

***Minors' Engagement in Health-Based Programs:
Insights From UNICEF Lesotho's HIV-Nutrition Intervention***

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Abstract

This paper explores strategies to enhance minors' understanding of program participation, ensuring their active involvement from the program's inception through its completion, emphasizing the crucial role of sustainability for long-term change. Drawing insights from UNICEF Lesotho's three-year HIV-nutrition intervention (2019-2022) that spanned all 10 districts and 69 community councils, the project championed the health and nutrition of women and children, especially those affected by HIV/AIDS. This paper critically analyses minors' engagement, participation, and decision-making, highlighting both challenges and opportunities for active youth involvement in health-based initiatives. Included in the analysis, we will delve into the specifics of applying gender lenses and fostering inclusion, providing an in-depth examination of these crucial elements to ensure complete, transparent, and equitable participation. Results indicate that children often display passive to non-participation in several phases of the project cycle. While they are participants in the intervention, and they were consulted for their experiences and perspectives, their involvement did not include other key components of the program, neither did they have any active role in decision making. Another striking observation is the frequent absence of genuine inclusion, and while gender lenses are sometimes applied, it's predominantly limited to data disaggregation, rather than a comprehensive gender and inclusion analysis. By synthesizing these findings, lessons learned, this paper aims to offer robust recommendations, guiding program designers towards more inclusive, gender-sensitive, and child-centric educational experiences. We call stakeholders to engage and collaboratively pave the way for enhanced program participation and completion by our young learners.

Keywords: Minors' Engagement, Gender Lenses, Health-Based Initiatives, Program Sustainability, Inclusive Participation

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Introduction

Lesotho faces a multitude of systemic challenges that impede its progress across various sectors (Mairos Ferreira & Muthengi, 2023; Mairos Ferreira *et al.*, 2023; Bester, 2022; Kali, 2018). Geographically, the mountainous terrain presents significant logistical hurdles, hampering the delivery of services and goods, which is particularly acute in rural areas. Economically, the country grapples with high levels of poverty and unemployment, which exacerbate social issues such as education and access to healthcare (Stamatakis *et al.*, 2022; IMF, 2022; Leenknecht *et al.*, 2021). Politically, the need for stable governance and effective policy implementation is critical to catalysing development and ensuring equitable resource distribution. Amid these systemic challenges, the women and girls of Lesotho bear a disproportionate burden, with societal and structural inequities further limiting their access to education, healthcare, and economic opportunities (The World Bank, 2023a, 2023b; Hemat *et al.*, 2022; Paramaiah *et al.*, 2020). These core challenges create a complex web that requires comprehensive strategies and resilient solutions to navigate toward sustainable growth and stability (UN Women, 2023; UNAIDS, 2023, 2022; UN Lesotho, 2023; Government of Lesotho, 2023a, 2023b).

In the health domain, Lesotho confronts several pressing issues that demand immediate attention. The healthcare system is burdened by a shortage of skilled health professionals, inadequate infrastructure, and limited resources, which are further strained by a high disease burden. Communicable diseases, particularly HIV/AIDS and tuberculosis, place a heavy load on health services, while non-communicable diseases are on the rise, creating a double burden. Access to essential medicines and health technologies is inconsistent, often leading to gaps in treatment and preventative care. In addition, there is a critical need for stronger health information systems to guide evidence-based decision-making and improve the delivery of healthcare services across the country (iQvia, 2023; Mairos Ferreira & Muthengi, 2023; Bester, 2022). HIV/AIDS presents a profound challenge for the health sector in Lesotho, with a prevalence rate that is among the highest in the world (Schwitters *et al.*, 2022). This epidemic has far-reaching implications, not only impacting the health of individuals but also exerting a heavy social and economic toll. The most productive members of society are often those most affected, leading to a reduction in the labour force and an increase in the number of children orphaned by the disease. Despite significant efforts to ramp up prevention, testing, and treatment initiatives, the nation still faces hurdles in achieving comprehensive care coverage. Retention in treatment programs and ensuring consistent access to antiretroviral therapy remain critical issues that the healthcare system must address. Lesotho continues to strive toward curbing the spread of HIV and mitigating its impact through enhanced public health strategies and international partnerships (iQvia, 2023; Mairos Ferreira & Muthengi, 2023; Mairos Ferreira *et al.*, 2023; Schwitters *et al.*, 2022).

Nutrition in Lesotho is another critical health issue that intersects with numerous aspects of well-being and disease management, including the effectiveness of HIV treatment (UNICEF USA, 2023; Mairos Ferreira, 2023; Mairos Ferreira *et al.*, 2023). Chronic malnutrition and food insecurity hinder the physical and cognitive development of children, while also compromising the immune systems of adults, making them more susceptible to infections and less responsive to medical treatments (Gaston *et al.*, 2022). The country's highlands, with their harsh climates and difficult farming conditions, exacerbate the challenge of ensuring adequate food supply (ReliefWeb, 2023). The government and non-governmental organizations are working to enhance food security through sustainable agriculture practices, nutritional education, and social support programs (FAO & UNICEF, 2019).

As the country confronts high rates of HIV/AIDS and struggles with malnutrition, the inclusion of youth in health initiatives is essential. By actively participating in such programs, minors become more than just recipients of aid; they transform into agents of change within their families and communities. Empowering the younger generation through education and participatory activities fosters a deeper understanding of health and nutrition, which is critical for creating sustainable habits and interventions. Moreover, when minors are engaged in decision-making processes, programs can be tailored to address their specific needs and circumstances, resulting in more effective and impactful outcomes. Furthermore, the engagement of minors in health and nutrition programs is a strategic investment in Lesotho's long-term resilience. The knowledge and behaviours instilled in youth have the potential to ripple through generations, altering the trajectory of the nation's health landscape. As minors learn to navigate the challenges of HIV/AIDS and malnutrition, they lay the groundwork for a healthier population, capable of contributing to economic stability and development. In addition, involving minors can help break the cycle of poverty and disease by equipping them with the tools to make informed choices about their health and well-being. Lesotho's efforts to involve minors in these critical areas are not only an ethical mandate but a practical approach to ensuring that the next generation is better prepared to lead the country towards prosperity and health.

This study delves into the development and implementation of strategies aimed at bolstering minors' comprehension and active participation in health programs, underpinning the importance of sustainable engagement for enduring impact. It draws from the extensive experience of UNICEF Lesotho's three-year HIV-nutrition intervention (2019-2022), a project that reached across all 10 districts and 69 community councils to advocate for the health and nutrition of women and children, with a particular focus on those impacted by HIV/AIDS (iQvia, 2023). This paper offers a critical analysis of minors' involvement in terms of engagement, participatory dynamics, and their capacity for decision-making within such health-centric initiatives. It scrutinizes the extent to which gender-sensitive approaches are integrated and inclusion is achieved, aiming for a comprehensive understanding of these essential factors in fostering full, transparent, and fair participation. Through this lens, the paper interrogates the current state of minor engagement, setting the stage for an informed discussion on methodological approaches that can amplify their voices in the program lifecycle.

Methods

The methodology of this study is anchored in a meta-analytical approach that dissects program documentation, providing a profound insight into the engagement and influence of minors throughout the program's lifecycle. Central to this methodology is the comprehensive review of 20 key documents, including literature reviews, monitoring reports at various stages, and contributions from implementation partners. This robust document analysis allows for the extraction of nuanced data on the minors' participatory dynamics, the program's adaptive responses to their needs, and the effectiveness of engagement strategies over time. By focusing on existing documentation, the study leverages a rich bedrock of qualitative and quantitative data, facilitating a multi-layered understanding of the minors' roles and the broader operational impact of the program. The study's chronological component is crucial, considering the three-year span of the program to discern patterns and developments in minor participation. This long-term view offers a timeline of engagement, capturing the evolution of their involvement and the maturation of their roles within the program. It allows for an examination of the trajectory of participation, illuminating how and

why changes occur over time. The analysis not only charts progress but also identifies persistent challenges and areas for future improvement. By tracing the arc of engagement across the program's duration, we gain invaluable insights into the endurance and adaptability of the strategies employed, as well as the enduring impact on the minors involved. Moreover, the iterative nature of the evaluation is fundamental to this methodological framework. The iterative process involves a cyclical pattern of data scrutiny, re-evaluation, and refinement, ensuring that the evaluation is not static but dynamic and responsive. Through repeated rounds of analysis, the study adapts to emerging trends and integrates new findings, thus maintaining relevance and accuracy. This approach is particularly adept at capturing the lived experiences of minors, delving into the qualitative dimensions of their participation. It also allows the evaluation to remain flexible and responsive to the evolving contexts and challenges faced by the program, particularly in its efforts to engage minors in meaningful and impactful ways.

Key Findings

While the primary focus was on women and children, UNICEF Lesotho's HIV-nutrition intervention recognized the integral role of entire families, including men and boys, in achieving its objectives (iQvia, 2023). This extensive program was implemented across all ten districts and 69 community councils of Lesotho, signifying a comprehensive approach to public health. By integrating health and nutritional support, addressing socio-economic barriers, and providing tailored interventions, the program aimed to significantly improve the health and well-being of both children, youth, and adults. The program's approach was innovative in its integration of health and nutritional services. This holistic strategy included consistent access to antiretroviral therapy coupled with robust nutritional support, designed to strengthen immune systems, and maximize the efficacy of ART.

Service providers at various levels on implementation were equipped with the skills to promote optimal feeding practices, prevent mother-to-child transmission of HIV, support good ART adherence, and provide micronutrient supplements to pregnant women and children under five. Additionally, communities were mobilized to overcome the structural barriers preventing women to optimally feed their children and support women to adhere to ARV treatment. (iQvia, 2023, p. 39)

This was particularly vital for children born to HIV-positive mothers, addressing the heightened risk of vertical transmission with a comprehensive care package that merged medical treatment with crucial nutritional aid. The program's dedication to these intertwined services underscored a profound recognition of the intricate challenges people with HIV face and their specific needs in achieving and maintaining optimal health (Mairós Ferreira *et al.*, 2023).

Part of the target population for the programme is women and adolescent girls living with HIV. Nutrition support was integrated in the Reproductive, Maternal and Child Health programmes, targeting women and adolescents who are on ART. (iQvia, 2023, p. 43)

Understanding the deep impact of socio-economic conditions on minors' health, the program strategically targeted poverty and food insecurity as key areas of intervention, with remarkable results. Efforts were made to enhance access to nutritious food, aiming to reduce malnutrition and stunting prevalent among children. This was achieved through community-

led projects that encouraged sustainable agricultural practices, income generation, and nutrition education, alongside specialized support in the health facilities.

Qualitative data corroborated that beneficiaries have made discernible gains in knowledge, skills, and practices concerning nutritious food preparation and food preservation techniques. Moreover, in alignment with the newly adopted Prevention of Mother-to-Child Transmission (PMTCT) guidelines, which incorporate IYCF elements, capacity-building initiatives were undertaken for health service providers. Consequently, pre-and post-natal nutritional counselling is now available to HIV-positive mothers across all 216 health facilities. (iQvia, 2023, p. 12)

In parallel, the program boldly addressed gender inequality, working to improve healthcare and nutrition-related knowledge and skills. This initiative empowered them to take charge of their health decisions, recognizing the crucial role gender plays in health outcomes. This multifaceted approach, moving beyond traditional healthcare interventions, acknowledged and tackled the root socio-economic and gender-based factors that shaped the well-being of minors in Lesotho (Mairós Ferreira *et al.*, 2023; iQvia, 2023).

Through the implementation of the Community-led Complementary Feeding and Learning Sessions (CCFLS), women also initiated the savings and lending scheme initiatives. The scheme supported community women to start up vegetable gardens in their homes. The loan fund could be used to buy seedlings and the produce from the home gardens could then be sold, thereby contributing to household income. This initiated scheme laid the ground for sustainability in food production, self-sufficiency, and improved economic outlook for families. It not only laid a foundation for sustainability in food production and self-sufficiency but also contributed to actively promoting women's autonomy and independence. By promoting household income, women are taking a more active role in financial decisions, which is a positive step towards gender equality. Furthermore, the home gardens directly improve nutrition availability, which is synergistically aligned with the program's broader goals of enhancing health and well-being. (iQvia, 2023, p. 14)

The program notably acknowledged minors as one of the key priority beneficiaries and took steps to include their experiences and perspectives from its inception (Mairós Ferreira & Muthengi, 2023; Mairós Ferreira *et al.*, 2023; iQvia, 2023; Mantsopa Institute & UNICEF, 2022; Maveneka, 2021). However, the level of engagement with these young participants was circumscribed to their role as beneficiaries of the program. While their inputs were gathered in diverse moments of the program development (e.g., baseline study, through program implementation feedback was regularly collected), their role in decision-making and planning phases remained largely passive (iQvia, 2023; Mantsopa Institute & UNICEF, 2022; Maveneka, 2021). This approach may have limited the program's ability to fully leverage the unique insights and lived experiences of children and youth. Encouraging a more active role for minors in future programs could significantly enhance the relevance and effectiveness of interventions, ensuring that they are not only designed for them but also shaped by their direct input and perspectives. Additionally, the absence of minors in the Final Evaluation (iQvia, 2023) represented a significant loss, as it deprived the program of the diverse perspectives and valuable insights that could have been gained from their direct participation in the diverse program actions.

The program's methodology, focusing primarily on adult-centric planning and execution (iQvia, 2023), inadvertently overlooked opportunities to engage and empower its younger beneficiaries. Active participation in projects that directly affect their lives is a crucial aspect of empowerment and learning for children and youth. By involving them more dynamically in key areas of the program, such as decision-making and planning, future initiatives could foster a sense of ownership and agency among these young individuals. This engagement would not only enrich the program's development with fresh, youthful insights but would also contribute significantly to the personal growth and self-efficacy of the children involved (Mairos Ferreira & Muthengi, 2023; Mairos Ferreira *et al.*, 2023). Moreover, while the program commendably attempted to incorporate inclusion perspectives, did not fully capture the complex dynamics of inequalities and exclusion and its specific impacts on health outcomes (iQvia, 2023). A more nuanced inclusion analysis is essential for uncovering and addressing the underlying causes of disparities. Future initiatives could benefit from integrating a comprehensive inclusion analysis into their framework from the program design phase and throughout the full program cycle. In sum, while the program made significant strides in improving health outcomes for minors, especially those affected by HIV, there are valuable lessons to be learned. Greater involvement of children and youth in decision-making processes and a more thorough approach to inclusion analysis can serve as key enhancements for future programs aiming at similar goals. These refinements will undoubtedly contribute to more effective, inclusive, and empowering interventions.

Recommendations

Acknowledging the complexities of Lesotho's health and nutrition challenges, and considering UNICEF's capacity for impactful intervention, the following enhanced recommendations are proposed to deepen the involvement of minors in related programs.

- **Establish a Participatory Child Governance Model:** Creating a participatory child governance model within health and nutrition initiatives is a progressive step that acknowledges the agency of minors and respects their right to be heard. This model should facilitate structured forums (e.g., as youth councils or committees) where minors can regularly convene to discuss their views on the programs that affect them. These forums should be empowered with a clear mandate, allowing minors to contribute to program planning, implementation, and evaluation processes. Skilled mentors, versed in child advocacy and development, would guide these young individuals, ensuring that their suggestions are not just heard but are actively incorporated into decision-making processes, both at the operational and policy levels. Furthermore, the governance model must be institutionalized with formal protocols, ensuring its sustainability and efficacy. It should be embedded within the organizational structure of health and nutrition programs, with designated staff responsible for liaising between child participants and senior program officials. Regular reporting and feedback mechanisms should be established, creating a two-way flow of communication that ensures minors' recommendations are acknowledged in program reports, policy briefs, and strategic meetings. This approach not only democratizes the programmatic environment but also instils a sense of ownership and responsibility among the minors, driving more engaged and sustained participation.
- **Integrate Advanced Inclusion Analysis in Program Design:** Integrating advanced inclusion analysis into program design requires a multi-faceted approach that begins with a comprehensive data collection effort, focusing on the differing needs, barriers, and

opportunities for all, including children and youth with disabilities, in accessing health and nutrition services. This data should be leveraged to create targeted interventions that address specific disparities and inequities. Educational materials and communication strategies should be developed to be culturally sensitive and inclusion-responsive, ensuring that they resonate with and are accessible to all minors. Such resources should aim to empower children and youth with knowledge and promote equitable practices within communities. In addition to material development, inclusion analysis should be a continual process that informs program adaptation. This would involve regular review sessions with inclusion specialists and consultations with minors to assess the efficacy of strategies and materials. Programs should be agile, with the capacity to iterate design elements based on ongoing feedback and emerging findings. By incorporating these practices, health and nutrition programs can become more inclusive and effective, fostering an environment where all are equally supported and encouraged to thrive.

- **Professional Development With a Focus on Child Rights and Protection:** Continuous Professional development for facilitators should be rooted in a deep understanding of child rights and protection, ensuring that every interaction with minors is guided by these principles. Capacity-building modules would encompass international child rights legislation, local legal frameworks, effective participation and engagement approaches, and practical approaches to safeguarding minors within program environments. Facilitators would be equipped with skills to create spaces that are not only safe but also conducive to open dialogue, where minors feel comfortable sharing their thoughts and experiences. To further reinforce these protective environments, educators and health workers should receive training in psychological first aid, equipping them to recognize and respond to signs of distress among minors. This is particularly pertinent in areas impacted by HIV/AIDS and malnutrition, where minors may face significant psychosocial stressors. Training would also cover ethical considerations such as informed consent and confidentiality, ensuring that minors' engagement is always respectful and voluntary. By prioritizing child rights and protection in professional development, facilitators will be better prepared to support the holistic well-being of minors, fostering trust, and enhancing the quality of participation.
- **Forge Integrated Community Health Partnerships:** Integrated community health partnerships would serve as a tapestry of support, woven through the collaboration of various stakeholders, including local NGOs, community health workers, youth groups, and minors themselves. These partnerships would focus on creating a seamless network of care, where minors can access health and nutrition services, receive mentorship, and find platforms for advocacy. Such a network would not only respond to the immediate health needs of minors but also engage with the broader social factors that influence their well-being. The operational model for these partnerships should be built on the principles of shared knowledge and shared responsibility. Regular community meetings, joint training sessions, and shared resources would ensure a cohesive approach to minors' health and nutrition. Through these collaborations, community health workers would be trained to act as liaisons between minors and health services, identifying needs and facilitating access. Youth organizations could offer peer-led initiatives, creating relatable and engaging platforms for health education and empowerment. By forging these partnerships, UNICEF and other stakeholders can ensure that minors receive comprehensive support that is responsive to their diverse needs.

- **Implement a Dynamic Inclusion Audit System:** A dynamic inclusion audit system would harness the latest in data analytics and technology to monitor minors' participation in real time. Such a system would track engagement levels, collect feedback, and measure the effectiveness of inclusion strategies. This would enable program managers to quickly identify issues and make informed adjustments. The system would also provide a platform for minors to submit anonymous feedback, ensuring that their voices are heard without fear of retribution or bias.
- **Guarantee Full Compliance With Legal and Ethical Guidance:** The need to adapt program approaches to ensure the ethical, safe, and adequate participation of minors in health and nutrition initiatives cannot be overstated. It is paramount that we create environments where minors can engage without exposure to harm and where their contributions are not only valued but also safeguarded with the utmost care. This necessitates the development of dynamic, child-friendly methodologies that are sensitive to the unique vulnerabilities and ethical considerations surrounding minors' involvement. Adaptation involves tailoring programs to the developmental stages and cognitive capacities of minors, ensuring that activities are age-appropriate, and that information is presented in a manner that is accessible and understandable to young participants. Flexibility is equally critical, as it allows programs to be responsive to the evolving needs and circumstances of minors, accommodating varying levels of maturity and personal experience within the program design. This might include but is not limited to, adjustable participation levels, varied communication strategies, and diverse role assignments that empower minors as active contributors to their health outcomes. Moreover, ensuring safe participation extends beyond physical well-being to include psychological safety and protection from exploitation. This involves establishing clear guidelines and protocols for consent, confidentiality, and the right to withdraw, alongside a robust framework for support and follow-up. Adequate participation is not merely about having minors present; it is about listening to them, integrating their insights into program development, and acknowledging their potential to influence change. In conclusion, programs must be developed with the recognition that minors are not merely passive subjects but rather active participants with rights, capacities, and the potential to offer valuable perspectives. Ethical engagement, therefore, requires a commitment to continuous adaptation, flexibility, and a robust safeguarding infrastructure that places the well-being and dignity of minors at the forefront of the interventions.

Conclusion

This study underscores the multifaceted opportunities, as well as existing challenges, that Lesotho must navigate to secure a healthier future for all its citizens (UN Women, 2023; Stamatakis *et al.*, 2022; IMF, 2022). The geographic, economic, and political landscapes of the country pose substantial barriers to healthcare delivery, particularly in the realms of HIV/AIDS and nutrition, where the needs are urgent (iQvia, 2023; Mairos Ferreira & Muthengi, 2023; Mairos Ferreira *et al.*, 2023;). The health system, grappling with resource constraints and high disease burden, requires a concerted effort to bolster its capacities, enhance access to essential medicines and services, and strengthen health information systems for informed policymaking. Representing a significant segment of the Basotho population, minors are not only the beneficiaries of health interventions but also key participants whose insights and experiences can drive programmatic success. Their active involvement can lead to more nuanced, effective, and sustainable health solutions that are responsive to the unique challenges faced by the youth, especially in the context of

HIV/AIDS and malnutrition. As demonstrated by UNICEF Lesotho's HIV-nutrition intervention, programs that prioritize minors' understanding, participation, and decision-making not only empower them but also have the potential to instil behavioural changes that can transcend generations. The lessons learned from this initiative highlight the necessity of adopting gender-sensitive and inclusive practices to ensure equitable participation.

Moving forward, it is crucial that stakeholders across the board, government bodies, international partners, and community organizations, recognize the value of involving children and youth in every stage of the programming cycle. By doing so, Lesotho can lay a robust foundation for a resilient health system that is equipped to confront and overcome its present challenges. The engagement of the younger generation is not a mere supplement to Lesotho's health strategy; it is a cornerstone upon which the nation's future well-being rests. This study calls for a redoubling of efforts to embed minors' perspectives in health initiatives, thereby paving the way for a generation that is healthier, more informed, and fully prepared to contribute to the nation's prosperity. In synthesizing the findings and lessons learned from this inquiry, this paper serves as a clarion call to action for program designers and stakeholders to forge a more inclusive, gender-sensitive, and child-centric approach to educational experiences. The robust recommendations presented herein are not just theoretical constructs, but actionable strategies designed to revolutionize how we engage young learners in Lesotho's health and nutrition programs. Together, we must lay down the steppingstones that will lead to enriched participation and successful program completion by our children and youth, ensuring that every child, with no exception, is given the tools to thrive and contribute to a more equitable and healthy future.

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