

# Plan 2010-2011



## Lesotho

### Executive summary

The national food self sufficiency and household food security is steadily declining as a consequence of natural and human induced factors such as drought, hailstorms, low adoption of agricultural technology, soil erosion and environmental degradation. Drought conditions are largely responsible for food insecurity, which affects mainly the elderly and the sick as well as children. Disasters wreak havoc in communities; these include hurricanes, heavy unexpected snowfalls and political turmoil. Poverty and lack of social security by the central government contribute to vulnerability especially in rural populations where social services are not readily accessible. Like all countries in Southern Africa, Lesotho has been ravaged by HIV and AIDS.



Lesotho Red Cross Society (LRCS) has recently developed its strategic plan 2008-2011, which seeks to address a number of issues related to the humanitarian context and its change process. The Strategic Plan will be revised taking into account priorities of the [Johannesburg Commitment](#) adopted by Red Cross and Red Crescent Leaders in the 7<sup>th</sup> Pan African Conference (PAC).

To accomplish its goal of providing support to the National Society, the IFRC has reviewed its strategic direction by developing the new global strategy – [Strategy 2020](#): developed through an extensive consultation process with active participation of all National Societies, including meetings in all Zones. Strategy 2020 is based on three mutually-reinforcing strategic aims for 2020;

1. Save lives, protect livelihoods, and prepare for and recover from disasters and crises;
2. Enable healthy and safer living;
3. Promote social inclusion and a culture of non-violence;

and three enabling actions to deliver Strategic Aims

1. Build strong National Red Cross Red Crescent Societies;
2. Pursue humanitarian diplomacy to prevent and reduce vulnerability;
3. Function effectively as the International Federation.

This plan for 2010-2011 is seeking a total of CHF 1.2m (EUR 0.8m or USD 1.1m)

[Click here to go directly to the attached summary budget of the plan](#)

# Country context

**Table 1: Statistics from the Human Development Report 2007/2008<sup>1</sup> for Lesotho**

Population, total (million), 2005	2.0
Life expectancy at birth, annual estimates (years), 2005	42.6
Adult literacy rate (% aged 15 and older), 1995-2005	82.2
Under-five mortality rate (per 1000 live births), 2005	132
One-year olds fully immunized against tuberculosis (%), 2005	96
One-year olds fully immunized against measles (%), 2005	85
HIV prevalence (% aged 15-49), 2005 <sup>0.446</sup>	23.2
Human Development Index value, 2005	0.549
Human Development Index rank, 2005	138
Human Poverty Index (HPI-1) value (%)	34.5
Human Poverty Index (HPI-1) rank	71
Population living below \$2 a day (%), 1990-2005	56.1
Population using improved water source (%) 2004	79
Population using improved sanitation (%) 2004	37

Lesotho's economy largely depends on subsistence agriculture; however the growth potential of this sector is shaky because much of the country has been hammered by decades of drought and occasional storms. There is lack of arable land as a result of soil erosion, which limits production, resulting in food insecurity, which in the long-run results in the soaring food prices. The Kingdom of Lesotho is made up mostly of highlands where many of the villages can be reached only on horseback, by foot or light aircraft. Poverty is deep and widespread, estimated at 65 percent of the population with the majority being in the rural areas. The UN estimates that 40 percent of the population are "ultra-poor". Dongas/gullies attract dumping of domestic wastes which in most cases cause communicable/contagious diseases. Food poisoning and diarrheal diseases are common amongst the most vulnerable segments of the population i.e. the needy and children.

Lesotho has one of the world's highest rates of HIV infection with 23.2 percent prevalence rate. The country's positive economic growth in the 1990s has almost ground to a halt because of the virus, which has infected 23.2 per cent of the population. Poverty is deep and widespread with 65 percent of the population living below the poverty-line and a staggering 40 percent classified as 'ultra-poor' by the UN. Extra-marital affairs resulting from migration of partners, adds to the risk of HIV infection. Unemployed individuals battle to meet basic needs, hence some engage in risky behaviours to survive such as transactional and unprotected sex mainly to get food since it is the most critical need. HIV and AIDS, food and nutrition are inextricably linked. Malnutrition is common due to lack of food related to unaffordable food prices. Poverty contributes to increased vulnerability to diseases as well as HIV infection. Once infected, the immune system is compromised and opportunistic infections set in and hasten the onset of AIDS. As HIV positive people get sick, they are unable to farm and engage in livelihood activities, threatening nutrition and economic security for themselves as well as their families. Low caloric intake has been clearly identified as the principal reason for the failure of clinical response to ART. For this reason a growing number of children affected by the pandemic are also in need of secure access to food and good nutrition.

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<sup>1</sup> UNDP, Human Development Report 2007 - 2008

Whilst being the smallest country in Africa Lesotho is having great difficulty developing its own business model. After an exceptional performance in the 1990s, when the economy grew by six percent annually (almost double the regional average) growth has slowed to an annual average of three percent. There was a strong rebound to seven percent in 2006, but this has not been maintained as growth expansion slipped below the 2006 levels.<sup>2</sup>

## Society priorities and current work with partners

LRCS strategic plan 2008-2010 has the following priorities:

- *Financial Management:* covering sourcing, investment and allocation of financial resources of the National Society with the view to being self sufficiency with its core costs and meeting its humanitarian mandate.
- *Relationship Management:* This embraces the members, Government of Lesotho, the public, the Movement partners, stakeholders, donor agencies etc. The objective is that all stakeholders should obtain value as a result of their partnership with the LRCS.
- *Organisational Development:* Initiatives to acquire and create knowledge at all levels of the NS. The objective is to ensure creative human resources innovative solution packages for the benefit of its members and stakeholders, while ensuring effective, efficient and economic administrative and governance delivery and accountability systems.
- *Operations management:* Covering two core programmes of Disaster Management and Health and Care in the communities in line with International Federation Global Agenda's goals.

Consensus was reached on the major public health interventions which African NS should address as priorities during the next decade, which include community level promotion and prevention activities focused on: HIV and AIDS; childhood preventable diseases; women and pregnancy related issues; initial responses to accidents and injuries. By 2011, LRCS will be recognized for its "niche" relating to public health priorities including health emergencies. Country-wide networks of volunteers will effectively be the major vehicle for addressing community health problems at the district level and below.

### Disaster Management Priorities

LRCS requires a high level of disaster preparedness and response. Capacity building to manage response and preparedness will be enhanced; thus priority is the pre-positioning of emergency response relief item in strategic areas. Capacity building of the NS provides an opportunity for effective disaster response during emergencies especially through appropriate engagement of affected communities.

The disaster risk reduction (DRR) activities targeted at HBC clients, OVC, disabled people and their families will be strengthened with the introduction of education on climate change adaptation. This is aimed at increasing community resilience and mitigation to the impact of disasters on the already vulnerable communities. The beneficiaries will be reached through training, provision of agricultural inputs, relief items and information.

Food insecurity remains a major cause of malnutrition and poverty in the southern African region, as well as being responsible for high rates of morbidity and mortality in vulnerable communities. Causes of food insecurity include HIV and AIDS, climate change, poor governance, decline in public services, decline in crop production, increasing inflation and debt. Lesotho is among the five countries in Southern African (Lesotho, Malawi, Namibia Swaziland and Zambia) selected to implement the IFRC Five-Year Strategic Framework on Food Security in Africa.<sup>3</sup> LRCS will work, in accordance with the new Food Security initiative to:

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<sup>2</sup> Lesotho 2008 Country Profile, Economist Intelligence Unit, UK

<sup>3</sup> For more information on refer to: <http://www.ifrc.org/what/disasters/recovering/food-security.asp>

- Reduce the vulnerability of communities through longer-term support to livelihoods and food security;
- Strengthen livelihoods in order to improve food security and resilience, in alignment with the National Society's disaster risk reduction effort;
- Further strengthen and integrate long-term food security plans in the areas of community-based health care, water and sanitation.

## Health and Care Priorities



**LRCS has recently started on the WatSan project among other priorities, focusing on the provision of safe water through the drilling and rehabilitation of water points.**

The health and care programme will be implemented through increased capacity of community members and volunteers in First Aid skills, ensuring easy community access to water and sanitation, improving health and nutrition for malnourished children and increasing prevention of communicable diseases. The programme also addresses blood donor recruitment as a way of reinforcing health after physical accidents and other needs of blood for life saving purposes.

Capacity of community members and volunteers in community-based Health and First Aid (CBH&FA) will be improved through 400 volunteers and 40 instructors targeted with relevant training. At the same time, 45,000 people will have access to water and sanitation in seven project areas. The programme further targets 3,000 children aged under five years to receive food parcels, while 200 volunteers will be trained on nutrition. A total of 10,000 pamphlets and posters will be distributed in ten districts for community health knowledge. Blood donor recruitment will be carried out from in and out-of-school youth, churches, military institutions and the general public. In formation will be disseminated to reach over 15 percent of the total population in the HBC project areas.

In 2010, LRCS will be in its final year of implementing the five-year integrated HIV and AIDS programme (MAA63003LS)<sup>4</sup>, which is part of the southern Africa Regional HIV and AIDS programme (MAA63003) and a component of the IFRC Global Alliance on HIV. The ambition to scale-up has not necessarily translated into capacity for increased resource mobilization and implementation. It is unlikely in the current economic context that LRCS will be able to raise additional funding foreseen to scale-up HIV interventions by the end of 2010. Most of the funding from the IFRC and PNS existing agreements are coming to an end in 2010. In addition, the annual income either through the IFRC or direct to National Societies is expected to decrease (perhaps by 30 percent if not more), primarily due to the financial crisis that has engulfed all sectors (government, private sector, foundations and Movement partners).

LRCS leadership progressively discussed the future of the HIV programme at the Southern Africa Partnership of Red Cross Societies (SAPRCS) meeting held in June 2009. The leaders agreed on the urgent need to integrate HIV and AIDS activities with other community-based health and care activities, while ensuring alignment with government priorities. SAPRCS also commissioned a rapid assessment to determine the implications of doing so; develop a detailed plan and budget that will take into consideration the transition of the programme management and activities. Therefore, in 2010, the HIV and AIDS programme will continue supporting the current level of beneficiaries with more integrated and holistic activities in prevention and care for OVC, while ensuring positive living and ART adherence support for PLHIV. The programme plan for 2011 will be reviewed based on the results of the rapid assessment, no later than December 31, 2009.

### Organisational Development Priorities

LRCS requires resources to support initiatives towards becoming a well-functioning National Society. Focus is on governance and management development, volunteer promotion and diversification of the financial resource base for institutional sustainability. Other crucial programme components are volunteer promotion and development, systems development especially finance, information, communication and technology. The expected outcome of LRCS is to meet the criteria of a well functioning National Society<sup>5</sup> and positive implementation of the recommendations from the OD assessment for non-governmental organisation conducted by Société Générale de Surveillance SA (SGS) in 2007.

The OD programme is designed to reach over 5,000 volunteers in the ten districts/divisions including governance structures at each level (the newly recruited volunteers and 78 members of the National Executive Committee).

LRCS intends to continue strengthening the dissemination of appropriate information to its volunteers, staff and members on the Red Cross, the Code of Conduct, the Fundamental Principles, Humanitarian Values and International Humanitarian Law. Members of the respective divisions and branches with on-going programmes will benefit from these trainings that provide a broad-based, in-depth and very practical oriented organizational knowledge and a variety of interactive and stimulating training methods. This will focus on the practical application of 'Seven Fundamental Principles' to enable members and staff to know what they are doing and why.

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<sup>4</sup> For more information please refer to the Southern African Regional HIV and AIDS Appeal (MAA63003) and country plan (MAA63003LS) or follow the link <http://www.ifrc.org/appeals/annual06/MAA63003LS.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

<sup>5</sup> **Well functioning National Society:** Accountable leadership and management, quality programming and effective service delivery to vulnerable people

# Secretariat supported programmes in 2010-2011

## Disaster Management

### a) The purpose and components of the programme

<b>Programme purpose</b>
Reduce the number of deaths, injuries and impact from disasters.

The Disaster Management programme budget for 2010-2011 is CHF 0.6m (EUR 0.4m or USD 0.6m)

<b>Programme component: Disaster Preparedness</b>	
<b>Outcome 1</b>	Human, financial, material resources and disaster management systems are enhanced through the implementation of a Disaster Management Master Plan (DMMP) implementation.
<b>Programme component: Disaster Response and Recovery</b>	
<b>Outcome 1</b>	Disaster response mechanisms are efficient and effective in meeting the needs of those affected by disasters.
<b>Outcome 2</b>	LRCS capacity for the provision of assistance in the restoration of sustainable livelihoods in population affected by disasters is improved.
<b>Programme component: Disaster Risk Reduction (DRR)</b>	
<b>Outcome 1</b>	Communities have in place local risk reduction strategies building on traditional coping mechanisms as well as contemporary knowledge on the cause and effects of natural phenomenon due to climate change
<b>Programme component: Food Security</b>	
<b>Outcome 1</b>	Household food availability is improved.
<b>Outcome 2</b>	Household food utilisation is improved.
<b>Outcome 3</b>	Household access to food is improved.

### b) Potential risks and challenges

The challenges for LRCS programming are chronic food insecurity, which is caused by general poverty, high levels of unemployment, HIV and AIDS, land degradation and adverse climatic conditions (drought). This situation poses a risk of communities opting for migration to the urban areas in search of jobs. HIV and AIDS leave some households without economically active members, which limits the yield from livelihood activities. However, there are a number of initiatives being taken to reverse these conditions. The government of Lesotho has initiated a land rehabilitation programme intended to curb land degradation while communities benefit in terms of cash income. The National Society and other stakeholders are implementing long-term programmes to address HIV and AIDS. So far and for the foreseeable future, sustainability remains a risk.

## Health and Care

### a) The purpose and components of the programme

<b>Programme purpose</b>
To reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

The Health and Care programme budget for 2010-2011 is CHF 0.4m (EUR 0.2m or USD 0.3m)

<b>Programme component: Community-based Health and First Aid</b>	
<b>Outcome 1</b>	Communities have capacity to reduce their own vulnerability to health hazards through knowledge of local community-based health and First Aid (CBH&FA).
<b>Outcome 2</b>	Morbidity of children under five is improved through community immunisation targeting children under five.
<b>Outcome 3</b>	An adequate pool of voluntary non-remunerated blood donors (VNRBD) is available for blood donation to the Lesotho National Blood Transfusion
<b>Programme component: Water and Sanitation</b>	
<b>Outcome 1</b>	Access to sustainable safe drinking water, sanitation and hygiene practices improved in LRCS target areas.
<b>Programme component: HIV and AIDS</b> (Refer to Link <a href="http://www.ifrc.org/appeals/annual06/logframes/Africa/MAA63003LS.pdf">http://www.ifrc.org/appeals/annual06/logframes/Africa/MAA63003LS.pdf</a> )	
<b>Outcome 1</b>	Prevent further infections through targeted community-based peer education and information, education, and communication (IEC) activities, and promote uptake of services including voluntary counselling and testing (VCT) and parent to child transmission prevention services (PPTCT).
<b>Outcome 2</b>	Scale-up community home-based care and support for vulnerable children with holistic support to address education, food and nutrition, psychosocial support, social inclusion, and economic support.
<b>Outcome 3</b>	Address stigma and discrimination with targeted communication and advocacy activities.
<b>Outcome 4</b>	Build the National Society capacity to plan, implement, and manage the programme.

### b) Potential risks and challenges

Care facilitators are volunteers who receive a small allowance per month; there is a risk of a high drop out rate and neglect of those clients who need care due to insufficient funding support. Clients who do not have any remaining relatives may even die and orphans will be more vulnerable. Maintenance of the Red Cross clinics and sustainability of the services provided have become major challenges to the National Society because the Memorandum of Understanding between the Ministry of Health and Social Welfare and LRCS is not yet signed.

## Organisational Development/Capacity Building

### a) The purpose and components of the programme

<b>Programme purpose</b>
Increase local community, civil society and Red Cross capacity to address the most urgent situations of vulnerability

The Organisational Development programme budget for 2010-2011 is CHF 0.1m (EUR 68,000 or USD 0.1m)

<b>Programme component: Leadership and Management Development</b>	
<b>Outcome 1</b>	LRCS leadership (governance and management) capacity has increased in developing and implementing policies and strategies for optimal organisational performance and accountability.

<b>Programme component: Well functioning National Society</b>	
Outcome 1	Effective financial management systems, procedures and tools are in place and systematically used.
Outcome 2	LRCS has well defined policies, systems and procedures in place for the effective management of the National Society.
Outcome 3	LRCS has a well functioning internal and external communication system, supported with a reliable information technology infrastructure.
Outcome 4	LRCS has capacity in planning, tracking performance, and reporting as stipulated in the IFRC's "Performance and Accountability Framework".
<b>Programme component: Branch Development</b>	
Outcome 1	LRCS has vibrant branches delivering quality services through their local volunteer and youth networks.
<b>Programme component: Resource Development</b>	
Outcome 1	Capacity to mobilise resources and its own sustainability is enhanced through the implementation of well designed income generating programmes

## b) Potential risks and challenges

The appropriate and satisfactory volunteer management poses a problem in many operating National Societies and LRCS is not an exception. Governance and management training is a necessity at all levels in order to ensure good leadership. The challenge requires a facilitator who is highly experienced in multi-cultural training approaches and in dealing with senior officers and members in a culturally sensitive society.

## Principles and Values

### a) The purpose and components of the programme

<b>Programme purpose</b>	
Promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion.	

The Principles and Values programme budget for 2010-2011 is CHF 130,000 (EUR 84,000 or USD 120,000)

<b>Programme component: Promotion of Fundamental Principles and Humanitarian Values</b>	
Outcome 1	Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values are enhanced at all levels of the organisation (including non-discrimination, non-violence, tolerance and respect for diversity).
Outcome 2	Target population is sensitized to Fundamental Principles and Humanitarian Values and changing behaviour.
<b>Programme component: Operationalization of Fundamental Principles and Humanitarian Values</b>	
Outcome 1	The dissemination of the Fundamental Principles and Humanitarian Values is an integral part of all National Society programmes and activities.
<b>Programme component: Prevention of Sexual and Gender-Based Violence</b>	
Outcome 1	LRCS mainstreams gender issues in all its programmes.

## b) Potential risks and challenges

Volunteers come from different educational, social and political backgrounds, while staff turnover is volatile. The challenge is to know the profile of volunteers so as to adequately involve them in the promotion of Principles and Values.

## Role of the secretariat

The Secretariat's budget for its support role in 2010-2011 is covered under the Organisational Development programme

### **a) Technical programme support**

The IFRC Secretariat through the various Sub-Zone office technical departments will provide technical support and coordination as per the needs, priorities and requests of the LRCS. IFRC support will be increased in the development of systems and procedures at all levels, which includes guidelines on HIV and AIDS Workplace Policy, human resources, volunteer management, information and communication technology, accounting procedures, statutes, Code of Conduct for staff and reviewing its strategic plan. The work ahead will be on translating the policy documents into appropriate actions and programmes. Strides have been made on strengthening relationship and coordination between the government, PNS and other partners in the country.

More importantly, the implementation solely remains the responsibility of the National Society at community level through supervision from the programme director and programme coordinators at the headquarters, while divisional secretaries and project officers stationed in the ten divisional offices are the main implementers of the programmes.

### **b) Partnership development and coordination**

The first ever partnership meeting was held in April of 2008 and involved all current Movement partners for LRCS. The outcomes from this partnership meeting portray LRCS and partners willing to be open about their concerns and committed to improving their cooperation, including support to OD. The commitments made by the LRCS during this meeting, regarding the development of its own internal systems and processes also demonstrated that there is fertile ground for moving forward. The National Society is interested in starting a Country Agreement Strategy (CAS) process in order to establish a uniform framework for managing its different cooperation relationships and the IFRC will support LRCS in developing CAS and its implementation.

The leadership is strongly committed to develop new partnerships and formalise existing ones. With technical support on governance and strategic development in relation to developing new partnerships, the focus is now on increasing capacity on local resource mobilisation and development being led by National Executive Members (NEC) and the senior management.

LRCS is a member of the government's Know Your Status committee and is also a partner with the Ministry of Health and Social Welfare in blood donor recruitment is cooperating with MSF on antiretroviral treatment in the clinic in Kena. The FAO and WFP have had a long relationship with the National Society in delivering services. Other partners are National AIDS Commission and Sentebale Trust Fund.

Financial, material and technical support within the Red Cross Movement has been provided by the German Red Cross in HBC and OVC and livelihood programme through a bilateral partnership; British Red Cross in integrated community HBC (bilateral partnership); Norwegian Red Cross for OVC programme and water and sanitation (bilateral and multilateral); American Red Cross in capacity building in food security-coordinated bilaterally; Swiss Red Cross (there are on-going negotiations on the way forward to support the Red Cross clinics; if successful will also be on a bilateral basis) the IFRC for HIV and AIDS, blood donor recruitment, First Aid, capacity building, DRR and food security; and the ICRC for information and dissemination of Fundamental Principles and Humanitarian Values. There is an effective in-country coordination mechanism in place between Movement partners with regular meetings and consultation.

### **c) Representation and advocacy**

The IFRC Sub-Zone status agreement will enhance the support and cooperation with the National Society. LRCS' auxiliary role to the government and the international legal personality of the IFRC will be fully utilised.

## Promoting gender equity and diversity

HIV and AIDS have not only given rise to increasing number of orphans, but the girl child often finds themselves leaving school to care for their sick parents and siblings. For those whose parents die, the relatives are usually quick to take away their inheritance. LRCS will liaise with community authorities to bring dignity to orphans who reside in unacceptable and insecure housing conditions. Gender equity and diversity will be promoted in collaboration with other organisations that safeguard children's rights such as Lesotho Girl guides Association, Children and Gender Protection Unit and Women in Law in Southern Africa.

Lesotho's demographic data indicates a higher ratio of women to men. This means female population is more than male hence there are more girls enrolled in school than boys. This situation presents a unique opportunity for successful food security interventions because women are less mobile due to household responsibility. At the same time, LRCS will participate in national gender and sexual violence programmes and meetings.

## Quality, accountability and learning

The programme will stick to community involvement through the selection and support of volunteer care facilitators. Peer education will remain a strategy for HIV prevention and behaviour change among the youth. Vulnerability capacity assessment (VCA) learning by doing, which is a very participatory tool, will be integrated in all programmes to ensure community approval and buy-in of interventions. The key strategy of disseminating and or sharing information to stakeholders is strengthening community feedback process (reporting to the community, funding of studies and trainings attended by some of the community members) and good documentation of best practices on DVDs, posters and case studies for public and stakeholders consumption.

## How we work

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

## Contact information

For further information specifically related to this plan, please contact:

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## MAALS002 - Lesotho

### Budget 2010 - 2011

#### Budget 2010

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	67,014	78,778	3,125			148,917
Land, vehicles & equipment	39,856					39,856
Transport & Storage	22,530	29,445	1,750	8,715		62,440
Personnel	38,040	32,880	3,250	4,800		78,970
Workshops & Training	56,429	192				56,621
General Expenditure	72,240	28,011	40,856	44,780		185,887
Depreciation						
Contributions & Transfers						
Programme Support	20,585	11,770	3,405	4,053		39,813
Services						
Contingency						
<b>Total Budget 2010</b>	<b>316,694</b>	<b>181,076</b>	<b>52,386</b>	<b>62,347</b>		<b>612,503</b>

#### Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	72,174	76,555				148,729
Land, vehicles & equipment						
Transport & Storage	27,766	19,683	1,924	9,587		58,960
Personnel	48,922	34,080	3,578	4,542		91,122
Workshops & Training	60,971	210				61,181
General Expenditure	65,572	28,060	42,719	46,423		182,774
Depreciation						
Contributions & Transfers						
Programme Support	19,146	11,025	3,352	4,209		37,732
Services						
Contingency						
<b>Total Budget 2011</b>	<b>294,551</b>	<b>169,613</b>	<b>51,573</b>	<b>64,761</b>		<b>580,498</b>