

Children and Youth Dynamics in UNICEF Lesotho's HIV-Nutrition Initiative: An Analytical Dive into Participatory Paradigms

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Abstract.

Lesotho's three-year HIV-nutrition intervention (2019-2022) spearheaded by UNICEF Lesotho set forth a determined agenda to optimize health and nutrition outcomes for women and children, notably those affected by HIV/AIDS. Covering all 10 districts and 69 community councils, the project aimed to dismantle barriers hindering access to nutrition and HIV/AIDS services, fortify healthcare infrastructures, and elevate the quality-of-service delivery. Against this backdrop, this analytical study aims to elucidate the participatory dynamics of children and youth throughout the project's continuum, from its conceptual stages to its comprehensive evaluation. Utilizing a methodological framework grounded in longitudinal and iterative analyses, the study seeks to uncover the depth of their roles, the intricacies of their engagement, and the potential influences of prevailing societal constructs on their participation. Key findings underscore the tension between established societal norms and the intrinsic motivation and capacity of children and youth to influence and shape health related initiatives. Their agency, while often overshadowed by traditional constructs, emerges as a potent force, suggesting an untapped reservoir of positive influence in health and nutrition practices. In conclusion, this examination not only brings to light invaluable lessons about youthful engagement but also underscores the critical need to reframe participatory paradigms. The derived recommendations advocate for an enhanced emphasis on children and youth, positioning them not merely as beneficiaries but as co-designers and architects, central to shaping and refining Lesotho's developmental trajectories. The essence is to champion a more inclusive, child- and youth-centric model, ensuring their voices resonate at the core of future developmental endeavors.

Keywords: Children and Youth Engagement; Participatory Dynamics; HIV-Nutrition Project; Health and Nutrition Outcomes; Longitudinal Iterative Analysis

1. Introduction

Lesotho's development journey is characterized by a complex interplay between its unique topography and the formidable socio-economic challenges that cast long shadows over its predominantly youthful population (UNDP's Lesotho Country Office, 2023; UNICEF, 2023a; Mairos Ferreira, 2023; Independent Evaluation Office UNDP, 2023; IMF, 2022; Bester, 2022; Mukurunge & Bhila, 2019; SADC, 2018). The juxtaposition of its natural beauty against a backdrop of systemic socio-political dysfunction has profoundly influenced the nation's governance and stability, leaving visible scars (The World Bank, 2023a, 2023b; UNDP Lesotho Country Office, 2023; IMF, 2022). Political volatility in Lesotho has not only eroded the foundations of governance but has also hindered economic progress, amplifying the vulnerability of a demographic segment already grappling with limited institutional support (UNICEF, 2023a, 2023b; Mairos Ferreira *et al.*, 2023; The World Bank, 2023a, 2023b; Hemat *et al.*, 2022). In this current context, the youth of Lesotho face a dense web of challenges that escalate their risk of food insecurity and exacerbate socio-economic instability (ReliefWeb, 2023; The World Bank, 2023a, 2023b; UNDP Lesotho Country Office, 2023; Hemat *et al.*, 2022; Metro, 2022; FAO & UNICEF, 2019; SADC, 2018).

Gender disparities are deeply ingrained within the fabric of society, and their effects ripple through the lives of young people, shaping their experiences and prospects from an early age (UNDP & UN Women, 2023; Government of Lesotho, 2023b; Mairos Ferreira *et al.*, 2023). Young women and girls, in particular, bear the burden of intergenerational inequality as they face educational disparities that limit their access to burgeoning sectors of the economy, notably in STEM fields where future job growth is anticipated. The enduring gender gap in education not only hinders the career paths of young women but also shrinks the pool of talent available to drive innovation and economic progress (UNDP, 2023; UNDP & UN Women, 2023; Government of Lesotho, 2023b; Mairos Ferreira & Muthengi, 2023; Mairos Ferreira *et al.*, 2023). For youth with disabilities, the challenges are compounded, as educational and employment systems often lack the necessary accommodations for their needs (UNICEF, 2023b). This exclusion is especially acute for young people who are at a crucial stage of personal development and vocational establishment. The absence of supportive and inclusive infrastructure not only impedes their individual progress but also denies society the advantages of their full participation (Government of Lesotho, 2023b).

In rural areas, young individuals grapple with limited access to quality education and healthcare, exacerbated by economic marginalization (UNICEF, 2023b; Government of Lesotho, 2023b). The digital divide further widens this gap, as technological advancements become central to learning and employment opportunities. Young people in these settings are at risk of being left behind in the increasingly digital global economy. Moreover, the COVID-19 pandemic has amplified the effects of the Fourth Industrial Revolution, characterized by digital transformation and technology-driven interactions. This transformation presents

additional barriers to accessing vital information, particularly in rural areas of developing countries like Lesotho, magnifying the challenges faced by these communities. Additionally, it is crucial to acknowledge the intersectionality of issues affecting young minorities and those living with HIV/AIDS (Schwitters *et al.*, 2022). The stigma associated with HIV/AIDS, coupled with racial and ethnic discrimination, imposes additional barriers on youth, impacting their self-esteem, educational attainment, and employment opportunities. This intersectionality results in a layered experience of marginalization, where young people navigate multiple, overlapping forms of discrimination (iQvia, 2023).

These challenges are compounded by high poverty rates and a fragile natural resource base, creating a dire predicament. The labor market offers limited opportunities for gainful employment, particularly for the growing young population. Relying heavily on variable agricultural yields places immense pressure on their pursuit of economic independence (The World Bank, 2023a, 2023b; UNDP Lesotho Country Office, 2023; IMF, 2022). The resulting lack of economic diversification and restricted access to markets further exacerbate their situation, undermining efforts to foster resilience and prosperity in an economy heavily reliant on external aid (The World Bank, 2023a, 2023b; UNDP Lesotho Country Office, 2023).

In Lesotho, young people navigate a social landscape characterized by stratification and inequality. Economic and developmental disparities disproportionately affect young women, children, and marginalized groups, often relegating them to the margins of development initiatives. Their potential is stifled by entrenched systemic inequities that obstruct pathways to equitable and inclusive growth (Ferreira *et al.*, 2023). Addressing these multifaceted challenges requires evidence-based policies and interventions that prioritize inclusivity, equitable access, and tailored support for vulnerable youth populations (iQvia, 2023). It is imperative to dismantle the barriers that hinder their progress, empower them with education and skills, and foster an environment where their talents can thrive. Only through such comprehensive and targeted efforts can we hope to unlock the full potential of Lesotho's youth and pave the way for a brighter and more equitable future.

This analytical study is an exploration into the participatory dynamics of children and youth within the Integrated Nutrition and HIV/AIDS Program in Lesotho, spanning from 2019 to 2022. The methodological framework applied in this evaluation is a versatile approach aimed at gaining profound insights into the roles and engagement of young participants throughout the final evaluation process. It combines two essential components: a longitudinal approach and iterative analysis. The longitudinal approach involves accounting for participants' engagement over the full program cycle. This allows for a comprehensive examination of how their roles evolve and adapt over time, providing valuable insights into the dynamic nature of their involvement. Concurrently, the iterative analysis ensures that the evaluation process remains flexible and responsive.

Furthermore, the framework delves into the extent and nature of young participants' engagement, going beyond quantitative measurements to explore the qualitative aspects of their involvement. This includes understanding their motivations, perspectives, and experiences, shedding light on the depth of their contributions and the challenges they may encounter. Additionally, the framework recognizes the potential influence of societal structures on young participants' involvement. It acknowledges that societal norms, expectations, and power dynamics can shape how they engage in the evaluation. By examining these contextual factors, the framework aims to uncover any barriers or facilitators that may affect their participation. In essence, this methodological framework offers a holistic and in-depth exploration of young participants' roles, engagement, and the contextual factors that shape their involvement in the final evaluation process.

The study aims to delineate the participatory patterns of youth in this program, assessing the depth of their input across various phases of project implementation. By examining their contributions from the initial conceptualization through to the final stages of evaluation, this study seeks to understand the efficacy of youth engagement strategies and the impact of these initiatives on both the program outcomes and the participants themselves. By analyzing the degree to which participatory mechanisms within the Integrated Nutrition and HIV/AIDS Program have facilitated meaningful youth involvement, the study will provide insights into the potential for these strategies to foster empowerment and build capacity among young individuals in Lesotho. The findings will offer a nuanced understanding of participatory development practices and their role in shaping health outcomes and broader developmental objectives within the context of Lesotho's socio-economic landscape.

2. HIV and nutrition in focus

Lesotho's public health sector struggles with challenges that transcend physical geography and delve into the socio-economic fabric of the nation (UNDP's Lesotho Country Office, 2023, Mairos Ferreira, 2023; IMF, 2022; Mukurunge & Bhila, 2019; Chingono, 2016). These challenges, which include a high incidence of HIV and nutritional issues, have garnered attention from international bodies and academics alike (UNICEF, 2023a, UNDP's Lesotho Country Office, 2023, UNAIDS, 2022; IMF, 2022; Mukurunge & Bhila, 2019). With an adult HIV prevalence rate of 19.3%, one of the highest globally (UNAIDS, 2022), Lesotho is faced with a daunting public health landscape. The concomitant Tuberculosis (TB) epidemic compounds these issues, creating a dual crisis that demands a strong and enduring response (iQvia, 2023). Progress in confronting the HIV epidemic in Lesotho, while significant, reveals areas ripe for improvement.

The commendable achievement of a 94% awareness rate among those living with HIV and the subsequent high rates of antiretroviral therapy uptake and viral suppression represent substantial strides in disease management. Yet, the low percentage of early infant diagnoses points to a pressing need for early detection and intervention, especially given the persistent

rates of mother-to-child transmission. While the rate of pregnant women receiving ART is high, at 89%, there remains a crucial need to reduce the vertical transmission rate, which includes the breastfeeding period. To make further inroads in the battle against HIV and to strengthen the health outcomes for the nation, there is a clear imperative to enhance strategies for prevention, particularly in mother-to-child transmission scenarios.

The battle against malnutrition is marked by complexity, with undernutrition, overnutrition, and micronutrient deficiencies presenting a triple threat to public health (Mairós Ferreira, 2023; iQvia, 2023). The condition of stunting in children under five, affecting over a third of this young population, serves as a poignant example of the country's broader socio-economic challenges that impinge upon food security and nutritional outcomes. The Global Hunger Index of 2022, which assigns Lesotho a score indicating severe food security issues, echoes the urgency of the situation. It's a crisis that sees Lesotho trailing behind its Southern African counterparts, signaling a deep-rooted struggle against hunger that demands a multipronged and robust response strategy.

Despite targeted efforts to combat malnutrition, the pace of progress is slow. Data from the Lesotho Zero Hunger Strategic Review reflect only modest gains in reducing underweight and wasting in children under five over a decade (Office of the Prime Minister, 2018). Although there is a downward trend in stunting rates, the prevalence remains alarmingly high, firmly categorizing Lesotho within the World Health Organization's high prevalence bracket. These statistics not only quantify the health challenge but also emphasize the intricate nature of malnutrition in Lesotho, a nexus of geographical, economic, and infrastructural factors that require a coordinated and sustained effort to overcome (UNICEF, 2023a, UNDP's Lesotho Country Office, 2023). It is clear that addressing malnutrition in Lesotho necessitates a holistic approach, integrating health interventions with strategies that tackle the underlying determinants of food security and socio-economic stability (iQvia, 2023).

3. The Integrated Nutrition and HIV/AIDS Program

Between September 2019 and December 2022, Lesotho launched the Integrated Nutrition and HIV/AIDS Program, a venture collaboratively driven by UNICEF and the Lesotho government, with pivotal support from the UK's Foreign, Commonwealth & Development Office (FCDO). Aiming to dovetail with both global development objectives and national health strategies, the initiative sought to enhance the health of women and children, especially in the context of HIV/AIDS (iQvia, 2023; Maveneka, 2021). The program was attuned to key development agendas, incorporating the Sustainable Development Goals, specifically targeting zero hunger, good health and well-being, and gender equality (SDGs 2, 3, and 5). It also echoed the aspirations of Agenda 2063 for Africa. Nationally, it was in sync

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with Lesotho's strategic documents like the National Strategic Development Plan II, the National Health Strategic Plan, and sector-specific strategies including the RMNCAH 2021-2026, the 2019 Food and Nutrition Strategy and Action Plan, and the National HIV/AIDS Strategic Plan 2018/19 – 2022/23 (iQvia, 2023).

Central stakeholders in this integrated initiative also included the Food and Nutrition Coordinating Office (FNCO), the Ministry of Agriculture, Food Security and Nutrition, World Food Program (WFP), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), and the World Bank, underpinning the program with a strong multi-agency framework. The program drew additional strength from regional and global partners such as President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United Nations Population Fund, and others. These entities provided critical development assistance, enriching Lesotho's health sector with a broad spectrum of resources and expertise. Their involvement not only expanded the program's reach but also fortified its capacity to deliver comprehensive care and support to those living with HIV/AIDS and nutritional challenges (iQvia, 2023; Maveneka, 2021).

UNICEF selected Catholic Relief Services (CRS) as the lead implementing partner for their "Improving the quality of integrated Nutrition and HIV services in Lesotho" project from 2019 to 2022, focusing on community nutrition. CRS, leveraging its extensive experience in community health, further partnered with Caritas Lesotho to enhance the program's reach. To bolster the initiative's edutainment and social accountability facets, CRS engaged Mantsopa Institute for consultancy and Skillshare for training and monitoring, respectively. Additionally, Mantsopa Institute undertook a male engagement campaign contracted directly by UNICEF. The execution of the community nutrition components by CRS took a phased approach in four districts, while at the national level, the Ministry of Health (MOH) spearheaded the Micronutrient Program, the prevention of mother-to-child transmission (PMTCT), and the Village Health Worker components, extending the project's scope to all ten districts. This multi-tiered implementation strategy ensured a comprehensive delivery of services across Lesotho (iQvia, 2023; Maveneka, 2021).

The program was designed with a clear and impactful long-term goal: to enhance the health, nutrition, and HIV outcomes for women and children, particularly those at risk or living with HIV. At the core of this initiative were several key objectives. Firstly, the program aimed to reduce barriers in accessing nutrition and HIV/AIDS services, ensuring that those in need could easily utilize these crucial resources. Secondly, it sought to bolster the health system, focusing on improving maternal and child health outcomes. This involved not just temporary measures but a sustained effort to strengthen the very infrastructure of healthcare delivery. Lastly, the program was dedicated to elevating the quality of services across 69 community councils in Lesotho, ensuring that these improvements were widespread and not limited to urban centers.

In order to achieve these ambitious goals, UNICEF Lesotho implemented a Theory of Change (ToC) for the project. This strategic approach outlined immediate outcomes that were essential for the success of the program. A significant focus was placed on increasing the number of pregnant and breastfeeding women and adolescents, including those living with HIV, who exclusively breastfed their children. Additionally, the program aimed to enhance the number of women on the Prevention of Mother-To-Child Transmission (PMTCT) Program who received counseling on infant and young child feeding (IYFC) practices. These immediate outcomes were crucial steppingstones towards realizing the broader objectives of the program.

The program also targeted two major issues intricately linked to poverty alleviation. The first issue was to improve women and children's access to quality health services. This was not just about providing services but ensuring they met a standard of quality that could genuinely impact health outcomes. The second issue addressed the inadequacy of information that hampered informed decision-making. By tackling these problems, the program aimed to create a more knowledgeable and empowered populace that could make better health-related decisions. This was especially pertinent in communities where access to accurate and comprehensive health information was traditionally limited (iQvia, 2023).

4. Methodology

The evaluation methodology adopted for this study is a comprehensive, multi-dimensional approach aimed at gaining deep understanding of the involvement and influence of young participants in the program. It involves a thorough analysis of a wide array of documents generated throughout the program's duration, culminating in a detailed Final Evaluation. This analysis meticulously reviews 20 documents, encompassing literature reviews, initial and ongoing monitoring reports, and contributions from partners involved in implementation. This extensive examination highlights the program's dedication to deriving insights from data, offering an in-depth assessment of its impact and operational methodologies. The approach uniquely integrates longitudinal and iterative analyses, enabling a holistic view of the participants' engagement and the potential effects of societal structures on their active participation. First and foremost, the longitudinal approach is a key element of this framework. It entails studying the participants' engagement considering the 3 years period, allowing for a nuanced examination of how their roles evolve and develop over time. This longitudinal perspective enables us to track the progression of young participants' involvement, identify any shifts or patterns, and explore the factors that contribute to these changes.

Moreover, the framework incorporates iterative analysis, which means that the evaluation process is not a one-time event but rather an ongoing and dynamic process. It involves

repeated cycles of data collection, analysis, and refinement. This iterative approach allows for continuous learning and adaptation as the evaluation unfolds. It ensures that emerging insights are integrated into the evaluation process, enabling a more responsive and flexible assessment. Central to this framework is the exploration of the extent and nature of young participants' engagement. It goes beyond simply measuring their involvement quantitatively and delves into the qualitative aspects of their participation. This includes understanding the motivations, perspectives, and experiences of young participants. By doing so, we can gain a deeper appreciation of their contributions, challenges they may encounter, and the value they bring to the evaluation process. Additionally, the framework acknowledges the potential influence of societal structures on young participants' involvement. It recognizes that societal norms, expectations, and power dynamics can shape how young individuals engage in the evaluation. By examining these contextual factors, we can uncover any barriers or facilitators that may affect their participation. This holistic perspective allows us to consider not only the individual aspects of engagement but also the broader socio-cultural context in which it occurs. In essence, the methodological framework employed in this evaluation is a comprehensive and dynamic approach. It combines a longitudinal view with iterative analysis to thoroughly explore the roles and engagement of young participants. It also considers the impact of societal structures on their involvement, ensuring a holistic understanding of their contributions to the final evaluation process.

5. Key Findings and Discussion

This section delineates the key findings, emphasizing the pivotal findings that substantially influence children and youth, with a dedicated focus on understanding their demographic profiles and the intricacies of their participation and active involvement in the program. This section initiates an examination of youth engagement within Lesotho's unique societal framework, underscoring how these elements shaped their participation in the discussed program. It delves into the complex challenges encountered by children and youth, emphasizing the socio-economic and cultural factors that dictate the extent and nature of their involvement. This critical analysis sets the groundwork for understanding the multifaceted dimensions of youth engagement, highlighting the necessity to evaluate their contributions within the context of these broader systemic influences.

5.1 Navigating the Socioeconomic Terrain: Adapting Strategies to Foster Participation and Enhance Youth Engagement

Understanding the complex dynamics of children and youth participation requires an appreciation for the socio-economic hurdles that were intensified by the COVID-19 pandemic in Lesotho from 2019 to 2022. The systemic challenges, ranging from societal to individual barriers, significantly influenced the engagement of youth in the integrated

nutrition and HIV program, in its full life cycle (iQvia, 2023; Maveneka, 2021). The pandemic escalated these difficulties, disrupting established engagement methods and adding new restrictions on program participation due to necessary public health measures and resulting economic hardships. Despite these hurdles, the conclusive evaluation findings indicate that UNICEF crafted a strong and adaptive project that sustained its pertinence throughout its entire duration.

“The Program was found to be relevant, both in design and implementation. The Program’s ToC clearly indicated outcomes and outputs of the Program, which were clear and adequate. The ToC was further adapted to align with the emerging global COVID-19 outbreak. This illustrates the flexibility and adaptability of the Program to actively promote high quality implementation and to (preventively and reactively) mitigate against limitations posed by the COVID-19 pandemic” (iQvia, 2023, p. 12).

Faced with delays in implementation due to the pandemic and severe drought conditions in late 2019, UNICEF Lesotho implemented strategic mitigation measures from the onset of the program, ensuring that all beneficiaries, including children and youth, had continuous and adapted access to the program's resources and support. One key adaptation was leveraging Community of Practice forums at various levels of implementation, which promoted better oversight and accountability, therefore ensuring efficacy on the delivery of services, as well as the implementation of engagement methodologies. These forums also provided a valuable platform for partners to share best practices and insights. These adaptive strategies highlight UNICEF Lesotho's dedication to resilient program management in response to significant external challenges. The organization’s ability to maintain program integrity and effectiveness during such periods exemplifies a strong commitment to fulfilling its mission, ensuring that even in the face of adversity, the needs of women and children in Lesotho remained at the forefront.

“Despite encountering unforeseen delays in implementation timeframes — largely attributed to the COVID-19 pandemic in 2020/21 and severe droughts in the last quarter of 2019 — UNICEF Lesotho instituted mitigation measures to navigate these challenges as the program was initiating. Leveraging Community of Practice forums at multiple levels of implementation enhanced both oversight and accountability, while also serving as a platform for partners to exchange best practices. These adaptive strategies underscore UNICEF Lesotho's commitment to efficient program management, even in the face of considerable external obstacles” (iQvia, 2023, p. 13).

The socioeconomic conditions prevailing in Lesotho have exerted a profound influence on youth involvement in the program (iQvia, 2023; Mairos Ferreira & Muthengi, 2023, a).

Within a landscape characterized by widespread economic hardship, where poverty is not only prevalent but also deeply entrenched, especially in rural areas, it becomes evident that more than half of the population resides below the poverty line (WFP, 2023, a; WFP, 2023, b). It is worth highlighting that the demographic profile of the country is notably young, with approximately 40% of the population aged between 15 and 35 years. This age group represents a significant portion of the nation's human capital. However, there is a concern that this potential is not being fully utilized. In fact, the pervasive unemployment among the youth, with significant percentage of 29% people below the age of 35 unemployed (WFP, 2019), presented additional barriers to full participation. In 2019, coinciding with the launch and progression of the program, the nation faced an especially severe reality.

“More than half (57%) of Lesotho’s population live on less than one dollar per day. GDP stands at USD 2.3 billion while its national GDI per capita is USD 1,270 (World Bank). Revenue from the Southern African Customs Union (SACU) contributes a significant proportion to Lesotho’s national budget. The Government allocates 7% of its national budget to social protection Programs such as school meals, pension for the elderly, child grants and public works. The population’s high vulnerability is exacerbated by recurring climatic hazards, including droughts, early frost and a low performing economy” (WFP, 2019, p. 1).

“The people of Lesotho face multiple vulnerabilities, which include stunting (34%, MICS), chronic food insecurity and poverty (57% of the population live below the poverty line) and high levels of HIV (22.7% prevalence and the 2nd highest in the world- LePHIA,2020; LDHS,2014). Only 11% of children under the age of five meet their minimum acceptable diet, and 51% suffer from anemia. In 2017, 1,786 (DHIS2) children were treated for severe acute malnutrition, while climate change consequences exacerbate chronic food insecurity: Lesotho either experiences long periods of droughts or the opposite, recent heavy rains led to flooding of crops. This affects at times up to a third of the population, deteriorating the livelihood base and resulting in income insecurity that disproportionately affects women. Infant and young child feeding (IYCF) practices remain suboptimal, and the lack of proper nutrition negatively affects HIV drug absorption and adherence to anti-retroviral treatment (ART). Additionally, the 2017 UNICEF-supported Knowledge, Attitudes and Practices (KAP) study showed that children in Lesotho did not eat a diverse diet and their caregivers have limited knowledge on appropriate and quality feeding practices” (UNICEF, 2022, p. 3).

In this challenging environment, the youth demographic, in particular, faced the struggle to secure their daily sustenance during the program implementation period. This pervasive

poverty not only compelled young individuals to prioritize immediate survival over participation in health initiatives but also erected formidable barriers to their access to services (UNICEF & Lesotho Red Cross Society, 2023). These obstacles include, among others, limited transportation options, which can lead to missed healthcare appointments, and a lack of access to timely, accurate, and easy to understand health information that can prevent young people from seeking care in the first place. Additionally, social, and cultural factors dissuade and/or prevent youth from accessing services, such as stigma around certain health conditions or traditional beliefs that conflict with modern healthcare practices. Furthermore, there was a shortage of youth-friendly services that address the specific needs and concerns of this age group, contributing to a sense of alienation from the healthcare system. Additionally, the lack of economic independence hampers the youth's ability to access health services that incur a cost and similarly hinders their full engagement in various initiatives that are not entirely free of charge (UNICEF & Lesotho Red Cross Society, 2023; Mairois Ferreira & Muthengi, 2023, a). These challenges were also experienced by participants, despite the program's support, with considerable hurdles to their active participation arising directly from their economic adversities.

“We do not have necessary commodities such as seeds to grow vegetables in our yards even though we were taught farming methods to be self-sufficient and not fully depend on food parcels. Because most of the time we are here at the community and not employed, we do not have money or funds to buy seeds for ourselves (Menoaneng FGD)” (iQivia, 2023, p. 50).

“No, the program does not meet all our challenges in that sometimes we were asked to contribute the food or ingredients that we were to be trained with. Unfortunately, most of the time we didn't have money to buy them” (Likila FGD)” (iQivia, 2023, p. 50).

5.2 Charting the Health Landscape: Tailoring Approaches to Bolster Inclusivity and Strengthen Youth Involvement

Exacerbating Lesotho's existing socioeconomic challenges, the nation's healthcare sector continued to grapple with severe issues, particularly in the domains of HIV and nutrition. These issues were subject to detailed analysis and comprehensive documentation, serving as critical insights that informed every phase of the program's life cycle (iQivia, 2023; Mairois Ferreira, 2023; UNICEF 2022; Maveneke, 2021). According to the World Food Program (WFP) in 2019, the country has an alarming HIV prevalence rate of 24.6%. This rate is particularly distressing when looking at the female youth demographic, and despite some headway, the need for action remained pressing.

“The overall HIV prevalence in Lesotho among female adults of 15-49 years old stands at 27.9% according to the latest Lesotho Population-based HIV Impact Assessment (LePHIA, 2020). Among this group, HIV prevalence ranged from 3.9% for older adolescent girls aged 15-19 years (vs. 2.5% among boys the same age) to 46.5% for women aged 40-44 years (vs. 37.2% among men the same age). Based on LePHIA 2020 data, HIV prevalence was consistently higher among women than men in each 5-year age group from ages 15-19 years through 60-64 years. Additionally, adolescent girls aged 15-24 years are an immediate concern due to high levels of new HIV infections with a 1.7% incidence, which is 2.5 times higher than among adolescent boys 15-24 (LePHIA, 2017).

New HIV infections in children 0-14 decreased by 22.5% since 2019, but the reduction of new infections among adolescents is lagging (Lesotho Spectrum Modelling Estimates, 2020). While Lesotho has 96% PMTCT coverage and 5.98% final transmission rate (Lesotho Spectrum Modelling Estimates, 2020), the sources of new pediatric infections stem from the quality of the Program and seroconversion during pregnancy and breastfeeding. Better adherence to national protocols that encourage exclusive breastfeeding together with ART adherence would help to ensure that infants who are born free of HIV remain HIV free throughout the breastfeeding period. COVID-19 has also impacted the gains made in the last years, especially in primary prevention for adolescents and young people” (UNICEF, 2022, p. 3).

The intricate problem of malnutrition manifested as another critical issue, characterized by a triad of undernutrition, overnutrition, and micronutrient deficiencies. Stunting—a chronic condition resulting from undernutrition that impairs both physical and cognitive development—afflicts 34.6% of children under five in Lesotho (Mairos Ferreira, 2023). This rate of stunting is not merely a health metric but a reflection of the broader socio-economic adversities that the nation grapples with. It serves as an indicator of the population's access to adequate nutrition, healthcare, and the overall quality of life. The gravity of the nutritional crisis in Lesotho is underscored by the Global Hunger Index (GHI) of 2022, which assigns the country a score of 32.4, signifying an alarming state of food insecurity (iQvia, 2023). High stunting rates have seen a decline from 39.2% to 34.5% over the past decade, yet they continue to hover in the high prevalence category as per World Health Organization standards. The observed reduction in malnutrition rates, while significant, emphasizes the continued necessity for strong, data-driven methods to tackle the fundamental factors of malnutrition. These factors are deeply embedded within Lesotho's socio-economic fabric, reinforcing the importance and urgency of the program's initiatives.

The consequences of malnutrition on personal engagement in development programs, particularly for children and youth, are extensive and varied. These effects, which are well-documented (Mairós Ferreira, 2023; iQvia, 2023; UNICEF USA, 2023), were also evident within the scope of the program. Malnutrition leads to a cascade of health complications and developmental impairments that can severely limit cognitive and physical capacities. This, in turn, can curtail the ability of young people to participate effectively in education and community engagement efforts. Moreover, the cognitive deficits linked to malnutrition, such as difficulties with memory, attention, and problem-solving skills, directly affect learning outcomes. These challenges can lead to poor school performance, higher rates of absenteeism, and a greater likelihood of dropping out. Malnourished children often struggle to keep pace with their peers, which can diminish their confidence and engagement in the classroom. Furthermore, physical stunting and the attendant health problems associated with malnutrition can lead to increased vulnerability to infections and illnesses, which further reduces the capacity of children and youth to participate in developmental activities (iQvia, 2023; Maveneka, 2021). The energy and vitality required for active engagement in educational pursuits or community initiatives are often lacking in malnourished individuals.

Recognizing the multitude of barriers encountered by the youth, particularly young women, the program has adopted a suite of strategies to bolster engagement across various stakeholder groups (iQvia, 2023). These strategies aim to foster a deeper level of commitment and a heightened readiness to partake in various initiatives. A pivotal component of this approach is the tailored activities specifically designed for young women, acknowledging them as key beneficiaries due to their unique health needs and societal roles. In parallel, the program has initiated specific engagement strategies for young and adult males, recognizing their influential role in community dynamics and decision-making. This dual-faceted approach ensures that while the initiatives are fine-tuned to support young women effectively, they also actively involve male counterparts, thereby promoting a holistic and inclusive health strategy. By weaving these targeted efforts into the fabric of the program, there's was expectation of creating a balanced platform for participation, where both women and men contribute to and benefit from improved health outcomes. These strategies have effectively fostered greater involvement and participation, demonstrating a discernible trend of positive development, with clear positive effects for the children and youth. A key element of the program was its community-focused approach, deliberately structured to address the specific needs and foster the active engagement and empowerment of pregnant and lactating women, as well as children under five years old (iQvia, 2023).

Right from the initial stages of the program's design and inception, deliberate steps were taken to set up robust mechanisms for ensuring effective collaboration and good governance. This forward-thinking approach was crucial, enabling the program team to identify and engage with key partners at different levels – policy, strategy, technical influence, and execution. Such engagement was fundamental to the program's achievements. A 'Community

of Practice' model was implemented as a tool for engagement and gathering feedback during the program's rollout at both national and district levels. Meetings under this model took place monthly or quarterly, providing regular opportunities for review and discussion. At the district level, a scorecard system was employed to monitor and evaluate the program's progress (iQvia, 2023). Additionally, the K2 approach alongside community feedback mechanisms, proved invaluable in engaging community leadership and the wider community, fostering good governance practices, and increasing engagement levels. The use of engagement strategies like the K2 approach at the community council level and the Community of Practice at the district level ensured comprehensive stakeholder awareness of the program's progress and initiatives. The K2 method requires the involvement of local authorities before any community interventions begin, adhering to established local community engagement protocols to secure endorsement and support from community leaders (iQvia, 2023).

Moreover, the intricate link between malnutrition and HIV/AIDS continues to be a significant contributor to the persistent cycle of poverty in Lesotho. This relationship compounds the socio-economic difficulties encountered by the population, compelling the need for diverse and sustained intervention methods. The repercussions of this dynamic are especially profound for the youth, significantly affecting their ability to participate and engage effectively in health programs (Maveneka, 2021, p. X).

The synergy between malnutrition and HIV/AIDS exacerbates poverty in Lesotho. HIV causes immune impairment leading to malnutrition, which in turn leads to further immune deficiency and contributes to the rapid progression of HIV infection to AIDS, therefore creating a harmful cycle of HIV, malnutrition, and poverty. Children and adults with HIV may have even less access to food because of stigma or a decreased ability to provide food for themselves. Stigma may lead to job loss or being cast out from the shelter of family or community. People also lose their jobs when they become too ill to work. A malnourished child after acquiring HIV is likely to progress faster to AIDS because their body would be too weak to fight infection, whereas a well-nourished person can fight the illness better. It has been proven that good nutrition increases resistance to infection and disease, improves energy, and thus makes a person stronger and more productive, thus reducing the cycle of poverty. A child living with HIV is less able to fight off illness, less likely to get the most out of schooling, and often becomes physically and mentally stunted. Malnutrition and HIV/AIDS keep children trapped in the cycle of poverty (UNICEF, 2022, p. 3).

The findings of this study highlight the consistent emphasis on the previous key factors at various stages of the program, from the initial baseline assessment to the subsequent diverse program reports and the comprehensive endline evaluation (iQvia, 2023; Mairos Ferreira,

2023; UNICEF 2022; Maveneka, 2021). These findings collectively underscore the undeniable need for the program, validating its importance in addressing the multifaceted challenges faced by the community, particularly on the primary beneficiaries (young women and children). Notably, those findings underscore the imperative nature of the program's design and implementation as an integrative solution.

“Its relevance was well articulated by stakeholders and beneficiaries alike, with deep understanding of challenges of HIV & AIDS and nutrition dimensions both at central level and communities/household levels, and their effects on the health outcomes of pregnant and lactating women, and children, including those exposed to or living with HIV” (iQvia, 2023, p. 68).

One pivotal element highlighted by our research is the program's comprehensive strategy, extending past immediate nutrition and healthcare interventions. It adopted an inclusive approach, integrating educational and social factors critical to the development and well-being of children and youth. This approach acknowledges that the factors affecting the ability of young people to participate, and flourish are multifaceted, encompassing more than just physical health and nutrition. By tackling these wider aspects, the program aims to foster an environment that not only enables youth to surmount immediate hurdles but also equips them with the skills and resilience required for long-term success. This extensive viewpoint on youth development and well-being forms the core of the program's efficacy and influence, as underscored by our study. The Final evaluation report notes,

“A particularly notable aspect was its commitment to supporting marginalized and underserved communities, offering critical healthcare services, and specialized HIV/AIDS and nutritional support. This strategy went beyond meeting immediate needs; it cultivated local ownership and laid the groundwork for enduring self-reliance. The program has shown that by making community engagement a priority, it is possible to utilize existing structures effectively, thereby enhancing sustainable development and improving communal health and welfare” (iQvia, 2023, p. 14).

In addition to the aforementioned challenges, detailed program documentation from the outset identified systemic issues with the distribution and accessibility of information as significant barriers to the engagement of Lesotho's youth in health and nutrition initiatives. Insufficient dissemination of information has left many young people unaware of existing health services and uncertain about how to utilize them, presenting a fundamental obstacle to their involvement. Furthermore, the educational framework in Lesotho frequently falls short in providing essential health education, resulting in a noticeable deficiency in health literacy—a key component for appreciating and engaging in health-related programs. This educational shortfall curtails the capacity of youth to make well-informed choices regarding

their health and to manage their personal well-being (Mairos Ferreira & Muthengi, 2023; iQvia, 2023).

To address the identified challenges, the program deployed a suite of strategies, each uniquely contributing to its overall success (iQvia, 2023). Service providers at different levels of implementation received training to enhance feeding practices, prevent mother-to-child transmission (PMTCT) of HIV, ensure adherence to antiretroviral therapy (ART), and administer micronutrient supplements to pregnant women and young children. Mobilizing communities also played a crucial role, helping to dismantle structural obstacles that impede optimal child feeding and supporting women's adherence to ART. Complementarily, the program's approach to behavioral change was designed to have a sustainable impact, fostering intergenerational learning, and ensuring that new knowledge and behaviors could be passed down. This strategy aimed to create a legacy of improved health and well-being for future generations, solidifying the program's long-standing influence within the communities it reached (Mairos Ferreira & Muthengi, 2023; iQvia, 2023). This strategy was essential to securing a legacy of wellness and empowerment, which directly benefited the younger population, and which is crucial for the continuity of community development and resilience.

Another significant intervention, the Community-led Complementary Feeding and Learning Sessions (CCFLS), applied a preventive strategy against malnutrition in pregnant women and children from 6 to 23 months. Grounded in the Positive Deviance (PD)/Hearth approach, CCFLS operated on a peer-to-peer methodology within community-based nutrition promotion activities, meticulously recording data such as weight, mid-upper arm circumference (MUAC), and weight-for-age Z scores to monitor progress. This positive deviance methodology underpinned the nutrition education activities, fostering community-driven solutions and encouraging the adoption of beneficial nutritional practices. Edutainment, an innovative approach to education, leveraged the power of entertainment—dance, drama, and songs—to effectively communicate crucial nutrition and HIV education messages (iQvia, 2023). This was complemented by the distribution of micronutrient powders to young children and the engagement of fathers as champions in health interventions (iQvia, 2023; Mairos Ferreira, 2023). Moreover, the development of the Village Health Worker tool kit, complete with manuals and standard operating procedures, along with the procurement of village health workers kits, further exemplified the program's holistic approach to improving health outcomes in Lesotho (iQvia, 2023).

Gender inequality was identified as a pivotal element of the project, underscored by the foundational analysis and the comprehensive processes that underpin the program's design, execution, and ongoing assessment and appraisal. The baseline study asserted that “gender inequality in Lesotho has been identified as one of the main contributing factors to poverty and food insecurity as well as to poor health outcomes for pregnant, breastfeeding women and adolescents” (Maveneka, 2021p. xi). This assertion is not standalone; it is supported by a broader body of literature that echoes similar findings (Mairos Ferreira & Muthengi, 2023, a;

Mairos Ferreira *et al.*, 2023). Prevailing gender norms rooted in traditional patriarchal values can significantly restrict young women’s educational and vocational opportunities, thereby limiting their access to critical health information and services (The World Bank, 2023; SADC, 2018). This restriction is particularly detrimental in the context of HIV and nutrition programs, where informed participation is crucial. The entrenchment of these gendered roles often results in a skewed distribution of resources and responsibilities that disadvantage women, particularly young women, perpetuating a cycle of diminished agency. This is evidenced by lower levels of health literacy among women (Leenknecht *et al.*, 2021), which is essential for understanding and engaging with health interventions effectively. Scientific inquiry into the social determinants of health acknowledges that such disparities contribute to unequal health outcomes, making it a public health imperative to address these cultural barriers (UNICEF, 2022).

Additionally, the burden of care responsibilities traditionally placed on women, and young women particularly, can impede their active participation in developmental programs (SADC, 2018). Women’s health, particularly reproductive health, is often undervalued in policy and program design, leading to services that do not fully meet their specific needs. This oversight can deter women from participating in health programs, including those addressing HIV and nutrition, which are critical for their well-being and that of their families. To foster an environment conducive to active participation by all youth, including young women, it is necessary to adopt a culturally sensitive approach that respects but seeks to evolve traditional norms. Interventions must be multi-sectoral, engaging educational, health, and social systems to reshape perceptions about gender roles. Empirical evidence suggests that when young women are empowered to participate fully in health and nutrition programs, there are broad benefits to public health, economic development, and societal well-being, underscoring the need for an inclusive scientific narrative in public health strategies (Mairos Ferreira & Muthengi, 2023, a; Mairos Ferreira, 2023).

Considering the critical insights mentioned, the project

“benefitted pregnant and breastfeeding women, caregivers, children under two, adolescents, community and facility-based health, nutrition and agriculture workers, people living with HIV, community counsellors, and traditional leaders/influencers. The groups were selected because of their level of vulnerability or their sphere of influence to enable the behaviors change desired. Women of childbearing age have a high HIV prevalence at 27.9% (LePHIA, 2020) predisposing them to malnutrition and nutritional deficiencies, especially those living in underserved communities. Additionally, the beneficiaries, especially caregivers and health and agriculture workers, have the responsibility for ensuring that health and nutrition knowledge and skills attained are practiced” (UNICEF, 2022, p. 5).

It was designed to ensure that women and girls were not just participants, but central to the process from the initial design through to the conclusion of the program. This approach was rooted in the principle that their voices should be heard, and their specific needs addressed, thereby fostering equity throughout the project's lifespan.

Among the varied approaches implemented to support gender equality, one standout strategy was the initiation of Behavioral Change initiatives. These initiatives included Community-led Complementary Feeding and Learning Sessions (CCFLS), which catalyzed the formation of savings and lending schemes. These financial mechanisms empowered women within the community to cultivate vegetable gardens at home. Serving as both a nutritional resource and a means of income, these gardens significantly contributed to the economic empowerment of women, nurturing self-reliance, and autonomy. The productive gardens not only met the nutritional demands of households but also championed the cause of women's independence. By facilitating the generation of household income, the program made substantial advances towards achieving gender equality (iQvia, 2023). Women's active participation in financial decisions and their newfound role in managing home gardens positioned them as key economic players within their family structures. This empowerment was a transformative step towards creating an equitable economic landscape, ensuring that women's voices and contributions were recognized and valued. Such efforts are pivotal for societal advancement, as they support the dismantling of traditional barriers and foster an environment where women can thrive equally alongside men. Additionally, as underscored in the final evaluation, the Behavior Change approach

“did not only encourage immediate change but also promoted a potential sustainable impact by fostering intergenerational learning. The insights and new behaviors acquired through the program are accessible (and therefore potentially transferable) to other household members, specifically children. This creates a ripple effect of positive behavioral change that can influence future generations, thereby amplifying the long-term overall impact of the Program” (iQvia, 2023, pp. 14-15).

Another essential feature of the program was the active involvement of men and boys in addressing HIV and nutrition challenges. In partnership with Mantsopa, UNICEF launched a community-based initiative that went beyond health education. It tackled gender inequality by encouraging men to support their partners in utilizing healthcare services, particularly antenatal care and PMTCT. This initiative highlighted the importance of male involvement in women's and children's health access and suggested that men could also play a more significant role in managing household nutrition.

“UNICEF's partnership with Mantsopa to launch a community-based initiative targeting men in the context of HIV and nutrition is an innovative and strategic approach. This initiative does more than just disseminate

health knowledge; it fundamentally addresses gender inequality by empowering men to be enablers in the healthcare journey of their female partners, particularly in accessing antenatal care and PMTCT services. The Program’s findings confirmed that male support is a key factor in facilitating women's and children's access to health services. Additionally, men could progressively assume a more active role in household nutrition through farming. This dual focus on health and nutrition cultivates an inclusive, sustainable strategy that not only achieves immediate health outcomes but also paves the way for long-term family and community ownership of health and well-being, enhancing its potential for intergenerational impact” (iQvia, 2023, p. 70).

Inclusivity within health and development initiatives in Lesotho is a vital issue that encompasses more than gender concerns, touching on various marginalized youth groups (Mairos Ferreira & Muthengi, 2023; iQvia, 2023). From its inception, the program has been intentional about incorporating inclusivity in its framework, with stakeholders recognizing efforts to enhance communication and collaboration throughout the program's execution. Such an inclusive approach has led to a deeper comprehension of the complex issues tied to HIV/AIDS and nutrition, particularly for groups at heightened risk, like pregnant and breastfeeding women, as well as children susceptible to HIV. The program's success in this area stemmed from the active inclusion of beneficiaries in its development, operationalization, monitoring, and assessment processes. This approach was instrumental in promoting good governance, empowering community knowledge and skills, and ensuring the initiative's long-term viability and adaptability, even after the program's official end (iQvia 2023). Another key distinctive aspect of the UNICEF program was its inclusive approach towards project development, implementation, monitoring, and evaluation. This inclusion of beneficiaries in every stage of the project cycle was pivotal. It fostered good governance by empowering communities with knowledge and skills. This approach was not only about addressing immediate needs but also ensuring sustainability, encouraging innovation, and maintaining continuity beyond the life cycle of the program. By involving beneficiaries—including youth—in every stage of the project, from development through to evaluation, the program not only utilizes the unique perspectives and energies of younger populations but also invests in them as catalysts for sustained community improvement. To achieve lasting impact, a key strategy was leveraging local governance structures,

“Engaging local governance structures such as the Chiefs, Traditional Councils, VHW and Traditional Influencing Leaders in the communities fostered an enabling environment for long-term sustainability. Through leveraging existing decision-making processes and local resources, Programs align with community priorities and therefore implementation benefits from local knowledge. The VHWs and Traditional Influencing

Leaders significantly enriched the program's effectiveness through their invaluable contributions of time, expertise, and skills. Their positive and constructive attitudes, coupled with their advocacy efforts, played an instrumental role in enhancing the program's outcomes. This approach promoted community ownership, built resilience, and established strong social networks, ensuring lasting positive change” (iQvia, 2023, p. 14).

The implementation of inclusivity within the program, while fundamental, encountered several obstacles. Issues with stakeholder collaboration and internal team dynamics, particularly at the national and central levels, occasionally disrupted the program's progress. The importance of fostering balanced and effective collaboration across various program tiers became apparent, pinpointing an area in need of enhancement to maintain the consistency and durability of inclusive practices (iQvia 2023, p. 41). This indicates that while there was significant participation at the district level, engagement at the central level was lacking, suggesting a disconnect that could impact the program's cohesive operation and its long-term inclusivity goals. While the program made strides in prioritizing the needs of various vulnerable groups, there was a notable gap in tailored strategies specifically catering to youth with disabilities and the LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual. The additional “+” stands for all of the other identities not encompassed in the short acronym) community. This oversight in creating specialized inclusive approaches likely impeded full participation from these groups, despite their acute need for support and engagement. The absence of targeted interventions for these minorities may have resulted in missed opportunities for outreach and could have led to these communities not fully benefiting from the health initiatives. To enhance participation from all sectors of society, it's crucial for future programs to incorporate strategies that address the unique challenges faced by youths with disabilities, such as accessibility barriers, and those faced by LGBTQIA+ individuals, such as stigma and discrimination. This could involve creating accessible program materials, ensuring physical accessibility at health facilities, and training staff on sensitivity and inclusivity. By integrating these considerations, the program can ensure equitable access to health services and support, fostering a more inclusive environment that acknowledges and respects diversity.

6. Conclusion

In concluding the evaluation of UNICEF's three-year HIV-nutrition intervention in Lesotho, it is evident that the program demonstrated a robust and dynamic response to the multifaceted challenges presented by the socio-economic conditions, particularly during the COVID-19 pandemic. Despite the significant barriers imposed by widespread poverty and unemployment, which had a particular incidence in the youth, the program's strategic adaptability ensured its relevance and effectiveness. Initiatives like the Community of

Practice forums played a pivotal role in maintaining the integrity and continuity of the intervention by promoting oversight, accountability, and the exchange of best practices among partners, which translated in evidence-based adaptations that improved engagement and participation of all beneficiaries, especially focusing on women, female youth and children. This adaptability was a testament to UNICEF's commitment to resilient program management in the face of adversity.

Moreover, the economic hardships that dominated the lives of many young participants often compelled them to prioritize immediate survival over engagement. The pervasive poverty and unemployment among the youth erected formidable barriers (*e.g.*, inadequate access to food or the means to cultivate it; lack of monetary resources to pay for transportation), which the program sought to navigate through various support mechanisms (*e.g.*, seeds distribution). However, the economic adversities faced by the youth participants remained a considerable hurdle, underscoring the need for sustained, targeted efforts to facilitate their active participation in health initiatives.

Amidst the systemic issues of high HIV prevalence and malnutrition, the program's comprehensive strategy provided a holistic response that went beyond immediate healthcare needs. It integrated educational and social interventions to foster an environment conducive to the development and empowerment of children and youth. The inclusive approach of the program, which considered the wider aspects affecting the ability of young people to participate and thrive, aimed to arm them with the resilience and skills necessary for long-term success. The program's innovative engagement strategies, such as the Community-led Complementary Feeding and Learning Sessions and the use of edutainment, were instrumental in instilling sustainable health behaviors and fostering intergenerational learning. By empowering communities and ensuring the active involvement of all stakeholders, these strategies contributed to a discernible trend of positive development within the youth demographic. The intervention also made significant strides in addressing gender inequality, empowering women, and girls to participate actively in their health and nutrition outcomes. Through initiatives that promoted economic independence and the active involvement of men in supporting women's health access, the program underscored a commitment to fostering equity and inclusivity. This approach not only addressed immediate needs but also laid the groundwork for enduring self-reliance and equitable participation within the community.

In light of the comprehensive analysis of UNICEF's HIV-nutrition intervention in Lesotho, the following interrelated recommendations are posited to refine and advance the program's efficacy and inclusivity. First and foremost, the intricate relationship between economic stability and health outcomes necessitates an integrative approach to health initiatives. The empirical evidence suggests that economic constraints significantly impede youth participation in health programs. Therefore, it is imperative that future interventions incorporate economic empowerment mechanisms as intrinsic elements of health promotion.

This could entail the implementation of financial literacy programs, support for youth-led agricultural initiatives, and the facilitation of micro-enterprise development. Such economic fortification would enable young individuals to pursue healthful engagements without the encumbrance of economic instability, thereby fostering a more holistic approach to health and wellbeing.

Furthermore, a critical examination of the program reveals that health literacy is paramount in ensuring the success of health interventions, particularly among the youth demographic. To this end, it is recommended that subsequent programs undertake the deployment of culturally tailored educational campaigns, utilizing both traditional and digital media platforms to disseminate health information. The incorporation of engaging narratives, the appointment of local youth as health ambassadors, and the development of interactive technologies can significantly enhance the penetration of health education. Such initiatives should aim to construct an environment where health literacy is not only pervasive but also deeply embedded in the cultural fabric of the community.

Moreover, the analysis underscores the importance of gender-specific interventions in the amplification of program outcomes. Observations from the field suggest that while strides have been made in empowering women through initiatives such as agricultural projects, there remains a substantial opportunity to expand on these interventions. It is recommended that future programs integrate comprehensive reproductive health education and actively involve men in the transformation of gender norms. Such gender-transformative strategies have the potential to alter fundamentally the health landscape, ensuring that both women and men are equally engaged and empowered to effectuate positive health changes within their communities. Finally, the imperative of inclusivity within health programs cannot be overstressed. It is advised that future iterations of health interventions institutionalize inclusivity by deliberately engaging with often marginalized youth sectors. A proactive outreach model, which actively seeks the input and participation of these groups, should be adopted. By embedding diverse perspectives into the fabric of the program's design and implementation, and by ensuring that feedback mechanisms are robust and responsive, interventions can remain agile and responsive to the evolving needs of these communities.

By synthesizing these recommendations into a coherent implementation strategy, health programs can leverage the profound interconnectedness of economic, educational, gender, and inclusivity factors. This approach promises not only to reinforce the strengths observed in the UNICEF intervention but also to catalyze the advancement of health and nutrition outcomes in Lesotho and similar contexts globally, ensuring that interventions are both impactful and sustainable.

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