

# PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies  
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## LESOTHO

4 June 2004

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 181 countries. For more information: [www.ifrc.org](http://www.ifrc.org)

### In Brief

**Appeal No. 01.13/2004; Programme Update no. 1, Period covered: January to May, 2004; Appeal coverage: 11.3%; Outstanding needs: CHF 1,494,237(USD 1,182,149 or EUR 972,810).**  
[\(click here to go directly to the attached Contributions List \(also available on the website\)\).](#)

**Appeal target: CHF 1,685,024 (USD 1,265,508 or EUR 1,084,663)**

**Related Emergency or Annual Appeals: [Southern Africa regional programmes Appeal no. 01.21/2004](#)**

**Programme summary:** The integration of HIV/AIDS with disaster preparedness and response has increased the positive impact on the home-based care (HBC) clients and orphans and vulnerable children (OVC) supported through the programme. Food distribution has further improved the quality of lives of the beneficiaries. The food distribution operation financed through the Federation regional Emergency Appeal for food security is the integral part of overall programming for [Lesotho Red Cross Society](#).

The Lesotho Red Cross is dedicated to strengthening the HIV/AIDS activities and efforts to respond to the pandemic which is destroying livelihood. Lesotho Red Cross has managed to maintain momentum in its disaster management and organizational development work despite existing financial constraints. A vulnerability assessment was conducted in ten villages affected by a hailstorm in Mokhotlong district in the Mountains. Community-based early warning systems are being developed and will be piloted before the end of 2004. Four divisional offices have been upgraded to meet the new strategic and programming needs of the national society.

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*This Programme Update reflects activities to be implemented over a one-year period. This forms part of, and is based on, longer-term, multi-year planning (refer below to access the detailed logframe documents).*

All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response](#) in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

## **Operational developments**

Lesotho is experiencing severe food shortages and subsequently the Prime Minister of Lesotho made an emergency appeal for food aid to humanitarian organizations. The food shortages are caused by the drought that has hit most parts of the country. The Lesotho Red Cross assisted the affected households to start nutritional gardens through the integrated community home based care (ICHBC) project initiatives. This was primarily aimed at addressing the problem of food insecurity in vulnerable households at large and among Lesotho Red Cross HBC clients. Lesotho Red Cross with the support of German Red Cross has only been able to provide food to 2,000 chronically ill people targeted through the HIV/AIDS project in Berea and Leribe. The other projects in Mafeteng and Maseru are enduring food insecurity and vulnerability can only be alleviated if funds come forth. The national society is committed to strengthening HIV/AIDS activities and efforts to respond to the pandemic and strengthening activities within the health and care programme, prevention and OVC. On 8 May 2004, the national society launched HBC projects in Leribe and Berea and the ceremony was attended by the patron, Queen 'Masenate Mohato Bereng Seeiso of Lesotho. The Queen's speech placed great emphasis on the importance of preventing and fighting stigma and discrimination against persons living with HIV/AIDS (PLWHA) and OVC.

The Lesotho Red Cross is in the process of implementing a recovery plan to become a well-functioning national society. It is with increased capacity that the national society is able to increase response efforts to meet acute humanitarian needs in the country. To improve efficiency, the national society has been striving to strengthen relationships with other humanitarian agencies, NGOs and the government.

## **Health and care**

**Goal: The lives and the general health conditions of vulnerable communities in Lesotho are improved.**

The activities of the health and care programmes include clinics, HIV/AIDS and first aid. As part of its health-related services, Lesotho Red Cross is focusing on providing quality care and reproductive health services through the four Red Cross clinics in the rural areas. In response to Lesotho Red Cross recovery plan, the Lesotho government offered financial support to procure drugs and pay salaries for health professional staff working at the Red Cross clinics.

HIV/AIDS is receiving financial and technical support from the Federation and the German Red Cross. The programme mainly focuses on HBC, for the chronically ill, care and support for those who are infected and affected by HIV/AIDS as well as its prevention.

The national society has always been known for giving first aid training throughout the country and efforts are being made to promote community and commercial first aid by providing training on emergency preparedness and response at all levels.

**Objective: Community-based health: Lesotho Red Cross provides quality health care in the four clinics and promotes community and commercial-based first aid in the ten districts.**

### **Progress/Achievements**

All the achievements under this objective were as a result of attempts to provide high quality services in primary health care in all the four clinics. Lesotho Red Cross has been able to maintain these clinics through financial support from the Lesotho government to procure drugs and pay salaries of professional staff.

### **Increased provision of adequate drugs, vaccines and medical supplies**

During the reporting period, all the Red Cross clinics have been fully equipped and supplied with adequate medical supplies and equipment.

### **Improved health care and reproductive health services transmitted diseases, etc**

The four Red Cross clinics offer direct observation treatment (DOTS) to tuberculosis patients as an on-going exercise. Although the professional staff provides counselling to patients with other diseases, the clinics do not offer voluntary counselling and testing (VCT) services for HIV/AIDS and cases are referred to government hospitals.

## Lesotho; Appeal no. 01.13/2004; Programme Update no. 1

Health centres in Thaba-Bosiu and Kolojane are affiliated to the Lesotho Red Cross community HBC projects. Regular weekly meetings for care-facilitators are held in Red Cross clinics and they involve discussions on activities pertaining to community HBC relevant and pertinent issues. In addition, they offer medical support services to clients as well as guidance and technical support to the care facilitators. The link with the health centres is vital in ensuring that the quality of care provided by the care facilitators is maintained at a high standard. The fact that our volunteers are able to refer any issues that they cannot deal with themselves to the health centre assists in reducing the volunteers' stress as they are already overburdened with their caring duties.

### **Conducting first aid training for 80 volunteers in four divisions for the year 2004**

There are eight trained first aid instructors in Leribe division. The instructors will conduct first aid training sessions in the community and this training will be particularly helpful as it also incorporates a prevention aspect for those who will be caring for HIV/AIDS clients.

### **Other inclusion of first aid provision in the traffic bill**

A draft traffic bill which has an article compelling public transport drivers to have first aid training and keep first aid kits in their vehicles has been drawn by the department of traffic. It is yet to be presented to parliament for approval and the Lesotho Red Cross will train the drivers.

### **Objective: HIV/AIDS: The transmission of HIV is reduced and the quality of life of PLWHA including OVC is improved.**

Lesotho Red Cross has established four community HBC projects in Leribe, Maseru, Berea and Mafeteng districts. The national society efforts are geared towards strengthening these projects by ensuring provision of efficient and effective services. There are 70 trained HBC facilitators and they have been operating since the inception of the projects. They are still committed to their main responsibility, which is visiting and offering care and psychological support to the clients. Two support groups have been initiated in the Berea districts and other districts are working towards establishing support groups. The HBC kits were replenished in January 2004 through funding from the Federation

**Table 1: Statistics of the HBC clients served throughout the first quarter:**

District	Old clients			New clients			No. of deaths			No. of discharges			Total number of clients		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Mafeteng	115	184	299	61	84	145	40	46	86	14	16	30	122	206	328
Berea	425	403	828	129	182	311	9	14	23	3	9	12	542	562	1,104
Leribe	192	261	453	16	36	52	4	7	11	1	3	4	203	287	490
Maseru	62	93	155	25	29	54	8	28	36	14	13	27	65	81	146
Grand Total	794	941	1,735	231	331	562	61	95	156	32	41	73	932	1,136	2,068

Abbreviations: M – Male; F – Female; T – Total

The numbers of clients have increased because the care facilitators have expanded their services to other neighboring villages that do not have care facilitators. HBC clients are dying at an alarming rate; this is mainly attributed to poverty and food insecurity.

### **Improved access to psychosocial and local material (resources) support through support groups and income generating activities**

Due to limited funding, some of the related planned activities such as establishment of income generating activities could not be carried out. All the community HBC projects offer basic counselling and psychological support through care facilitators and Project Officers.

The reporting form used by the care facilitators has been translated into Sesotho (vernacular). The reporting form used by the Project Officers has been revised. The main aim for revision is to improve the reporting capacity and systems in order to collect realistic statistics from the field.

**Stigma and discrimination against people living with HIV/ AIDS and OVC is reduced.**

It is mainly through four community HBC projects that volunteers and care-facilitators communicate messages on stigma and discrimination. A campaign was conducted in four villages in Berea, where community forums were held and community leaders were sensitized on issues relating to anti-stigma and fighting discrimination. One of the outstanding activities through which messages on anti-stigma were conveyed was a demonstration of HIV/AIDS programme network during World Red Cross Day on 8 May 2004. A community HBC client gave a strong and touching speech which emphasized advocacy, anti-stigma and discrimination. The fight against stigma was made visible through the use of a banner with a message on anti-discrimination. There was a parade on the "Power of Humanity" which gave a picture of the existing network structure of the Red Cross and other organizations including PLWHA, to discourage stigma and discrimination.

**Care and support is provided to 5,000 Orphans and Vulnerable Children through HBC**

The Lesotho Red Cross has arranged monthly meetings with the department of social welfare whereby issues pertaining to OVC will be shared and discussed, to map out related initiatives. The department is already more responsive to the needs of the community HBC clients as in some cases the department of social welfare has assisted with issuing medical payment exemption letters to those who need further medical assistance.

The lists for OVC have been updated and arrangements are being made for the payment of school fees. The school fees issue is still a challenge as the funds available for school fees will not cover all registered OVC. Some books have been purchased for 11 Form D and E students through the German Red Cross and Lesotho Red Cross bilateral project funding from which some money was still available and could only accommodate a limited number. In addition, Form D and E OVC in the Mafeteng integrated community HBC project are receiving educational support from the Lesotho AIDS Programme Coordinating Authority.

The monthly OVC meetings have been held throughout this period and this included debriefing sessions for the care facilitators. There has been a challenge for the OVC programme because allowances were not paid in time since January 2004 but all the care facilitators are still committed to their work and there is minimal dropout.

The OVC registration form has been revised and translated into Sesotho. The form has been adjusted in such a way that four children will be registered on a single form and has been pre-tested by the care facilitators. The OVC project plan of action has been finalized and copies are under review at national society headquarters. The plan of action for the project has been finalized and the planned activities are:

- Formation of youth clubs
- Memory box project
- Access to health
- Educational support
- Material support
- Income generating activities

The communities have been informed about the project and how it is going to operate and the type of support needed from them. The meeting with the chiefs from the ten villages in the Thaba-Bosiu catchment area was held to explain the planned OVC project activities to enhance transparency during registration of the project's beneficiaries. Following this, communal gatherings were held in the respective villages to further clarify how the project will be implemented and the support expected from the community members throughout the implementation period. The OVC Project Officer started work on 5 March 2004 and will be responsible for all OVC activities in Maseru district.

The HIV/AIDS Programme Coordinator and OVC Project Officer attended a training-of-trainers workshop in Cape Town. They have since held a workshop for the HIV/AIDS Project Officers and staff for the Lesotho Red Cross.

**Table 3: Statistics of OVC to be supported 2004**

District	OVC identified	OVC supported
Maseru	200 (target)	-
Mafeteng	210	210
Berea	406	120
Leribe	241	78

**Improved access to food and quality of diet for PLWHA and OVC**

As mentioned above, a huge number of clients died in the course of the quarter because of food insecurity and hunger. This objective to improve access to food and quality of diet to PLWHA and OVC has not been effectively addressed because food security has not been effectively integrated into the integrated community HBC projects. The clients in Maseru and Mafeteng do not receive nutritional support due to lack of funding. However, Berea and Leribe HBC clients are being supported through the German Red Cross and Lesotho Red Cross bilateral food distribution projects. This project is catering for 2,000 chronically ill people in Berea district. Furthermore, OVC and the chronically ill will soon benefit from the horticultural projects in the same areas.

In Berea and Leribe ICHBC started nutritional gardens project to grow vegetables to supplement diet for PLWHA. The gardens were established through funding acquired during the interim relief period. In addition, garden tools, fertilizers and seeds were procured. To ensure improved access to food and quality of diet, Project Officers and care facilitators in all districts continue to educate families on appropriate diets for PLWHA. The same interventions are planned for Maseru and Mafeteng but have not been implemented due to lack of funding.

**Improved knowledge, attitude practices and behaviours of 200,000 youth and other targeted groups**

The prevention activities have been going on through peer education where song and drama groups disseminate HIV/AIDS messages in schools and in the communities. Peer education on HIV/AIDS related issues were conducted and 184 adults and 966 school children from four schools were reached.

Lesotho Red Cross receives and distributes condoms supplied by Lesotho Pharmaceutical Corporation and GTZ through the Ministry of Health. Condom distribution has been one way of reducing the spread of the HIV/AIDS pandemic.

**Table 4: The statistics on condom distribution follows as at 31 May 2004**

District	Number of condoms received		Number of condoms distributed		Balance	
	Male	Female	Male	Female	Male	Female
Mafeteng	38,244	-	25,825	-	12,419	-
Maseru	20,200	250	8,900	250	11,300	-
Berea	20,000	250	15,000	250	5,000	-
Leribe	10,800	250	6,000	250	4,800	-

The project officers and care facilitators in all Lesotho Red Cross branches continue with efforts of encouraging VCT to their clients. To date nine clients have responded well to this idea and have disclosed their HIV status.

**Impact**

There has been significant improvement in the quality of life of PLWHA, the affected and OVC. Awareness about HIV/AIDS in the communities where HBC projects are implemented has increased. There has also been a marked recognition of the activities of the Red Cross through the care facilitators by the government and other stakeholders such as Save the Children (UK). Membership recruitment and volunteer engagement has increased due to increased presence of Lesotho Red Cross in the HBC project areas and this has led to the strengthening of Red Cross branches in the HBC project areas.

In the original proposal, it had been indicated that Lesotho Red Cross had limited capacity to implement planned activities; however the national society has risen to the challenge and has become fully engaged in the establishment of the HBC and prevention projects.

### **Constraints**

Lack of vehicles in the rural project areas has hampered the work of Project Officers and care facilitators as they have to travel long distances on bicycles and on foot. Financial limitations have slowed down the implementation of some of the activities such as the refresher training of care facilitators, payment of school fees for OVC and initiating income generating activities. Clients are dying in Mafeteng and Maseru where there has been no nutritional support to HBC clients and the children are more vulnerable. Stigma remains a challenge as a large part of the population has not gone for VCT and therefore do not speak openly and directly about HIV/AIDS issues.

**Objective: Water and Sanitation to promote the quality of health among the vulnerable communities living in the mountains areas.**

This objective could not be achieved due to unavailability of funds. This has a negative impact on the livelihoods of these communities.

### **Disaster Management**

**Goal: Lesotho Red Cross is adequately prepared to respond to disasters afflicting the most vulnerable people.**

**Objective: The disaster planning capacity of the Lesotho Red Cross is strengthened.**

### **Progress/Achievements**

**Lesotho Red Cross national disaster management plan in place by end of 2004**

Lesotho Red Cross has planned to develop the DM plan and policy before the end of 2004. The plan is in place but policy is intended to be completed before the end of the year.

**Training is carried out and trained personnel are in place**

The four trained divisional coordinators and 18 volunteers have included in their work plans training for volunteers in their respective divisions, which they are expected to conduct before the end of the year.

**Reduction in impact of disasters**

The early warning systems in the selected disaster prone areas have not been established due to financial constraints.

**Improvements in response during disaster situations**

Lesotho Red Cross is highly recognized by the government and other partners in disaster management (DM) related activities. Lesotho Red Cross is a member of the Lesotho vulnerability assessment committee, the national disaster management committee and in the districts.

**Better understanding of SPHERE standards by partners, and at Lesotho Red Cross divisional and national levels**

SPHERE standards workshops for Lesotho Red Cross staff and volunteers and other agencies and partners have not been held due to lack of funding.

**Improved food security to vulnerable population**

Lesotho Red Cross remains enthusiastic about putting in place a community-based food security programme; however, efforts are hindered by financial constraints. Regardless, the vulnerable communities have been getting nutritional support for the chronically ill and the OVC through nutritional gardens that started in Berea and Leribe district.

### **Impact**

The on-going food security programme has helped beneficiaries to access food and improved nutritional status. Food and nutrition needs are critical for the livelihood of people especially PLWHA. The nutritional gardens have made significant contribution in the lives of chronically ill and OVC. The participation of Lesotho Red Cross in the national disaster related activities has had great impact in the divisions and has increased the visibility of the Red Cross in Lesotho. This follows the basic disaster management workshop that equipped the divisional staff and volunteers with relevant skills.

### **Constraints**

Lack of funding hampers the smooth implementation of DM activities in Lesotho Red Cross. With sufficient funding, the Lesotho Red Cross will be in a position to streamline its DM activities and become a well prepared national society that can respond to any disaster in a timely manner. The capacity of the national society will be strengthened to offer support adhering to the Code of Conduct, Humanitarian Charter and SPHERE minimum standards in delivering assistance to the most vulnerable people.

### **Organizational Development**

**Goal: Lesotho Red Cross has in place committed body of volunteers and staff as well as relevant structures that are sustained with appropriate leadership towards the promotion of a well-functioning national society.**

**Objectives: Change strategy towards increasing capacity at all Lesotho Red Cross levels is effective.**

### **Progress/Achievements**

Lesotho Red Cross held its annual general meeting on 17 to 19 April 2004. The national society embarked on developing its country agreement strategy (CAS) beginning March 2004 with support from the Federation and a follow up to finalize the process will be undertaken before September 2004.

In response to the Lesotho Red Cross Appeal 2004, the Norwegian Red Cross has contributed CHF 28,000 for Organizational Development (OD) This has been complemented by funding from the regional OD programme that reallocated CHF 10,000 to the national society. The funds will be used for an induction workshop for the newly elected board members. Part of the funds will finance a project planning process (PPP) training programme for Lesotho Red Cross management and staff with technical support from the Federation.

Discussions are going on between the Federation regional OD department and the Lesotho Red Cross on how to mobilize support for the OD planned activities. Partner national societies have been approached to assist with sourcing for funds to support the capacity building process of Lesotho Red Cross. The Lesotho Red Cross is currently finalizing the volunteer policy, which will ensure an effective volunteer support system. The food security project, which is currently being implemented by the Lesotho Red Cross, also increases the national society's capacity in financial management.

### **Impact**

Lesotho Red Cross is dedicated to implementing its recovery plan to become a well-functioning national society. Following placement of coordinators in the three districts that have integrated HBC projects, reporting has improved and there have been effective monitoring systems in place.

### **Constraints**

Lack of donor support for the Lesotho Red Cross Annual Appeal for 2004 has negatively affected the implementation of the planned OD activities. However, it is imperative that the regional OD programme continues to support the Lesotho Red Cross to becoming a well-functioning national society and increases its capacity to respond to the acute humanitarian needs in the country.

### **Humanitarian Values**

**Goal: The Movement's Fundamental Principles and Red Cross humanitarian values are known and respected in all the Lesotho Red Cross ten divisions.**

**Objectives: Lesotho Red Cross has a positive image, the knowledge of the Movement is known and Lesotho Red Cross has increased media visibility.**

### **Improved image and better use of the emblem**

Lesotho Red Cross has 30 minutes airtime every week on a local radio station and the Red Cross role in fighting HIV/AIDS, the principles of the International Red Cross and Red Crescent Movement and the proper use of the emblem are made visible.

[Contributions list below; click here to return to the title page and contact information.](#)

APPEAL No. 01.13/2004

## PLEDGES RECEIVED

23/06/2004

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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## CASH

						TOTAL COVERAGE
REQUESTED IN APPEAL CHF ----->				1,685,025		11.3%
CASH CARRIED FORWARD				21,318		
NORWEGIAN - RC				126,000	19.01.04	FINANCE DELEGATE
NORWEGIAN - GOVT/RC		230,000	NOK	43,470	25.04.04	ORGANISATIONAL DEVELOPMENT, DISASTER PREPAREDNESS/RESPONSE
SUB/TOTAL RECEIVED IN CASH				190,788	CHF	11.3%

## KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
Note: due to systems upgrades in process, contributions in kind and services may be incomplete.						
SUB/TOTAL RECEIVED IN KIND/SERVICES				0	CHF	0.0%

## ADDITIONAL TO APPEAL BUDGET

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	