leading to disruptions in learning. With children spending more time at home during this time, police records and reports from implementing partners continued to document increases in violence, including sexual violence, against children. The COVID-19 pandemic is therefore threatening to reverse some of the gains in terms of child rights that Botswana has made over the decades.

While remote working and virtual engagement could be considered the new way of working in 2021, this continues to pose challenges in terms of access to digital platforms, thus limiting the quality and frequency of interactions, especially with government. Furthermore, travel restrictions slowed down implementation of field work by consultants working on research assignments.

In 2021 UNICEF responded to these challenges by ensuring that COVID-19 programming was integrated into regular programming wherever possible, including annual work plans with government counterparts and that the COVID-19 response is supported in a manner that ensures wider systems strengthening. For example, the CO has supported the MoHW through an expert focusing on both COVID-19 and health systems strengthening.

A further adaptive mechanism constituted in strengthening digitization and virtual approaches in programming. In UNICEF-supported programmes on adolescents and HIV, the use of innovation and technology has proven to be successful in increasing reach and coverage, bearing huge dividends in meaningfully engaging adolescents and young people and ensuring their continuous access to information and services. Over the course of 2020 and 2021, peer education programmes were moved to virtual platforms, thereby successfully ensuring continuity of access to information and support for vulnerable adolescents at risk of HIV. With the end of the State of Emergency in October, UNICEF implementing partners have, however, raised challenges around fatigue with virtual engagement platforms among adolescents. This highlights the need to reflect critically and creatively on how to sustain virtual engagement and balance it with other forms of interaction in order to keep adolescents motivated and committed.

Additionally, concerted efforts must be made to ensure equitable access to devices and data for digital engagement, particularly among the most vulnerable and marginalized youth, including those out of school and from remote and under-served areas to ensure no one is being left behind. UNICEF's support to school connectivity through the national SMARTBOTS connectivity programme as well as efforts to support the MoBE in developing a national strategy on ICT integration in learning and teaching will contribute to bridging the digital divide for children and young people in Botswana.

Challenges around coordination of government and development partners around key areas of engagement persisted in 2021, heightened by the additional levels of support for the COVID-19 response. While the MoHW hosted the first Primary Health Care Consultative Forum in Botswana in November, there is a lack of regular platforms for engagement and coordination around support to the health sector. Similarly, in child protection, which is a sector crowded by many stakeholders, there is

no sector-wide coordination forum. In 2022, UNICEF will – in consultation with other UN agencies and development partners – continue to advocate with key government counterparts for the establishment of such coordination mechanisms and take the lead in contributing to their establishment where possible.

Furthermore, the availability of recent data and the lack of nationally representative surveys on child deprivations as well as real-time monitoring data on key performance indicators continued to pose a challenge to evidence-based decision-making on policies and resource allocation. As a good practice, UNICEF Botswana, with the help of the Regional Office, was able to support the MoHW with bi-weekly analytics emerging from social media listening exercises. This data was then used to inform messaging around COVID-19 related RCCE. Moreover, the UNICEF-supported mapping of education sector data will provide recommendations on strengthening the timeliness and quality of data produced by the Education Management Information System.

UNICEF Botswana notes the glaring paucity of data and reporting on children with disabilities in Botswana. Efforts will need to focus on building capacity of partners on the collection of disability disaggregated data. Programming should also ensure that children with disabilities are reached and/or targeted with interventions where needed.

South-south cooperation was accentuated in 2021 through BNLES sub-regional resource mobilisation related to COVID-19 support on vaccine deployment and maintenance of the cold chain. There was also an opportunity to reflect on the support from the BLNES Hub and how to enhance collaboration and accountability in 2022. Furthermore, the Botswana CO worked closely with 3 countries in the sub-region to arrange for commemoration of the World Children's Day by lighting Kazungula Bridge blue in the presence of the Presidents of Botswana, Namibia, Zambia and Zimbabwe. At the same occasion child and youth dialogues were facilitated with the heads of state. The event was considered a best practice in high level prioritisation of child and youth rights in the SADC region.