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# Annual report

## Lesotho

 International Federation  
of Red Cross and Red Crescent Societies

**MAALS002**

**30 April 2012**

**This report covers the  
period 01/01/2011 to  
31/12/2011**

*LRCS youth repairing OVC house during  
the work camp in May 2011/LRCS*



### **In brief**

#### **Programme outcome**

The lives of the most vulnerable groups are saved including protection of their livelihoods, while recovery from disasters and crises is strengthened through development of community resilience. Health promotion, disease prevention and care and support are provided to the communities following the set criteria and guided by the Fundamental Principles of the Red Cross and Red Crescent Movement.

#### **Programme summary**

Lesotho Red Cross Society is implementing two core programmes; Disaster Management and Health and Social Services. The programmes are integrated and have common beneficiaries, i.e. HIV/AIDS clients, chronically ill, TB patients and OVC and other vulnerable groups, and therefore complement each other and focus on reducing the impact of a negative synergy of high HIV prevalence, food insecurity and poverty, thus contributing towards the achievement of the Millennium Development Goals and achieving Global Agenda Goals and priorities of the Federation.

LRCS interventions are guided by the Strategic Plan 2010-2012 which provides direction and control of activities while ensuring effective, efficient and economical execution of mandate of the Society. The Society utilizes community support structures known as Lead Farmers/Gardeners and Care Facilitators to instil a sense of ownership by the community. These structures are supported by the Red Cross Volunteers in the operational divisions to ensure sustainable implementation of the projects beyond funding.

### Financial situation

The total 2011 budget for the Lesotho country plan was CHF 847,847, of which CHF 68,325 (8%) was covered during the reporting period (including opening balance). Overall expenditure during the reporting period was CHF 56,641, corresponding to 7% of the budgeted amount and 83% of the available funding.

[Click here to go directly to the financial report.](#)

See also

**Lesotho DREF (floods) operation (MDRLS001)**

<http://www.ifrc.org/docs/appeals/11/MDRLS001.pdf>

### Number of people we have reached

The total number of people reached is estimated at 85,100. For a further breakdown of this figure, please see the updates on the programmes below.

### Our partners

LRCS has long standing partnerships with internal as well as external Movement partners including international and local organizations that provide technical and financial support. Partners within the Red Cross movement include the IFRC, ICRC, British, German, Icelandic, Japanese and Norwegian Red Cross societies.

In addition, the Society work with like-minded organizations in both Health and Social Services and Disaster Management programmes including Government of Lesotho through the Ministries of Health and Social Welfare, Agriculture, Education and Training, local government, Gender and Youth Affairs, the Disaster Management Authority as well as the National AIDS Commission. It is also working with the Child and Gender Protection Unit and the Child helpline to ensure the safety of children and other vulnerable groups.

UN Agencies in partnership with LRCS include UNICEF, WHO, WFP Global Fund and UNFPA as well as other organizations involved in health and HIV such as Christian Health Association of Lesotho (CHAL), Regional Psychosocial Support Initiative (REPSSI) and Lesotho Network of people living with HIV and AIDS (LENEPHWA). The IFRC and National Society wish to thank all partners for their collaboration during the year.

### Context

2011 started with heavy rains across the country from January throughout the first quarter of the year causing tremendous losses and damages to the country's production and infrastructure including damaged roads, flooded rivers, washed-away bridges and blocked water pipes, which compromised basic needs of the affected population. The health and agricultural sectors were mostly affected; some health facilities were inaccessible and ran out of essential drugs including ARVs, TB and diarrheal diseases medication due to contamination of water. Significant crop

production losses were experienced due to prolonged water logging, high weeds infestation and badly affected soil fertility as most of the fertile topsoil was washed away.

The damage was particularly noticeable on the houses with walls collapsing due to excessive moisture and roofing damaged since the structures could not hold the weight of the water. The water table seemed saturated; thus, most houses had water emerging from the ground into the houses, thereby weakening floors and walls even more. This resulted in most of domestic items and belongings being destroyed. Some people surrendered their houses and opted for temporary shelter. The most affected districts were the ones situated in the northern part of the country.

In response to the disaster, the IFRC allocated CHF 244,036 from their Disaster Relief Emergency Fund (DREF) in early February 2011 to support the National Society in delivering immediate assistance to some 10,000 households with non-food items and 2,000 households with hygiene promotion.

HIV and AIDS remains a big public health problem in Lesotho with prevalence rates of up to 23% (SAFAIDS) regardless of a widespread knowledge of HIV/AIDS from 15-49 years age group. Prevention activities are therefore being scaled-up nationally and as auxiliary to government, the LRCS is supporting this effort.

Provision of health services at the LRCS Health Centres has improved due to the implementation of the Memorandum of Understanding between the Society and the Government of Lesotho through the Ministry of Health and Social Welfare. The centres no longer experience drug stock-outs. Infrastructure has improved in some health centres while the remaining ones will be completed by December 2012.

## Progress towards outcomes

### DISASTER MANAGEMENT PROGRAM

#### Programme Component 1: Disaster Preparedness

Outcome 1: Adequate preparedness to respond to natural and man-made disasters

Outcome 2: Reduced impact of disasters afflicting the most vulnerable groups

#### Programme Component 2: Relief and Recovery Operations

Outcome 1: Improved nutrition of infected individuals and affected households

#### Programme Component 3: Food Security

Outcome 1: Improved Crop Production and Diversification

Outcome 2: Improved nutrition knowledge and nutritional quality of diet

### Achievements

Disaster response equipment was procured with support from the ICRC and distributed to all Divisions to enable them to act timely when disaster strikes.

District Disaster Management teams were trained in Qacha's Neck, Mhales' Hoek and Quthing in collaboration with the First Aid department, while TOT was conducted for the other seven districts on community-based disaster preparedness. Trainings of volunteers will be conducted in 2012.

The food security programme was introduced to the selected communities through public gatherings where **43** new lead gardeners were selected by their different communities and then trained in the four project areas (Kena 10, Mafeteng11, Quthing 12, Mapholaneng 10). It was originally planned to have 40 Lead Gardeners (10 per district) but villages are so far apart in some districts for one lead gardener to cover alone that a few extra had to be included.

A total of **3,430** beneficiaries received agricultural inputs in the form of garden tools, fruit trees, vegetables and field crop seeds in Berea, Leribe, Mokhotlong, Quthing and Kena and mafeteng. 15 communal gardens also received inputs which also included water tanks and the shade nets. In Leribe and Berea, seeds were provided through seed fares using a voucher system.

Community Lead Gardeners and Care Facilitators were trained in conservation agriculture (CA); and they in turn trained the beneficiaries resulting in construction of **6,259** gardens. Community members have a buy-in of the CA methods, especially keyhole gardens.

A DREF operation was launched with support from IFRC to assist households affected by the heavy rains. Relief items ranging from shelter kits, tarpaulins, blankets and kitchen sets were distributed to **1,500** households benefitting **6,319** people in Berea, Butha-Buthe, Mokhotlong, Thaba-Tseka, Quthing and Maseru. DREF activities included construction of 128 VIP latrines by 28 trained volunteers at the same districts.

### Constraints or Challenges

The main challenge was the heavy rains which from the beginning of the year delayed progress in the implementation of other planned Disaster Management activities;

The construction of homestead gardens (normal, keyholes and trenches) was slowed by late excessive rains and extremely cold winters.

Extreme cold weather conditions that involved snowing in the rural areas posed a during latrines construction, thus delaying the process.

Destruction of the roads and bridges made some places inaccessible, which made it very challenging to deliver response and relief items.

The response materials were procured outside the country which delayed field activities somewhat and consequently field work had to be done in a hurry.

## HEALTH AND SOCIAL SERVICES PROGRAM

### Programme Component 1: HIV and AIDS

Outcome 1: Reduced HIV infections

Outcome 2: Improved care and support for clients and OVC

Outcome 3: Reduced stigma and discrimination

### Programme Component 2: Primary Health Care Services

Outcome1: Improved quality and access to health care services

Outcome2: Well established networks and referral system

### Programme Component 3: First Aid

Outcome 1: Increased knowledge and skills acquired by the staff and volunteers in First Aid.

Outcome 2: Appropriate First Aid measures applied in different companies and government departments

## Achievements

### HIV and AIDS

HIV prevention is a national priority, wherefore the LRCS also strengthened its HIV prevention initiatives targeting youth, women, men and the general public in line with government efforts. A total of 1,191 (IEC) meetings were held by the Care Facilitators and Project Officers during the reporting period and were accompanied by distribution of 9,111 IEC materials to reinforce messages given during the meetings.

87,482 male and 4,620 female condoms were distributed at the same meetings and existing distribution Points.

Project officers and nurses at LRCS operational sites and clinics were trained in peer education in October 2011. PE sessions were conducted in Mafeteng, Quthing, Kena, Mapholaneng and Thaba-Bosiu under the guidance of PE TOT reaching 2,716 in and out of school youth including herd boys with HIV prevention messages. Youth drama groups trained in 2010 supported peer educators with edutainment performances.

A total of **17,339** people were advised to go for HTC services out of which **8,299** tested. PMTCT is a core activity in ensuring HIV free future generation; hence **789** pregnant women were attended to at PMTCT services in LRCS project sites working closely with the Health Centres. Utilization of HIV and AIDS services is an indication of reduced stigma and discrimination.

HIV infected individuals and affected households received care and support to mitigate the impact; **2,038** clients received program support, **551** of which were discharged to the support groups. The Society registered 5,386 OVC who received psychological, material and educational support. The latter provided for **640** OVC and **687** were assisted to obtain birth certificates. Seven Project Officers and 4 nurses from LRCS Health Centres were trained on the establishment and maintenance of support groups and to strengthen the existing ones. Training was facilitated by Lesotho Network of People Living with HIV and AIDS (LENEPWHA) and Swaziland Network of People Living with HIV and AIDS (SWANEPWA). The facilitator from the latter was supported by the IFRC. A total of **61** support groups in the project areas engaged in IGAs/self-help projects such as poultry and gardening. As a result of stakeholders' collaboration, 6 support groups in Mafeteng received a donation of 75 chickens each from WFP.

LRCS was represented by two officers; Programmes Director and National Health and Social Services Coordinator at the 16<sup>th</sup> International Conference on AIDS and STIs in Africa (ICASA) held in Ethiopia. Participation was supported by BRCS and IFRC. The conference afforded the officers the opportunity to learn workable strategies from other organizations and countries to scale-up and sustain HIV and AIDS projects.

### Primary Health Care:

Communities within LRCS HCs catchment areas enjoy free health services like everybody in the country, as a result **19,863** patients were treated for different ailments in all 4 LRCS HCs.

The centers provide effective PMTCT services, consequently out of 154 pregnant HIV positive women who were put on treatment, **147** gave birth to HIV free babies, and only 7 babies were born HIV positive as confirmed by DNA PCR.

Growth monitoring and Immunization against communicable diseases were carried out in LRCS HCs in 2011 covering **4,236** children under-five years of age.

A well-established referral system exists between the centers and the mother hospitals as well as the supervising District Health Management Teams, hence referrals were made in cases where the situation is beyond the capacity of the HCs. In order to keep the network open, HCs staff participates in district meetings and workshops.

#### **First Aid:**

First Aid is one of the core functions of the Red Cross, hence training was provide to 4,125 individuals from different companies and 546 volunteers. The Society also provided First Aid during national events and at the communities where necessary.

LRCS staff and volunteers joined national campaigns regarding First Aid issues. In collaboration with Road Safety department, LRCS participated in Easter Road Safety and festive season awareness campaigns.

The Society joined hands with the Disaster Management Authority on its Early Warning programme in regard to disaster preparedness for common problems experienced in winter. Radio programmes were scheduled whereby all the stakeholders were engaged and LRCS in particular was mandated to address "First Aid during emergencies".

The department in collaboration with DM submitted a proposal to ICRC and has been granted funding for the year 2012 activities, and these are training on safer access, restoring family links and Disaster Preparedness and response. The training targets volunteers.

#### **Water and sanitation:**

Construction and rehabilitation of 4 water supply systems (waterpoints, silt box, tanks and pipelines) were done in Mafeteng district under phase 2 WATSAN project supported by NorCross. The Society further piloted Sports for Water project in Maseru district at Semonkong where water supply system was constructed at Sebala-Makhulo primary school.

Ten VIP latrines were constructed for OVC households in Maseru and Mafeteng.

After implementation of the DREF, some gaps were found in relation to sanitation in particular. Therefore UNICEF joined hands with LRCS to further reduce morbidity and mortality due to water-borne diseases, among people living with HIV/AIDS, orphaned and vulnerable children in particular, by improving or restoring access to safe domestic water and rehabilitate sanitation systems in schools and in **20** communities in 6 districts (Berea, Leribe, Butha-Buthe, Mokhotlong, Thaba-Tseka, and Quthing) that were affected by heavy rains.

**Sanitation:** 70 VIP latrines were constructed in 8 schools benefitting 1,495 pupils and 49 teachers. The number of latrines per school was determined by the number of pupils using the standard ratio of 1 pit :30 pupils.

**Water supply:** Rehabilitation of water supply systems was done in 17 villages in the above mentioned districts where **4,199** people have access to clean safe drinking water.

The Society further provided Ha Seng Health Centre with a 5,000 liters tank, the center serves an estimated population of 17,415 which includes under five children, pregnant and nursing mothers, TB as well as HIV and AIDS patients and the general public.

All WATSAN activities were followed by water quality testing to ensure safe clean drinking water and hygiene promotion education.

### Constraints or Challenges

The challenges under Health and Social services included some of the project officers trained in peer education left the society, therefore peer education were somehow compromised during implementation.

There is a tendency of over-reliance or over-dependency of beneficiaries on external support which will need to be addressed to ensure empowerment of beneficiaries and sustainability of project activities.

The First AID Instructors workshop was not held as planned due to lack of funds and this hampers the expected progress of the first aid component. The plan is to pursue it in 2012.

## National Society Development

### Programme Component 1: Leadership and Management Development

Outcome 1: LRCS leadership (governance and management) capacity has increased in developing and implementing policies and strategies for optimal organisational performance and accountability.

### Programme Component 2: Well-functioning National Society

Outcome1: Effective financial management systems, procedures and tools are in place and systematically used.

Outcome2: LRCS has well defined policies, systems and procedures in place for the effective management of the NS.

Outcome3: LRCS has a well-functioning internal and external communication system, supported with a reliable information technology infrastructure.

Outcome4: LRCS has capacity in planning, tracking performance, and reporting as stipulated in the IFRC's "Performance and Accountability Framework".

### Programme Component 3: Branch Development

Outcome: LRCS has vibrant branches delivering quality services through their local volunteer and youth networks.

### Programme Component 4: Resource Development

Outcome: Capacity to mobilise resources and its own sustainability is enhanced through the implementation of well-designed income generating programmes

## Achievements

The Youth AGM was held in March 2011 while the national AGM was held in July 2011. Both meetings were attended by 5 delegates from each Division with participation of ten of the National Society's Divisions. As the term of office for the Youth President was ending, the members elected a new president. The national AGM was graced by the presence of the Minister of Agriculture and Food Security (MOAFS) who gave the keynote address emphasizing on food production and potential collaboration of LRCS and the MOAFS particularly on keyhole gardening.

A one week long National youth work-camp which preceded the World Red Cross Day was held in the outskirts of Maseru where 55 youths from the Red Cross Divisions participated. They were engaged in community services and recreational activities within the local community. During the work-camp, youth were empowered with leadership skills training which was facilitated by members themselves as some of them have expertise in different disciplines.

To ensure financial accountability, LRCS launched a Finance and Audit Committee to assist the organization in the management of funds and advice accordingly. The Society also engaged a consultant to assist with bookkeeping in preparation for the audit.

A disciplinary enquiry/formal hearing was instigated against an officer who was charged with gross misconduct i.e. theft, fraud and deliberate falsification of records in terms of LRCS Human Resources Policy. He had further violated LRCS Code of Conduct and Ethics as well as LRCS Finance Manual and was found guilty. The said officer was dismissed to avoid mismanagement of funds and to maintain the integrity of the Society.

LRCS embarked on a Job Evaluation exercise to address human resources challenges regarding the current salary structure, including remuneration packages, job descriptions and positions in the LRCS structure. The activity was carried out with technical and financial assistance from the IFRC. The Society opted for outside intervention for objectivity purposes. The evaluation was done in phases. Phase one was the desk review of the relevant documents whilst phase two involved interviews with employees and reports on the findings. The third and the last phase is the future action plan, the implementation of which commenced in the second half of the year.

LRCS is running four Health Centres (HC) with technical and financial support from the Ministry of Health and Social Welfare through a Memorandum of Understanding. The Ministry through the Millennium Challenge Account is in the process of improving all Health facilities Infrastructure, therefore construction of the Health Centre building including staff houses have been completed at Kolojane HC which belongs to LRCS and initial preparations in other three HCs started towards the end of 2011 and will be completed in 2012.

Quarterly monitoring visits were done from Head Quarters, while monthly coordination meetings were held at divisional level. Furthermore LRCS and its Partners conducted monitoring visits to the different project sites; EU in February, Norwegian Red Cross technical team in April and the President in December. BRCS technical and Communications team visited in May and October respectively. IFRC visited the NS in June, July and August with different missions. Other visits were carried out with UNICEF and GRCS in August 2011.

Good practice documents were produced to share with partners and other NSs; a film crew from the Norwegian Red Cross visited the Society in February to make a film on LRCS interventions regarding OVC in February and the film team from IFRC visited in June for the same purpose, but also including other activities in general.

LRCS through the programmes participated in development of the National Development Strategic Plan 2012-2016. Involvement in developing such documents enables the Society to be aware of the national priorities and align National Society's Strategic Plan with that of the country.

### Constraints or Challenges

The external audit commenced late as the internal audit report was not yet available to form the basis, therefore a clean-up exercise was carried out, hence the AGM was postponed until after June. Consequently, elections of the National Executive Committee and approval of the budget were delayed.

There is an increasing demand for LRCS interventions yet funds are limited. LRCS approached relevant government line ministries and like-minded organizations for assistance, as a result Lesotho Telecommunications Authority donated M25,000 and UNICEF provided additional funding for DREF.

Sensitization of the Divisions about the Cooperate Identity Manual was not possible in 2011 after its finalization due to financial constraints. It is expected to be carried out in 2012.

#### **Programme Component 1: Promotion of Fundamental Principles and Humanitarian Values**

Outcome: Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values are enhanced at all levels of the organization (including non-discrimination, nonviolence, tolerance and respect for diversity).

#### **Programme Component 2: Operationalization of Fundamental Principles and Humanitarian Values**

Outcome: The dissemination of the Fundamental Principles and Humanitarian Values is an integral part of all NS programmes and activities.

#### **Programme Component 3: Prevention of Sexual and Gender-Based Violence**

Outcome: LRCS has vibrant branches delivering quality services through their local volunteer and youth networks.

### Achievements

To encourage the proper use of the Red Cross logo and emblem by members of the Society and the Society itself, the Society has successfully completed printing 15 copies of the Society's brand manual with support from ICRC and NorCross, and were distributed to the Divisions.

LRCS was represented in a two week All Africa Course on IHL by the Communications Manager. The course was held in Pretoria South Africa where representatives of different organizations including the Red Cross, universities, etc. discussed different aspects of IHL and what they mean on the ground

The Society also participated in Southern African Communications Forum (SACOF) held in Johannesburg. The Meeting agreed that National Societies in the Region need to develop their own

Communications Strategy, and the one for LRCS will be developed in 2012 with the assistance of Swaziland and South African Red Cross Societies.

The Society celebrated the World Red Cross Day on the 14<sup>th</sup> of May 2011 at Leribe division and Lesotho Red Cross Day on the 12<sup>th</sup> November 2011 at Qachas'Neck Division. Red Cross Volunteers attended in large numbers from all divisions to appreciate the year of volunteers. Hygiene kits were given to 20 chronically ill people and 30 OVC in Leribe while 100 OVC received vegetable seeds school bags and OVC packages during LRCS celebration with financial support from Lesotho Telecommunications Authority.

Membership recruitment campaigns were intensified to attract more people to the Society. Information on Red Cross principles and values was disseminated in all divisions during LRCS events and through meetings at branch levels.

Four new projects were introduced to the communities in the respective areas through public gathering. In these gatherings information dissemination was done so that the communities served are clear about the Society's guiding principles through out the implementation of the projects.

The Society is a member of the IHL National Committee. The Communications Manager and Human Resources and Administration Manager are representing the Society in the Committee, and participated in monthly Meetings. The Committee is following up ratification of the conventions with the government of Lesotho.

Newly recruited programme staff members were given a one week orientation as a starting point to facilitate understanding of LRCS' interventions as they will be expected to further disseminate the information to the communities in the allocated areas.

Gender sensitivity has been observed in the selection of Lead Gardeners/Farmers and Care Facilitators where both men and women were selected to supervise gardening/farming activities as well as provide care and support.

### Constraints or Challenges

Cross cutting challenges in all LRCs programs include a high drop-out of volunteers for a number of reasons including joining other organizations with better incentives, school or work purposes etc. This affects the programmes negatively since the NS loses trained volunteers who participate in the implementation of activities. However, LRCS is planning to address this together with the IFRC from 2012 and to promote retention.

The Society is overwhelmed by the humanitarian needs in the country and the increasing number of vulnerable people requiring its support and interventions. Unfortunately, funds are limited, and needs have to be prioritized. The National Society believes that it should be doing more to address the needs in the country if it had adequate funding and capacity available.

Accessibility of rural areas; the destruction of roads and bridges make some places inaccessible which makes it difficult to deliver services. Also community members may not be able to reach the health facilities in time and consequently sometimes default their treatment.

Monitoring of activities at community level is also affected adversely by this problem.

## Working in partnership

Lesotho Red Cross Society has both international and local partners in delivering its mandate.

Internal Red Cross Movement partners include the British, German and Norwegian Red Cross Societies who are supporting the HIV and food security components in four districts of Maseru, Mafeteng, Quthing and Mokhotlong including OVC focusing on vegetable production. However a gap in field crops production has been identified and plans are in process to close the gap.

The German Red Cross Society in collaboration with EU is supporting LRCS in the implementation of Food Facility project in Berea and Leribe. The project was phased out in October 2011 and because of the unfavourable weather conditions unfortunately, it did not have the expected impact on the beneficiaries as the advantages of conservation agriculture as learned from the project could not be seen. Therefore the project has been extended for another six months effective February 2012.

**International Federation of the Red Cross and Red Crescent (IFRC)**; IFRC is collaborating with LRCS in all its accomplishments by providing technical and financial support to the Society whenever the need arises. It assisted the society to close the Food Security and HIV AIDS gaps. It was also very instrumental in supporting LRCS to respond to disasters through the approval of DREF.

**International Committee of the Red Cross (ICRC)** ensures capacity building of LRCS structures in disaster preparedness and response through trainings and supply of response materials. Dissemination of information about the Red Cross Movement, visibility and marking of Red Cross events are very critical functions of the Society which are made possible by ICRC support.

At national level, the LRCS is partnering with government departments, to single out the few;

**Disaster Management Authority** which overseeing issues of disasters in terms of development of policies and coordination of activities and Ministry of Health in health related issues.

**Ministry of Agriculture and Food Security** provides technical support in agricultural activities. **Ministry of Forestry Land Reclamation** is working with LRCS to create awareness in the communities about environmental degradation.

UN urgencies including **UNICEF** and the Food and Agricultural Organisation (**FAO**) collaborate with LRCS in disaster response and Food Security respectively. UNICEF supported Water and sanitation activities following floods.

**The British Red Cross** Society has contributed greatly by supporting the integrated HIV AIDS and food security component for HBC clients and OVC who were already getting care and support from the project.

**The Norwegian Red Cross Society** further made life for OVC bearable by ensuring that their psychosocial wellbeing is recognized, protect and maintained by supporting OVC in Mafeteng and Maseru. LRCS is working in partnership with **Norwegian Red Cross** in capacity building of the Society, especially Finance department in ensuring that LRCS meets the characteristics of a Well-Functioning National Society. It is the only partner supporting a larger portion of Organizational Development activities through a separate budget.

**Ministry of Education and Training (MOET)** is supporting children who were referred by LRCS for education support. From time to time LRCS refers to the Education Act 2010 that legalises the right to free and compulsory education which binds all children to go to school. It is also the duty of LRCS to mobilize the community about the act.

**Child and Gender Protection Unit (Police) and Office of the Master of the High Court** assist children in cases of abuse and to inherit their property respectively and they work closely with LRCS.

**Department of Social Welfare** is coordinating OVC activities throughout the country and this are guided by the National OVC policy. LRCS is a member in the OVC coordinating committee.

**National Aids Commission (NAC)** convenes district quarterly meetings where organizations engaged in HIV and AIDS issues gather together to plan, implement, and report and review together. This is done to avoid duplication within each district and to ease coordination by NAC. LRCS participated in the development and the launch of the National Strategic Plan 2011-2016 and in the workshop on Youth in HIV and AIDS which were held at Maseru Sun and Lesotho Sun respectively.

**Ministry of Health and Social Welfare (MOHSW)** engages organizations including Lesotho Red Cross in policy making, survey/studies that concern health issues. LRCS with guidance of MOHSW's policies and guidelines implements its activities. IEC messages are approved by MOHSW and NAC before they could be distributed. It further participates in LRCS campaigns such as TB, anti-stigma and AIDS day commemorations and further facilitates in workshops held for Care facilitators, support groups and staff.

### **Contributing to longer-term impact**

LRCS applies the Lead Farmers/Gardeners and Care Facilitators approach; which are male and female volunteers selected by the community and trained by the LRCS to facilitate implementation of the projects at the divisions and ensure sustainability beyond funding.

Coordination meetings were held monthly at district level where information and best practices were shared. Quarterly monitoring visits were conducted from headquarters to the project sites to follow up progress made on the annual plans while other visits were carried out with the donors.

Staff from the Disaster Management Authority, the Ministry of Health and Social Welfare, Department of Rural Water Supply, volunteers and village disaster management team received training on different aspects of Community Based Disaster Preparedness including Restoring Family Links, Safer Access and First Aid. As stakeholders in DM, these skills will add value to the sustainability of the projects.

LRCS is represented at District and National forums which afford the representatives the opportunity to disseminate LRCS interventions, thus paving the way for sustainability of the projects with the support of other stakeholders.

Food security interventions and IGAs ensure availability of nutritious food and excess can be sold to generate income for other basic needs, thus contributing towards eradication of extreme poverty and hunger i.e. MDG 1

LRCS Volunteers and the Communities participated in Post Disaster Assessment and distribution of relief items capacitated them to make rational decisions and monitor usage of the supplied items. A total of 50 volunteers received shelter kit sessions, latrine construction and hygiene promotion. All HIV/AIDS initiatives including OVC contribute towards MDG goal number 2 and number 6.

### Looking ahead

- The Society is mobilizing resources to train staff and volunteers in gender based violence so that they can train communities at large.
- The Society aims to establish and strengthen existing outreach stations through the health centers to facilitate accessibility of services.
- The Society aims to engage in aggressive resource mobilization and work towards meeting the characteristics of a well-functioning National Society.
- The Society strives to practice an integrated approach in all project areas which enables care and support of the person as a whole to ensure maximum impact of resources available and to avoid overlap.

## How we work

All IFRC assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations](#) (NGO's) in Disaster Relief and the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

Find out more on [www.ifrc.org](http://www.ifrc.org)

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