Annual report

International Federation
of Red Cross and Red Crescent Societies

LESOTHO

Appeal No. MAALS002

30 April 2010

This report covers the period 01/01/209 to 31/12/09

A child watering a communal garden using a watering can given by LRCS.

In brief

Programme purpose: Lesotho Red Cross Society (LRCS) aims to reduce the impact of natural and manmade disasters and vulnerabilities to HIV and AIDS, as well as to develop communities' resilience. The National Society (NS) also promotes hygiene and sanitation as part of health promotion and disease prevention, and ensures capacity building at all levels on programme implementation. Programmes are directed towards contributing to the achievement of the Millennium Development Goals1 and achieving Global Agenda Goals and priorities.

Programme(s) summary: LRCS plan was not well supported in 2009, and the activities implemented were financially supported bilaterally and multilaterally. Therefore, annual reports emphasises the activities reported through the programme update issued in August 2009.

The programmes revolved around the community-based health (CHBC), with a very strong support programme for orphans and vulnerable children (OVC) under the integrated community home-based care (ICHBC) component. With support of the government, the NS kept the four health clinic running, thus providing primary health care services and support to the CHBC activities. CHBC clients from the surrounding communities were continuously referred to the health centres for medical attention, complementing the community-based First Aid provided by the volunteers at household level. In response to need for clean water and sanitation facilities, LRCS scaled-up its activities in this sector targeting vulnerable communities in ICHBC project areas.

The disaster management (DM) programmes focused on strengthening the branch structures and empowering communities to respond to disasters through disaster risk reduction (DRR), food security and livelihoods projects. Supported by the IFRC Southern Africa Regional Office (SARO) the NS development (NSD) programme activities were centred on strengthening the capacity of volunteers and staff through training, dissemination of policies, establishing new partnerships and strengthening existing relationships. For effectiveness, the information and dissemination activities were integrated into thematic programme activities, thereby significantly raising visibility of LRCS through media involvement and the use of information liaison officers.

Financial situation: The total 2009 budget was CHF 771,908 (USD7 715,790 or EUR 462,168) of which 1 percent covered during the reporting period. Overall expenditure during the reporting period was CHF 5,191 of the budget.

Click here to go directly to the attached financial report.

No. of people we help: Approximately 50,000 people were reached with assistance in 2009, through all the programme as reported below.

Our partners: Within the Movement, LRCS partners include the German, British and Norwegian Red Cross Societies, ICRC and IFRC. Outside the Movement, LRCS works in partnership with government ministries (Health and Social Welfare, Agriculture, Education and Training, Local Government, Gender and Youth Affairs) and government-based organizations (Disaster Management Authority and National AIDS Commission). LRCS also works with UN agencies, including UNICEF, WHO, WFP Global Fund and MSF. The NS has also formed partnerships with other organizations involved in health and HIV and AIDS issues, such as the Christian Health Association of Lesotho (CHAL), Regional Psychosocial Support Initiative (REPSSI) and Lesotho Network of people living with HIV and AIDS (LENEPHWA). The Royal Netherlands Embassy (RNE) also supports the HIV and AIDS programme through the IFRC.

Context

According to the meteorological reports, the rains received during the first four months of the year were recorded as normal to above normal, although late for the growing season. In the same period, strong winds wrecked havoc leaving 210 houses with roofs blown away demanding humanitarian assistance. The normal rainfall resulted in high yields from homestead gardens, providing households with leafy vegetables. LRCS helped significantly with distributing vegetable seeds during the rainy season, which enabled sizeable harvest for the beneficiary families. The training on food preservation given to the beneficiaries ensured the availability of vegetables after their maturity period.

However, because rains were late, field crops did not fare as well, especially maize, which is the staple food of the country. This resulted in increased grain prices beyond the reach of vulnerable communities, which prompted the World Food Programme to provide relief assistance in the form of food distributions.

LRCS remained focussed on reducing the impact of a negative synergy of high HIV prevalence, food insecurity and poverty. Realising that HIV and AIDS and food security are closely related, with home-based care (HBC) clients identified as being food insecure through the food security assessment carried out jointly with British Red Cross in 2007, and by the Crop and Food Supply Assessment Mission, LRCS has proposed an integrated HIV and food security programme to cover four LRCS operational areas.

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

Progress towards outcomes

Disaster Management

Programme component: Disaster Response
Outcome 1: LRCS disaster response mechanisms to meet the needs of the most affected population in an emergency situation are improved.
Outcome 2: The quality of disaster response and humanitarian assistance is improved to meet the needs of refugees and communities affected by displacement.

Achievements

LRCS through the DM programme provided 220 tarpaulins to families made homeless after roofs of 282 houses were damaged by strong winds in the first quarter of the year. A rapid assessment was conducted prior to the interventions, which guided the NS in the response operation. The relief operation was covered through local resources and pre-positioned stock. The number of tarpaulins issued per household was determined by the size of the house. With the assistance from the LRCS volunteers the families managed to reconstruct their houses before the winter season.

Programme component: Disaster Risk Reduction
Outcome 1: Vulnerability of communities in disaster prone areas is reduced through timely information, capacity building and resilience to disaster risks.
Outcome 2: Nutritional condition of the most vulnerable population is improved with special attention to women and child-headed households.

Achievements

The DRR project operated under the bridging fund from IFRC and ICHBC supported by the German Red Cross. However, these funds came to an end in March and June 2009 respectively. The DRR was implemented in Mafeteng and Quthing, while ICHBC was implemented in Leribe and Berea.

A total of 405 keyhole gardens and 32 communal gardens were constructed for families under the HBC programmed in Leribe and Berea. LRCS also distributed 32 sets of garden tools to CHBC and OVC clients in Leribe and Berea, whilst 375 OVC and 100 lead farmers in Butha-Buthe received agricultural tools and drip kits. In Butha-Buthe, 402 keyhole and 402 trench gardens were constructed bringing the total number keyhole gardens constructed in the year to 807. These activities succeeded in improving the household food availability for a longer period.

In an effort to ensure food diversification to vulnerable communities in Berea and Leribe districts, the NS distributed four crop varieties including beans, pumpkin, peas and sunflower and two varieties of winter wheat and peas to 60 lead farmers and 323 beneficiaries benefiting from the livelihoods project. A total of five varieties of vegetable seeds were distributed to 375 beneficiaries and 50 lead farmers through the OVC project in Butha-Buthe.

Five seed fares, which benefitted 1,449 people were conducted in Leribe and Berea to improve food security. Each beneficiary received M 650.00 voucher to purchase seeds. Farmers' groups and lead farmers in both districts were trained on conservation farming.

The NS provided eight units of solar driers to eight support groups in Leribe and Berea districts, for preservation purposes, which were followed up by training on their use. Six workshops and 12 cooking demonstrations were conducted in both districts for nutrition facilitators. A total of 60 clients in Leribe and Berea were also provided with scales to monitor their weight after receiving agricultural inputs.

A feasibility study conducted by the Ministry of Forestry and Land Reclamation to check the potential fruit tree production in the northern part of the country in the first half of the year was followed by the distribution of ten fruit trees (five apricot and five peach) per household for 375 OVC households in Butha-Buthe. The livelihoods project also distributed fruit tree seedlings (two apple and one peach tree seedlings) per household to 275 OVC households in Leribe and Berea.

Livelihoods project staff went on a peer exchange tour to Baphalali Swaziland Red Cross to learn good practices on food security. At a village level exchange visits for lead farmers were conducted between Leribe and Berea districts.

A total of 100 food security case studies and corresponding best practices were developed and distributed to beneficiaries and stakeholders, which include the Ministry of Agriculture and Food Security, Ministry of Health and Social Welfare, the Disaster Management Authority and other non-governmental organisations.

The communities in Mafeteng and Quthing were assisted with the development of action plans in a two day workshop, which brought together lead subsistence farmers, LRCS care facilitators, community leaders and other stakeholders for the purpose of planning for the next growing season. To ensure availability of seeds in the next growing season, LRCS provided seed storage bags and training to 20 lead farmers in seed multiplication.

LRCS also facilitated four food preservation workshops for a total of 234 beneficiaries in Mafeteng and Quthing. An assessment was carried out on the food preservation project to evaluate the performance of lead farmers in educating communities on food preservation.

A five year integrated food security and HIV and AIDS project covering the four districts of Mokhotlong, Maseru, Quthing and Mafeteng was approved by the British Red Cross. A memorandum of understanding was signed and the project is scheduled to start in January 2010. A proposal submitted to the European Union by LRCS in collaboration with the German Red Cross on Food Facility was also approved, and the project is scheduled to commence in April 2010.

Protracted Relief and Recovery Operations (PRRO): The PRRO project covered five districts namely Mokhotlong, Butha-Buthe, Thaba-Tseka, Mafeteng and Quthing, and focused on various categories of vulnerable people, as confirmed and verified at the health centres. Categories of beneficiaries selected by the health centres and provided with relief include those undergoing antiretroviral therapy (ART), prevention of mother to child transmission (PMTCT) and tuberculosis (TB) treatment and Mother and Child Health. The OVC supported by this project were selected through information obtained from relevant school authorities. Under PRRO, food was distributed to 50,386 people on ART, 369 TB patients, 179 PMTCT clients, 3,820 under five children and 12,667 OVC in schools. A total of 1,339 beneficiaries graduated from the project and were engaged in livelihoods activities which involved the construction of keyhole and trench gardens and the distribution of vegetable seeds.

Constraints or Challenges:

- The late rainfall during the 2008/2009 season delayed seed planting that led to growth retardation in crops, which in turn affected crop yields. This affected the efforts of the LRCS of proactively providing seeds and training communities on good farming practices.
- The impact of short-term projects is difficult to assess, and implementation can be complicated, thus making it difficult to plan for the improvement of future programmes.
- The DfID funded DRR project in Mafeteng and Quthing were phased out and in Butha-Buthe the food security project for OVC funded by the German Red Cross was also phased out. However, vulnerability is still prevalent among these communities.

Health and Social Services

Programme component : Community-based Health
Outcome 1: The number of communities which are able to cope with health hazards and risks in their environment through community-based integrated health and First Aid activities is increased.
Outcome 2: The level of community health knowledge through the development and distribution of health related information, education and communication (IEC) material is improved.
Outcome 3: Awareness on blood donation is increased and there is an adequate pool of voluntary non-remunerated blood donors (VNRBD) through the Club 25 Methodology.

Achievements

Integrated community home based care (ICHBC): A Memorandum of Understanding (MOU) between LRCS and the Government of Lesotho through the MOHSW was signed to ensure increased access to health services following the government declaration of free access to health services. To enhance service delivery at the health centres, four nurses were recruited with support of the local health authorities.

The TB/HIV co-infection rates are very high, at 80 percent, leading LRCS to implement a TB programme in all seven ICHBC project areas with the support of the British Red Cross. To ensure that the community is accurately informed, eight project officers and two nurses from LRCS clinics attended a TB workshop facilitated by a TB specialist from the World Health Organisation (WHO) and the head of disease control department in the Ministry of Health and Social Welfare.

As part of the TB programme, LRCS trained 60 community leaders and 300 members of community committees and support groups on treatment and care of TB/HIV to ensure increased community knowledge and sustainability in TB detection and treatment adherence. LRCS continued with community sensitisation campaigns on TB through focus group discussions, community gatherings, dramas and house-to-house campaigns reaching a total of 1,747 beneficiaries. As a result of LRCS house-to-house TB campaign conducted in Mokhotlong, 25 suspected TB cases were referred to the health clinic, 17 of whom were put on TB treatment.

LRCS contributed to addressing gender inequalities and sexual and gender-based violence (SGBV) through a workshop organised in collaboration with the Ministry of Health and Social Welfare to train health workers and other staff members involved in the management of survivors of sexual abuse. Participants were identified by the District Health Management Teams and drawn from the Mokhotlong, Butha-Buthe and Berea districts.

LRCS was represented at the community-based health and First Aid (CBHFA) workshop held Swaziland to increased capacity of the staff and volunteers to implement CBHFA activities. In-country basic First Aid training was provided to 636 people from private companies, 156 from nursing colleges and 296 from other colleges in Maseru, Leribe and Thaba-Tseka as part of the NS local resource mobilisation efforts. To capacitate the divisions to conduct trainings, five First Aid instructors cascaded the training to 140 volunteers from the divisions.

Refresher trainings were provided to 90 care facilitators, village health workers and volunteers to create a common understanding and harmonise the working relationships among all community health workers in Thaba-Bosiu and Mafeteng. Leadership skills' training was provided to 30 traditional leaders to empower them to support vulnerable groups within their communities.

Programme component : Water and Sanitation (WatSan)
Outcome 1: Communities have increased easy access to safe water supply and sanitation facilities in seven project areas.

Achievements

In partnership with Norwegian and Swedish Red Cross, LRCS implemented WatSan programmes in Butha-Buthe, Leribe and Maseru to ensure a reduction of vulnerability to water-borne diseases by improving access to safe water, sanitation facilities and improved hygiene practices. These included the construction of five boreholes, one in Butha-Buthe, two in Leribe and two in Thaba-Bosiu. LSRC also constructed 20 toilets at Qacha's Neck, two at Kena clinic and two at LRCS pre-schools in Leribe. The water supply system at Kena Red Cross Clinic was rehabilitated and a water tank was constructed at Monts'onyane, thus improving the availability of water at the health facility.

Programme component : HIV and AIDS **(Refer to Link** http://www.ifrc.org/appeals/annual06/MAA63003LS.pdf)
Outcome 1: Prevent further infections through targeted community-based peer education and information, education, and communication activities, and promote uptake of services including voluntary counselling and testing (VCT) and parent to child transmission prevention services (PPTCT);
Outcome 2: Scale-up community home-based care and support for vulnerable children with holistic support to address education, food and nutrition, psychosocial support, social inclusion, and economic support;
Outcome 3: Address stigma and discrimination with targeted communication and advocacy activities; and
Outcome 4: Build the NS capacity to plan, implement, and manage the programme.

Achievements

The NS is also building capacities in implementing HIV and AIDS related activities such as prevention activities, CHBC and holistic support to OVC. The achievements of the HIV and AIDS programme have been reported under the regional Southern Africa Zone HIV and AIDS programme (MAA63003), which is a component of the Global Alliance on HIV. The report link is http://www.ifrc.org/docs/appeals/annual09/MAA6300309ar.pdf

Constraints or Challenges:

- The resignation of four project officers for the HSS programme in 2009, had a negative impact on the implementation of activities at the project sites. This was due to disrupted continuity and sustainability in terms of programme support, management and monitoring.
- The government by end of the reporting period had not yet disbursed any funds to LRCS as agreed, impacting on the day-to-day running of the clinics in terms the availability of drugs and other medical supplies. LRCS is engaging the MoHSW and other relevant offices at the Ministry of Finance and Development Planning regarding this issue.

National Society Development

Programme component : Leadership and Management Development
Outcome 1: The capacity of NS leadership (governance and management) to develop and implement policies and strategies for greater performance and accountability in increased.
Outcome 2: LRCS has well defined policies and guidelines in programming, finance, logistic and human resources development.

Achievements

The LRCS Constitution was disseminated to volunteers at the divisions to prepare them for the Annual General Meeting held in April 2009, at which the National Executive Committee was elected.

A joint meeting between the Secretariat, the Board and the Divisional Secretaries was organised to review the 2007-2009 Strategic Plan and draft the 2010-2014 Strategic Plan. A draft plan was produced and is scheduled for presentation to the board at the 2010 Annual General Meeting (AGM).

Programme component : Branch Development and Volunteer Management
Outcome 1: LRCS has well established systems and procedures for the systematic provision of technical support for branch development and volunteer management by the headquarters.

Achievements

LRCS had an opportunity to host the Southern Africa Partnership of the Red Cross Societies Youth Network (SAIYNET) meeting in February 2009, in which all National Societies in Southern Africa participated. The LRCS programmes director and NSD coordinator attended the NSD meeting in Johannesburg and participated in the development of the Terms of Reference for the NSD Working Group, which is under the auspices of the Southern Africa Partnership of Red Cross Societies (SAPRCS).

LRCS also secured funding support from the ICRC in April 2009 to train divisional secretaries and volunteers as information liaison officers. The training was designed to impart knowledge and skills to disseminate information about the Red Cross Movement, and to recruit more volunteers, including professional people. Three youth representatives attended the third World Youth Meeting in Salferino, which commemorated the spirit of volunteerism and discussed humanitarian challenges.

Programme component: Well-functioning Organisation
Outcome 1: LRCS has viable and well functioning governance, management, branch and volunteer network structures that support the delivery of quality community based services.
Outcome 2: Effective financial management system, procedure and tools are in place and systematically used.
Outcome 3: Increase in NS capacity in planning, monitoring, evaluation and reporting (PMER), enabling the NS to fulfil its obligations to both the communities served and partners.

Achievements

The NS recruited a finance director and also established an audit committee to strengthen financial control systems. LRCS also recruited a planning, monitoring, evaluation and reporting (PMER) officer to programme performance tracking, measurement and reporting.

With technical and financial support of the SARO, LRCS conducted a joint food security, health and care and HIV and AIDS joint baseline survey in Thaba-Bosiu, Mafeteng, Quthing and Thaba-Tseka in April 2009. The specific objectives of the survey were:

- to assess behaviour and attitudes towards HIV and other illnesses;
- to assess the role of gender in community development issues;

- assess the economic behaviour and food security situation of communities supported by LRCS;
- to assess communities' access to necessary services such as sanitation and water; and
- to assess the socio-economic characteristics of communities and the extent to which they affect the risk of HIV infection.

The report of the baseline survey is due for completion in the first quarter of 2010.

Challenges:

- The capacity development programme did not achieve any funding support, thus affecting the IFRC support plan to LRCS. In addition, there has not been an NSD coordinator counterpart at the NS, thus further misdirecting efforts towards strengthening the capacity of the NS. The NS human resources in programmes rely on regional training facilitated by SARO, which is not a sustainable mechanism for growth and development.
- For the long-term programmes and those supported bilaterally, the delay in disbursement of funds due to the late submission of financial reports also had a negative impact on programming.

Humanitarian Principles and Values

Programme component: Promotion of Humanitarian Values and Fundamental Principles
Outcome 1: Enhanced knowledge, understanding and application of the Fundamental Principles and Humanitarian Values at all levels of the organisation (including non-discrimination, non-violence, tolerance and respect for diversity).
Outcome 2: The promotion of Fundamental Principles and Humanitarian Values is an integral part of all programmes and activities.
Programme component: Operationalization of Humanitarian Values and Fundamental Principles
Outcome 1: The dissemination of Fundamental Principles and Humanitarian Values is an integral part of all programme and activities.

Achievements

Ten divisional secretaries and ten volunteers were trained as information liaison officers in a four-day workshop aimed at enhancing capacity in information and dissemination activities at divisional and branch levels. The participants were provided with training manuals and reference materials on the Red Cross, which they later utilised at various training sessions.

LRCS printed 4,000 copies of a brochure in both Sesotho and English, for use in disseminating information on Red Cross programmes, Fundamental Principles and Humanitarian Values as well as the history and mandate of the Red Cross. The brochures were circulated to potential donors, Red Cross membership and government ministries to ensure that they are informed about the activities of the NS. LRCS also issued its first newsletter during the first half of the year, which was distributed to the divisions and the stakeholders. In turn it increased the visibility of the Red Cross in humanitarian work.

The World Red Cross Day was commemorated in Mohale's Hoek division on 9 May 2009, with a focus on reviving the division that seemed to experience challenges in retention of members. LRCS launched the "Our World Your Move" campaign at the World Red Cross Day celebration and reflected on the role of individual actions through a drama performed by youth from Maseru division.

In collaboration with the Lesotho Defence Force (LDF), celebrated the 60th anniversary of the Geneva Convention on 4 September 2009 where people knowledgeable on ICRC and LDF made presentations on the Convention and International Humanitarian Law, which triggered a lot of discussions. The event was also supported by the International Humanitarian Law National Committee.

Constraints or Challenges

- The limited financial resources could not allow for regular production of the newsletter as the NS wished to have it out every quarter. The newsletter was printed only twice a year (two issues only).
- There is need for local language dissemination material to reach and impact people at the community level.

Working in partnership

Through bilateral partnership, the British Red Cross supported all seven ICHBC project areas, whilst German Red Cross supported all HBC activities in Berea and Leribe. LRCS has further submitted a concept note to the EU, through German Red Cross, in order to cement the partnership.

Partnership with the government continued, where the Ministry of Health and Social Welfare honoured its commitment to pay nurses' salaries, and taking the responsibility of supplying drugs to the clinics, although it was late in the year. Through partnership with REPSSI, a workshop on psychosocial support documentation was conducted and attended by the national prevention officer and HBC officer.

The Lesotho Vulnerability Assessment Committee collaborated with LRCS in identifying beneficiaries for DM related programmes. In addition, LRCS worked in partnership with WFP to distribute food to vulnerable groups in five districts of Lesotho, namely Mokhotlong, Butha-Buthe, Thaba-Tseka, Mafeteng and Quthing. The DM Authority is the national coordinating body that organizes stakeholders' meetings and defines the roles of stakeholders within DM.

Norwegian Red Cross bilaterally supported the dissemination and implementation of policies, while ICRC played a major role in information dissemination activities. The SARO continued providing both technical support particularly on project management and capacity building. The SARO DM department supported LRCS with sustainable activities for the DRR project until March 2009, when it phased out. The SARO PMER unit also coordinated and facilitated the joint base line studies, as well as the training of volunteers on the tools used for the survey.

Contributing to longer-term impact

Despite the limited funding support to the planned programmes, LRCS contributed to the government's effort of ensuring humanitarian assistance to the vulnerable communities. Longer term impact will be achieved from the food security and livelihood programmes, where the NS with bilateral support scaled-up activities on community development and empowerment. The Red Cross clinics have been in operation, thus helping the government in reaching a wider population in need of health services.

The lead subsistence farmers, nutrition and care facilitators are providing sufficient support to the beneficiaries with very little supervision from project officers. These Red Cross structures are also highly recognized by the government departments and stakeholders through participation in regular coordination meetings, which clearly indicates that the activities will be carried out beyond the phasing out of the project

As an exit strategy for the German Red Cross-supported HBC project, meetings were held with the Ministry of Health and Social Welfare. The focus was the absorption of the care facilitators into the village health workers' programme under the Ministry; however, no commitment has been made to this effect. Care facilitators in Berea are, nevertheless, being supplied with refill materials by a health facility in the area.

The results of the joint baseline survey are crucial to guide the LRCS in the integration approach to programming, as well as ensuring holistic support to the beneficiaries. LRCS will also focus on proposals for food security activities to British Red Cross, EU and IFRC, especially the integrated HIV and food security project as this is the first of its kind within the NS greater impact is envisaged from the integrated approach being pursued by the LRCS.

The final evaluation of the ICHBC project in two German Red Cross supported areas was done by a consultant working closely with LRCS staff and management and the results will be used to guide future programming. The human, material and financial resources are in place for the implementation of the integrated HIV and AIDS and food security programme, which is scheduled to start in January 2010. To ensure coordination of programme activities meetings were held monthly where the programme staff came together to share experiences on the progress. The British, German and Norwegian Red Cross visited the NS to assess the relevance and effectiveness of the projects that and we hope to received support from them.

The results of the joint baseline survey are also crucial in guiding LRCS in the integration approach to programming, as well as ensuring holistic support to the beneficiaries. LRCS will also focus on the development of proposals to British Red Cross, EU and IFRC for food security activities, especially the integrated HIV and AIDS and food security project. This is the first project of its kind within the NS and greater impact is envisaged from the integrated approach.

Looking ahead

The IFRC Secretariat through the SARO's technical department will provide technical support and coordination as per the needs, priorities and requests of the LRCS. IFRC support will be increased in the development of systems and procedures at all levels, which includes guidelines on HIV and AIDS Workplace Policy, human resources, volunteer management, information and communication technology, accounting procedures, statutes, Code of Conduct for staff and reviewing its strategic plan. The work ahead will be on translating the policy documents into appropriate actions and programmes. Strides have been made on strengthening the relationship and coordination between the government, PNS and other partners in the country. LRCS looks forward to maintaining its existing working relationships with relevant government departments, PNSs, NGOs, UN agencies, WFP and other stakeholders, as well as the ICRC and IFRC.

How we work

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

Global Agenda Goals:

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

Contact information

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

- **In Lesotho:** Teboho Epharim Kitleli, Secretary General, Lesotho Red Cross Society; Email tkitleli@redcross.org.ls Phone: Tel: +266.22.313.911; Fax +266.22.313.166
- **In IFRC Southern Africa Region**: Ken Odur, Regional Representative, Johannesburg, Email: ken.odur@ifrc.org, Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230

For performance and accountability enquiries:

- **In IFRC Southern Africa Region**: Theresa Takavarasha; Performance and Accountability Manager, Johannesburg; Email terrie.takavarasha@ifrc.org; Phone: Tel: +27.11.303.9700; Mobile: +27.83.413.3061; Fax: +27.11.884.3809; +27.11.884.0230

For pledges

- **In IFRC Southern Africa Region:** Laurean Rugambwa; Resource Mobilisation Coordinator, Johannesburg; Email: zonerm.southafrica@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

International Federation of Red Cross and Red Crescent Societies

MAALS002 - Lesotho

Draft Annual report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAALS002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
A. Budget	**530,514**	**141,316**	**61,699**	**38,379**		**771,908**
B. Opening Balance	**0**	**0**	**0**	**0**		**0**
Income						
Cash contributions						
Spanish Red Cross			*2,028*			*2,028*
Sweden Red Cross (from Swedish Government)	*4,251*					*4,251*
C1. Cash contributions	***4,251***		***2,028***			***6,280***
Other Income						
Miscellaneous Income			*916*			*916*
C5. Other Income			***916***			***916***
C. Total Income = SUM(C1..C5)	**4,251**	**0**	**2,945**	**0**		**7,196**
D. Total Funding = B +C	**4,251**	**0**	**2,945**	**0**		**7,196**
Appeal Coverage	**1%**	**0%**	**5%**	**0%**		**1%**

II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
B. Opening Balance	0	0	0	0		**0**
C. Income	4,251	0	2,945	0		**7,196**
E. Expenditure	-2,854		-2,337			**-5,191**
F. Closing Balance = (B + C + E)	1,398	0	607	0		**2,005**

International Federation of Red Cross and Red Crescent Societies

MAALS002 - Lesotho

Draft Annual report 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/12
Budget Timeframe	2009/1-2009/12
Appeal	MAALS002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure						Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	
	A						B	A - B
BUDGET (C)		**530,514**	**141,316**	**61,699**	**38,379**		**771,908**	
Supplies								
Construction Materials	14,286							**14,286**
Food	34,290							**34,290**
Seeds,Plants	187,142							**187,142**
Medical & First Aid	15,000							**15,000**
Teaching Materials	12,000							**12,000**
Utensils & Tools	62,857							**62,857**
Total Supplies	**325,574**							**325,574**
Land, vehicles & equipment								
Computers & Telecom	16,001							**16,001**
Total Land, vehicles & equipment	**16,001**							**16,001**
Transport & Storage								
Storage	4,382							**4,382**
Distribution & Monitoring	8,429							**8,429**
Transport & Vehicle Costs	66,750							**66,750**
Total Transport & Storage	**79,560**							**79,560**
Personnel								
National Staff	257							**257**
National Society Staff	89,951							**89,951**
Total Personnel	**90,208**							**90,208**
Workshops & Training								
Workshops & Training	122,925							**122,925**
Total Workshops & Training	**122,925**							**122,925**
General Expenditure								
Travel	17,060			-436			**-436**	**17,496**
Information & Public Relation	41,590							**41,590**
Office Costs	12,785			260			**260**	**12,525**
Communications	10,069							**10,069**
Financial Charges	1,033	2,668		1,589			**4,257**	**-3,224**
Other General Expenses	4,929			773			**773**	**4,156**
Total General Expenditure	**87,466**	**2,668**		**2,185**			**4,853**	**82,613**
Programme Support								
Program Support	50,174	185		152			**337**	**49,837**
Total Programme Support	**50,174**	**185**		**152**			**337**	**49,837**
TOTAL EXPENDITURE (D)	**771,908**	**2,854**		**2,337**			**5,191**	**766,717**
VARIANCE (C - D)		**527,661**	**141,316**	**59,362**	**38,379**		**766,717**	