

# ANNUAL REPORT



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

30 April 2005

### In Brief

**Appeal No.:** 01.13/2004 – [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual04/011304.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/011304.pdf)

**Appeal target:** CHF 1,685,025 (USD 1,265,508 or EUR 1,084,663)

**Appeal coverage:** 11.3% ([Click here to access the final financial report](#))

**Appeal 2005:** Lesotho no. 05AA010 – [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/05AA010.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA010.pdf)

*This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning. 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, please access the Federation's website at <http://www.ifrc.org>*

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### Overall analysis of the programme

The Lesotho Red Cross Society<sup>1</sup> has four home-based care projects (HBC) in the districts of Berea, Leribe, Maseru and Mafeteng. The programme life is five years (2003-2007).

- The Maseru and Mafeteng projects are funded by the Federation HIV and AIDS Consortium.
- The Berea and Leribe projects are funded by the EU through the German Red Cross.
- The American Red Cross made a one-off contribution to the HIV and AIDS activities.

The HIV and AIDS programme initiated an integrated community home-based care (ICBHC) approach in the past two years. The main objective of the programme is to ensure that the transmission of HIV is reduced and the quality of life of people living with HIV and AIDS (PLHIV) and the affected including orphans and children made vulnerable by HIV and AIDS (OVC) is improved. The HIV and AIDS programme has been providing home-based care (HBC) to PLHIV, support to OVC and delivering the HIV prevention education at schools and in communities. In all of these activities ICHBC was used as an entry point. A new health and care coordinator was hired in October 2004 to replace the one who joined the German Red Cross ICHBC project.

To complement to the ongoing HBC and OVC projects, food parcels have been distributed to HBC clients in Mafeteng district. The OVC and PLHIV - including the elderly who are frequently the orphans' guardians - have benefited from the food distributions. This was done in collaboration with the WFP and is managed through the

<sup>1</sup> Lesotho Red Cross Society – <http://www.ifrc.org/where/country/check.asp?countryid=102>

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disaster management programme. To ensure sustainability of the food security component, the idea of horticulture gardens as income generating activities (IGA) has been planned for 2005.

Several workshops were conducted as part of the sensitization on anti-stigma and discrimination campaign, memory work and psychosocial support to OVC, care and support of the clients and OVC, as well as IGA. Care facilitators shared knowledge on how to help the clients with the horticulture project and on ideas to improve the HBC through exchange visits. The Mafeteng care facilitators visited Mapoteng HBC project under the guidance of the Maluti Hospital Mapoteng and the South African Red Cross Bloemfontein branch.

The national society has four health clinics built by the Icelandic Red Cross through a ten year bilateral agreement. The Ministry of Health continues to support the clinics with staff salaries and supply of drugs. First Aid training is an ongoing programme aimed at improving the lives and general health of vulnerable communities in Lesotho. Lesotho Red Cross runs First Aid activities in the ten districts of the country integrated in all programmes.

The Norwegian Red Cross and Swedish Red Cross supported the organizational development programme in response to the 2004 appeal. The funds were used to support the computerisation of the accounts at the headquarters and for basic furnishing and equipping of the divisions. Computers and fax machines were procured for Leribe and Maseru divisions. A project planning process (PPP) workshop was also conducted with support from the same funding.

### **Health and Care**

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

#### **Health and Care: Community-based health**

**Objective: 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**

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

The new secretary general being a former medical doctor in the Ministry of Health has ensured continued supply of drugs and salaries for more professional staff at the four Lesotho Red Cross clinics: Berea, Maseru, Mafeteng and Leribe. Although drugs are supplied by the government, general administration, monitoring and evaluation of the performance of the clinics remains the responsibility of the national society.

##### **Improved health care and reproductive health services**

The clinics were engaged in the national vaccination campaigns that were conducted in September 2004. The nurses followed up on tuberculosis patients, monitoring treatment and they also continued referring patients to hospitals or voluntary counselling and testing (VCT) centres for HIV and AIDS testing.

##### **First aid integrated into HIV and AIDS programme**

The First Aid activities undertaken in 2004 include, commercial and community-based First Aid training, examinations, meetings and talks, and demonstrations during the Red Cross national and social events. First level First Aid training was also conducted for companies, government, non governmental organizations, colleges, mines, army and the general public. Advanced level First Aid was conducted at colleges and for university health science students. The national society First Aid officer attended the senior staff, youth annual general meeting, road safety task force and population information, education and communication (POPIEC) meetings.

Table 1 below shows the number of people trained in community-based and commercial First Aid in 2004. A total of 84 first Aid kits were sold.

**Table 1: Number of First Aid trained people in 2004**

<b>Activity</b>	<b>Total</b>
Training newly recruited care facilitators	48
Refresher training courses conducted for care facilitators in four project areas	63
Commercial first Aid training conducted in ten districts	398
<b>Total number of people trained</b>	<b>509</b>

**Inclusion of first Aid provision in the traffic bill**

Through the advocacy of Lesotho Red Cross to the government for an enactment of law compelling public transport drivers to have first aid training and keep First Aid kits in vehicles, it was passed and gazetted in 2004.

**Trained instructions in the divisions**

First Aid examinations were conducted by the headquarters to all the divisions that had the training and participants received certificates.

**New Developments**

The national society has planned to improve its commercial First Aid training by adding bound notes and a cardio-pulmonary resuscitation (CPR) set as training requirements. However, this will enable the increase of tuition on training fees.

**Health and Care: HIV and AIDS**

**Objective: The transmission of HIV is reduced and the quality of life of persons living with HIV/AIDS and affected including orphans and vulnerable children is improved.**

**Progress/Achievement**

**Improved quality of life of 5,000 PLHIV through HBC**

The Lesotho Red Cross has four HBC projects in the districts of Maseru, Mafeteng, Leribe and Berea. The number of the care facilitators was reduced due to some deceased and resignations during the course of the year. The national society ended the year with 111 active care facilitators out of 183 at the beginning of the year. The number of HBC clients at the end of the year was 1,002. Basically the clients are PLHIV, tuberculosis (TB) patients and the chronically ill. The anti-retroviral treatment (ART) was introduced by the government in three districts which are working closely with the Red Cross care facilitators. Most HBC clients who qualify for ART are currently on treatment.

**Stigma and discrimination against PLHIV and OVC is reduced**

Anti-stigma and discrimination campaign had a total of 92 meetings and nine workshops conducted at branches in four district of Mafeteng, Maseru, Berea, and Leribe. The care facilitators in all HIV and AIDS programme were working together towards the anti stigma and discrimination against PLHIV and OVC in the Thaba Bosiu area of Maseru district. Care facilitators were capacitated and encouraged to impart knowledge on anti stigma and discrimination during their normal HBC routines.

Workshop facilitators from different organizations such as the District Task Force (local) under the Ministry of Health and the community leaders were involved in advocacy towards the eradication of stigma and discrimination during the workshops held for the youth leaders (youth volunteers), community leaders (chiefs) and school teachers. A total of 100 school children and 287 elders from the communities were reached through the anti stigma campaign.

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**Table 2: Statistics of the activities on the eradication of stigma and discrimination**

Activities	Detail	Number conducted
Workshops	ICHBC refresher workshops Mafeteng and Maseru	2
	Youth leaders workshop on memory work	2
	OVC, youth, parents and teachers workshop	2
	Project officers and coordinators memory work workshop	1
	Youth and teachers on anti stigma and discrimination workshop	1
	Establishment of the HBC groups	1
Meetings	Care facilitators meetings/ Information Education Communication meetings	79
	OVC, care facilitators, parents and chiefs meeting	13
Campaigns	Thaba Bosiu anti – stigma – campaign	1

**Care and support is provided to 5,000 OVC through HBC**

In the Thaba Bosiu area, the OVC were identified within the ICHBC project and received psychosocial support and basic counselling. Distribution of sports equipment for activities in sports, drama and singing were part of the psychosocial support provided to OVC. Workshops for OVC to equip them with skill and knowledge towards the challenges they encounter in life were carried out. A total of 600 blankets and 200 jackets, some school fees and educational material such as 172 books and pens were provided to OVC during the year. Some of the OVC were referred to the clinic for treatment of various ailments. Seeds were distributed to all OVC support groups involved in horticulture projects. Memory work training was also conducted in the OVC project for local authority, institutional leaders, care facilitators and teachers. Maseru division staff and volunteers were among the people trained in the Memory work activity

**Table 3: OVC activities in 2005 in Thaba Bosia area**

Activities	M	F	Total
OVC Identified	138	169	307
Number of OVC whose data collection form has been completed	174	183	357
Number of child headed households supported	8	10	18
Number of children received psychological support e.g. OVC support groups, memory projects	320	300	620
Number of children received material, educational support (IEC)	96	104	200
Number of children attending Red Cross day care centre/crèches	7	7	14

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

In collaboration with the disaster response department and other organizations (WFP), the ICHBC managed to reach and supply some of the OVC with food parcels in the Mafeteng district, where direct national society OVC project does not exist. Each OVC received food parcels composed of 2 litres of cooking, oil 50 kg of mealy meal and 5kg beans. A total of 467 OVC were assisted.

**Improved access to psychosocial and local material (resources) support through support groups and IGA**

Seeds were distributed to OVC support groups in the Thaba Bosiu area for IGA. Horticulture was found as a viable project towards the OVC programme sustainability through food provision. There are some other projects, which are stipulated in the 2005 work plan, which are to be implemented as part of the self-help project. A total of ten OVC support groups and 153 HBC clients received the seeds.

**Table 4: Types and quantities of seeds distributed to OVC and HBC clients**

Type of seeds	Quantity
Potatoes	140 bags x 25kg
Beans	40kg
Cabbage	15kg
Butter nut	40kg
Carrots	10kg
Spinach	10kg
Beet root	15kg
Fertilizer	40 bags x 50kg
Green pepper	16,000 seedlings

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

Condom use demonstration, distribution and promotion are still ongoing activities. The national society encourages the use of condom as a way of preventing and reducing the spread of HIV virus and sexually transmitted infections (STI). Although it was not easy to know if the condoms are effectively used, the rate at which they were collected indicated that at least people are aware and are using condoms. The males compared to the females, and mainly youth to adults collected the condoms and a total of 138,788 condoms were distributed in 2004; see table 5 below. Prevention activities were conducted in the form of information dissemination through peer education, drama and song groups as well as distribution of IEC material.

**Table 5: Number of condoms distributed in 2005**

District	Number of Condoms distributed
Maseru	43,288
Leribe	25,000
Mafeteng	5,000
Berea	43,500
Mohale's Hoek	5,000
Qacha'snek	5,000
Quthing	2,000
Thaba Tseka	5,000
Mokhotlong	5,000
<b>Total</b>	<b>138,788</b>

**Impact**

The visibility of the national society, in the work of HIV and AIDS has been increased. As an indicator, the national society offers three months attachment for university students under the supervision of the national health and HIV and AIDS coordinator. The ICBHC activities by the national society have also positively influenced the community as more schools teachers, media and the neighbouring villages are approaching the branches for more information, assistance and recruitment as volunteers.

Following the information disseminated around the projects areas on the anti-stigma and discrimination, many people have requested the ICHBC office to decentralize the voluntary counselling and testing services in the inaccessible places free of charge. This shows that people are willing to know their status as long as the facilities are accessible. There is an increased number of the formerly bed ridden clients and some TB patients were weaned because of the support given under the ICHBC project. It also indicates that the family members followed the advices on how to care for the clients given by the care facilitators.

After assessing and commending the progress on the OVC project in Thaba Bosiu area, visitors from Wales Link (SCM) donated LSM 2,900 (local currency) to be utilized for the OVC nutrition support. The action showed that other donors recognized what the programme is doing, hence the impact to the people the project is serving. In

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November 2004 the OVC project in Thaba Bosiu was evaluated and the outcome was very positive that the project is now being extended to Mafeteng district.

The First Aid knowledge has helped in the nursing care of the sick in the communities and also has saved a number of lives from work place accidents.

### **Constraints**

The inadequacy in transport to reach all programme areas as required hindered the smooth implementation of projects. The VCT centres are in commercial centres and are inaccessible to the rural population and this has negative impact in that it has demotivated people who are willing to know their HIV status.

Drought is a serious challenge that affected villages where the OVC are engaged in the horticulture projects. There was a shortage of domestic water due to drought, thus affected household food security and in turn the nutritious status of the HBC clients. There are still cases reported of clients dying from hunger, hence food security activities requires rolling out and strengthening.

Most of the health and care activities could not be implemented due to lack of funding and human resources capacity since the health and care coordinator has only been recently employed. In First Aid activities, the major constraints were; high turnover of trained volunteers, lack of funding for training instructors and procurement of training equipment for the ten districts.

### **Objective 3: Water and sanitation: To promote the quality of health among the vulnerable communities living in the mountains areas.**

This report does not reflect progress on this objective.

## **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/Achievement**

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

The disaster management policy and plan were finalised in December 2004 and the documents are awaiting approval from the board of governors. This was made possible by funding from the Norwegian Red Cross through the Federation. The disaster management programme in 2005 received funding from the Norwegian Red Cross through the Federation and was used to conduct SPHERE training for local staff in divisions and to develop the disaster management policy.

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

A total of four divisional coordinators and 18 volunteers who had received basic disaster management training cascaded the training to the volunteers and communities in their respective divisions. The district of Thaba-Tseka took the exercise further to training two surrounding communities in basic disaster management including early warning systems (EWS). This being one of the disaster prone areas the community benefited from this training by raising their awareness to disasters.

The disaster management coordinator and a divisional secretary attended the two-week regional disaster response team (RDRT) refresher training in Kafue Gorge, Zambia (September 2004), focusing on complex emergencies. Through this refresher training the national society's capacity in disaster response was further strengthened. The coordinator also attended:

- The gender and reproductive health workshop, jointly organized and facilitated by UNFPA, WFP and Ministry of Youth, Gender, Sports and Recreation,
- the National Executive Council (NEC) orientation, and

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- the Federation project planning process (PPP) workshop.

In addition, disaster management internal and external operational meetings with relevant government departments and other stakeholders were regularly held.

### **Reduction in impact of disasters**

The EWS in the selected disaster prone areas have not yet been established due to financial constraints. However the national society approached the national disaster management early warning unit for some discussions regarding collaborative efforts to that effect.

### **Improvements in the response during disaster situations**

Lesotho Red Cross is highly recognised by government and other partners in disaster management related activities. It is a member of the Lesotho vulnerability assessment committee (VAC) and the national/district disaster management committees. Following the disaster management training, the national society's capacity in conducting assessments, needs identification and report writing has been improved. Thus, Lesotho Red Cross disaster management action team played a led role in the responding to the hailstorm disaster that affected 18 villages in Mokhotlong. In addition there were 17 reported fire disasters and the national society response was timely. The national society obtained clothing donations from local communities and schools, which enabled them to respond to these emergencies.

### **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 to the agencies and partners was conducted from 18 to 22 October 2004. All divisional secretaries, coordinator and programme coordinators as well as representatives from seven humanitarian agencies attended the training. However, additional to Lesotho Red Cross staff, only WFP was able to send representatives to the workshop. The training developed the participants' technical expertise in disaster management and improved knowledge in applying SPHERE minimum standards in disaster situations.

### **Improved food security to vulnerable population**

The Lesotho Red Cross continued its response to food insecurity through food distributions with technical and financial support from German Red Cross and WFP in six districts since July 2004. The national society is also eager to support community-based food security projects similar to the Swaziland Food Security project in the most vulnerable localities but due to financial constraints, this has not been fully implemented. Currently, the vulnerable communities have benefited from nutritional support provided through the HBC linked nutritional gardens for the chronically ill and OVC that started in Berea and Botha-Bothe district. In November 2004, this food security project was extended to Mafeteng where it is already benefiting the vulnerable groups who were provided with vegetable seeds to create self-help food production to increase food availability and boosting of nutritional status. The project was also made possible through funding from Norwegian Red Cross through Federation assistance.

### **Impact**

The ongoing food security projects in Berea and Leribe have helped beneficiaries to access food and improved nutritional status. Food and nutrition needs are critical for the livelihood of people especially PLHIV and nutritional gardens have made significant contribution to their health status. This initiative also enhanced efforts towards integration for programmes. The participation of Lesotho Red Cross in the national disaster related activities has had great impact in the division and has increased the visibility of the Red Cross. This is basically the results of the basic disaster management workshop that equipped the divisional staff and volunteers with relevant skills.

The SPHERE training and the basic disaster management workshop equipped the divisional staff and volunteers with relevant skills to be able to provide services within acceptable minimum standards.

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### **Constraints**

Although there has been limited funds availed, there is still a serious need for strengthening disaster management activities so as to support the national society efforts of attaining its goal of being a well prepared national society, that can effectively respond to any disaster and offer appropriate assistance to the vulnerable. The capacity of the national society would be strengthened to offer assistance adhering to the Code of Conducts, Humanitarian Charter and SPHERE minimum standard in delivering assistance to the most vulnerable people.

### **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.**

### **Progress/Achievements**

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

The Lesotho Red Cross could not afford to use the national radio station because it is expensive, despite the fact that it covers the whole country. However, managed to use MoAfrika radio station which is cheaper although with limited coverage, to publicise activities, and educate the public on the proper use of the emblem through talk shows. The national society has made a request to the Lesotho Radio station to be exempted from paying for its programmes and is waiting for the response. The national society has made a request to the Lesotho Radio station to be exempted from paying for its programmes and is waiting for the response.

#### **Enrolment of new members and volunteers**

A dissemination workshop was conducted in December 2004 for ten divisional secretaries and ten volunteers. The training focused on dissemination of the International Red Cross and Red Crescent Movement, allowing them to 'cascade' this knowledge amongst their respective divisions. In April 2004, an induction workshop was held for the nine newly-elected members of the divisional committees, thus introducing the emblem, the history of the Movement and the national society, and the Humanitarian Principles and Values.

#### **Materials promoting better understanding of the Movement are prepared and used in all districts**

The information officer in collaboration with the OVC project officer produced poster for HIV and AIDS awareness, prevention and advocacy on respecting the right of the OVC. These posters were distributed to the government ministries, non-governmental organization, schools and communities in ten districts.

The national society is in constant contact with the ICRC and the Federation hence has received a lot of publications on the Movement which have been distributed to other organizations, university library and individuals visiting the national society.

### **Impact**

Although the MoAfrika radio station has limited coverage, it has assisted in increasing the visibility of the Red Cross, especially among the population reached.

### **Constraints**

Due to lack of funding the production of training manuals both in English and Sesotho has been postponed until 2005. The information officer is still seeking funding to design the national society website.

## **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 performance is improved at branch, division and head quarters level**

The national society conducted PPP workshop in June 2004 with the technical support from the Federation. The participants included the divisional coordinators and secretaries, staff and volunteers from the headquarters and divisions. The PPP workshop has assisted the participants in building their skills and knowledge of drawing up project proposals. However, it would still be necessary to conduct one orientation annually for the newly elected staff.

#### **Improved national society's organizational and internal capacity**

The national society has been able to deploy competent staff from the headquarters to three divisions of Berea, Leribe and Mafeteng divisions in an attempt to strengthen the divisions in accordance to the strategic plan. Quthing and Butha-Buthe which have been dormant for sometime were revived by placing divisional secretaries in 2003 and 2004 respectively. The national society has also constructed offices for Thaba-Tseka and Quthing divisions with financial assistance from the British High Commission.

#### **A vulnerability assessment capacity of the national society's capacity in responding to the needs of the most vulnerable is carried out**

As part of the key strategies towards building a well functioning national society, Lesotho Red Cross conducted a job evaluation, performance management and audit exercise. This was undertaken through the financial support of the Federation. The output from the job evaluation will be used for restructuring human resources.

#### **Roles and responsibility of governance and management are clarified and improved**

An orientation was held for the newly elected NEC members. This included training for divisional secretaries. Both the trainings were facilitated by the Federation organizational development personnel and the ICRC. The national society has started the Cooperation Agreement Strategy (CAS) process, with technical assistance from the Federation. The national society has also provided the Federation and other partners with the strategic plan as a first step in the implementation of the CAS process.

#### **The financial capacities of divisional structures is improved**

In 2004, the major achievement in finance development was the computerisation of the accounting system at the headquarters. The national society has been using manual accounting method of recording financial transactions which is highly prone to errors. The divisions' accounting services are still weak and require support in developing their structures and initiating finance development activities. In this light the national society requested the Federation for support in finance development and the regional finance development delegate paid a support visit in November 2004. The financial management policies and procedures were reviewed working through a finance sub-committee.

#### **The revenue base of the national society is increased.**

The divisional coordinators newly posted to the four divisions are expected to increase enrolment rate of volunteers into the national society, and identify local companies for resource mobilisation.

### **Impact**

The computerization of the national society' accounting system has enabled the national society to prepare financial reports on time. The PPP training conducted enhanced the national society capacity in planning and evidenced by the smooth contribution to the 2005 annual appeal.

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### **Constraints**

The smooth operation of the national society is being affected by high staff turnover. Because of this high turnover of staff there is need for the national society to be supported in training new staff in PPP and finance development procedures. The request has already been posted to recruit an organizational development coordinator to strengthen the restructuring process at the national society.

Limited funding for the Lesotho Red Cross 2004 Annual Appeal has negatively affected the implementation of the planned organizational development activities. There is still a need for the national society to strengthen its division and branches to effectively respond to the needs of the vulnerable communities. However, it is imperative that the regional organizational development continues to support the Lesotho Red Cross to become a well-functioning national society.

### **Coordination, Cooperation and Strategic Partnership**

The First Aid programme works in close collaboration with other governmental and non-governmental organizations as are stakeholders in the health and care. The national society works closely with the Road Safety department and emergency care activities and Ministry of Health.

*[Final financial report below; click here to return to title page and contact information.](#)*

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA013
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementator	TOTAL
Budget (A)	892'714	111'166		629'808	51'337	1'685'025
Opening Balance (B)	-12'509	10'000		23'827	0	21'318
Income						
Cash contributions						
Norwegian Red Cross		8'324		141'608		149'933
Other	0			0	0	0
Cash contributions (C1)	0	8'324		141'608	0	149'933
Reallocations (within appeal or from/to another appeal)						
Irish Government	150'000					150'000
Netherlands Government	91'809					91'809
Swedish Red Cross				10'000		10'000
Reallocations (C2)	241'809			10'000		251'809
Total Income (C) = SUM(C1..C5)	241'809	8'324		151'608	0	401'742
Total Funding (B + C)	229'300	18'324		175'435	0	423'060

**II. Balance of Funds**

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementator	TOTAL
Opening Balance (B)	-12'509	10'000		23'827	0	21'318
Income (C)	241'809	8'324		151'608	0	401'742
Expenditure (D)	-223'510	-23'799		-168'667		-415'977
Closing Balance (B + C + D)	5'790	-5'475		6'768	0	7'083

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA013
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**III. Budget Analysis / Breakdown of Expenditure**

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
A		B					A - B	
<b>BUDGET (C)</b>		892'714	111'166		629'808	51'337	1'685'025	
<b>Supplies</b>								
Shelter	77'000							77'000
Clothing & textiles	48'100							48'100
Food	36'000							36'000
Water & Sanitation					551	551		-551
Medical & First Aid	13'500	7'507				7'507		5'993
Teaching Materials	138'200	30'897				30'897		107'303
Utensils & Tools	3'800							3'800
Other Supplies & Services	13'500	10'000				10'000		3'500
<b>Total Supplies</b>	<b>330'100</b>	<b>48'404</b>			<b>551</b>	<b>48'955</b>		<b>281'145</b>
<b>Capital Expenditure</b>								
Vehicles	30'000							30'000
Computers & Telecom	43'500				7'888	7'888		35'612
<b>Total Capital Expenditure</b>	<b>73'500</b>				<b>7'888</b>	<b>7'888</b>		<b>65'612</b>
<b>Transport &amp; Storage</b>								
Storage	12'540							12'540
Distribution & Monitoring		106				106		-106
Transport & Vehicle Costs	89'160	4'084			16'130	20'214		68'946
<b>Total Transport &amp; Storage</b>	<b>101'700</b>	<b>4'191</b>			<b>16'130</b>	<b>20'321</b>		<b>81'379</b>
<b>Personnel Expenditures</b>								
Delegates Payroll	221'800				51'448	51'448		170'352
Delegate Benefits					30'588	30'588		-30'588
Regionally Deployed Staff	329'422							329'422
National & National Society Staff		94'547	27		11'331	105'905		-105'905
Consultants	32'000		2'928			2'928		29'072
<b>Total Personnel Expenditures</b>	<b>583'222</b>	<b>94'547</b>	<b>2'955</b>		<b>93'367</b>	<b>190'869</b>		<b>392'353</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	172'066	9'945	5'254		14'038	29'238		142'828
<b>Total Workshops &amp; Training</b>	<b>172'066</b>	<b>9'945</b>	<b>5'254</b>		<b>14'038</b>	<b>29'238</b>		<b>142'828</b>
<b>General Expenditure</b>								
Travel	76'530	3'454			4'038	7'492		69'038
Information & Public Relation	43'320	1'239				1'239		42'081
Office Costs	136'800	5'611			10'649	16'260		120'540
Communications	37'860	372			8'233	8'605		29'255
Professional Fees	9'000				104	104		8'896
Financial Charges	11'400	657	77		1'627	2'361		9'039
Other General Expenses		950			1'621	2'571		-2'571
<b>Total General Expenditure</b>	<b>314'910</b>	<b>12'281</b>	<b>77</b>		<b>26'272</b>	<b>38'631</b>		<b>276'279</b>
<b>Program Support</b>								
Program Support	109'527	14'528	1'547		10'963	27'038		82'488
<b>Total Program Support</b>	<b>109'527</b>	<b>14'528</b>	<b>1'547</b>		<b>10'963</b>	<b>27'038</b>		<b>82'488</b>
<b>Operational Provisions</b>								
Operational Provisions		39'613	13'967		-543	53'037		-53'037
<b>Total Operational Provisions</b>		<b>39'613</b>	<b>13'967</b>		<b>-543</b>	<b>53'037</b>		<b>-53'037</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>1'685'025</b>	<b>223'510</b>	<b>23'799</b>		<b>168'667</b>	<b>415'977</b>		<b>1'269'048</b>
<b>VARIANCE (C - D)</b>		<b>669'204</b>	<b>87'367</b>		<b>461'141</b>	<b>51'337</b>		<b>1'269'048</b>