

# Plan 2009-2010



International Federation  
of Red Cross and Red Crescent Societies

## LESOTHO

### Executive summary

Like all countries in Southern Africa, Lesotho has been ravaged by HIV and AIDS. The country's positive economic growth in the 1990s has almost ground to a halt because of the virus, which has infected 23.2 per cent of the population. Poverty is deep and widespread with 65 percent of the population living below the poverty-line and a staggering 40 percent classified as 'ultra-poor' by the UN.

National food self sufficiency and household food security is steadily declining as a consequence of natural and human induced factors such as drought, hailstorms, low adoption of agricultural technology, soil erosion and environmental degradation. Disasters such as hurricanes and heavy snowfalls wreak havoc in communities, and a lack of social security by the central government contributes to the vulnerability of rural populations where social services are not readily accessible.



In today's competitive environment, emphasis will be on showing more clearly the benefits of the Red Cross and Red Crescent (RC/RC) programmes and how our actions and advocacy contribute to achieving the [Millennium Development Goals](#)<sup>1</sup> and other major global efforts to reduce poverty and inequity and promote sustainable human development. To accomplish this goal, the International Federation of Red Cross and Red Crescent Societies (IFRC) General Assembly adopted a new plan called the [Federation of the Future](#)<sup>2</sup> (FoF) in 2005 aiming at achieving the [Global Agenda](#)<sup>3</sup>, with [four goals](#) aligned to the core areas of [Strategy 2010](#)<sup>4</sup>. The Global Agenda demonstrates commitment to increasing the impact of our work by committing to scaling-up and improving the quality of our programming at both domestic and international level. As such,

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<sup>1</sup> **Millennium Development Goals** – The UN Millennium Goals charter – states that by the year 2015, all 191 United Nations Member States have pledged to meet eight goals, thus, eradication of extreme poverty and hunger; achievement of universal primary education; promotion of gender equality and empowerment of women; reduction of child mortality; improvement of maternal health; combating HIV and AIDS, malaria and other diseases; ensuring environmental sustainability; development of a global partnership for development.

<sup>2</sup> **Federation of the Future** - <http://www.ifrc.org/Docs/pubs/who/fof-en.pdf>

<sup>3</sup> **Global Agenda Goals:** Link: <http://www.ifrc.org/who/fof.asp#globalagenda>

<sup>4</sup> **Strategy 2010** - Is the IFRC's guideline framework for the decade 2000 to 2010. This overall strategy identifies the following four CORE areas as the cornerstone upon which the International Federation will continue to build its collective expertise and reputation: Humanitarian values; disaster preparedness; disaster response; and health and care in the community. Refer to <http://www.ifrc.org/who/strategy.asp>

Lesotho Red Cross Society (LRCS) programmes are designed to address challenges highlighted in its Strategic Plan (2008-2011) and aligned to the mission and vision and IFRC Global Agenda.

The 6<sup>th</sup> Pan African Conference convened in Algiers, Algeria, in September 2004, under the theme ‘*Consolidating the role of Red Cross Red Crescent as a reliable civil society partner*’, with delegates from 53 African National Red Cross and Red Crescent Societies in attendance. The National Societies assessed and reviewed the progress made since the [Ouagadougou Declaration](#)<sup>5</sup> of 2000, and reaffirmed through the Algiers Plan of Action the following key interventions and decided to pursue them with renewed commitments, vigour and focus, to be implemented within the next four years: Food Security; Health; HIV and AIDS; Institutional Capacity Building as a cross-cutting issue. Therefore, LRCS programming focus is on improving health and care services in the community, enhancing psychosocial support, building safer and healthier communities through community-based first aid, sanitation and hygiene promotion. LRCS is also focusing on food security, disasters response and increased resilience through disaster risk reduction initiatives.

The plan for 2009-2010 is seeking a total of CHF 1,427,945 (EUR 909,519 or USD 1,305,251)

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

## Country context

Lesotho is one of Africa’s smallest countries, and is surrounded by the continent’s biggest economy, South Africa. It is unsurprising, therefore, that the country is having great difficulty developing its own business model, and after an exceptional performance in the 1990s, when the economy grew by six percent annually (almost double the regional average) growth has slowed to an annual average of three percent. There was a strong rebound to seven percent in 2006, but this was not maintained last year, when expansion slipped below percent again. Source: [www.eiu.com](http://www.eiu.com)

Lesotho has one of the world's highest rates of HIV infection with 23.2 percent prevalence rate. A drive to encourage people to take HIV tests was spurred on by Prime Minister, who was tested in public in 2004. Poverty is deep and widespread, with the UN describing 40 percent of the population as "ultra-poor". Food output has been hit by the deaths of farmers due to AIDS. Economic woes have been compounded by the scrapping of a global textile quota system

Population, total (million), 2005	2.0
Population, urban (% of total population), 2005	18.7
Population, under age 15 (% of total population), 2005	40.4
Life expectancy at birth, annual estimates (years), 2005	42.6
Adult literacy rate (% aged 15 and older), 1995-2005	82.2
Combined gross enrolment ratio for primary, secondary and tertiary education (%), 2005	66.0
GDP per capita (PPP US\$), 2005	3,335
Population undernourished (% of total population), 2002/04	13
Under-five mortality rate (per 1000 live births), 2005	132
Infant mortality rate, poorest 20% (per 1000 live births)	88
One-year olds fully immunized against tuberculosis (%), 2005	96
One-year olds fully immunized against measles (%), 2005	85
HIV prevalence (% aged 15-49), 2005	23.2
Human Development Index value, 2005	0.549
Human Development Index rank, 2005	138
Human Poverty Index (HPI-1) value (%)	34.5
Human Poverty Index (HPI-1) rank	71
Population living below \$1 a day (%), 1990-2005	36.4
Population living below \$2 a day (%), 1990-2005	56.1
Population living below the national poverty line (%), 1990-2004 ..	
Population using improved water source (%) 2004	79
Population using improved sanitation (%) 2004	37

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

<sup>5</sup> **Ouagadougou Declaration** – The 5<sup>th</sup> Pan African Conference convened in Ouagadougou, Burkina Faso, from 21 to 25 September 2000 with delegates from 52 African National Red Cross and Red Crescent Societies in attendance. The conference focused on the key themes of the African Red Cross/Red Crescent Health Initiative (ARCHI 2010) and food security in Africa.

which exposed producers to Asian competition. Thousands of jobs in the industry have been lost. The Kingdom of Lesotho is made up mostly of highlands where many of the villages can be reached only on horseback, by foot or light aircraft.

The poverty level in Lesotho is estimated at 65 percent of the population with the majority being in the rural areas. National food self sufficiency and household food security is steadily declining as a consequence of natural and human induced factors such as drought, hailstorms, low adoption of agricultural technology, soil erosion and environmental degradation. Drought conditions are largely responsible for food insecurity, which affects mainly the elderly and the sick as well as children. Disasters wreak havoc in communities; these include hurricanes, heavy unexpected snowfalls and political turmoil. Poverty and lack of social security by the central government contribute to vulnerability especially in rural populations where social services are not readily accessible.

## National Society priorities and current work with partners

LRCS strategic plan 2008-2010 in line with IFRC Strategy 2010 has the following priorities:

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

This plan also draws strategic direction from African Red Cross/Red Crescent Society Health Initiatives (ARCHI 2010)<sup>6</sup> and the Algiers Plan of Action<sup>7</sup>, as well as LRCS Strategic Plan. ARCHI 2010 goal is to '*Better health for Africa's vulnerable individuals and groups served by the RC/RC in Africa by mobilizing the power of humanity*'. Consensus was reached on the major public health interventions which African NS should address as priorities during the next decade, which include community level promotion and prevention activities focused on: HIV and AIDS; childhood preventable diseases; women and pregnancy related issues; initial responses to accidents and injuries. By 2010, LRCS will be recognized for its "niche" relating to public health priorities including emergencies. Country-wide networks of volunteers will effectively be the major vehicle for addressing community health problems at the district level and beyond.

LRCS will continue implementing the five year integrated HIV and AIDS programme (2006-2010) (MAA63003LS)<sup>8</sup>, which is part of the Southern Africa Regional HIV and AIDS programme (MAA63003) and a component of the IFRC Global Alliance on HIV. The NS is scaling-up its response to HIV and is committed to reducing vulnerability and increasing its impact by preventing further infections, expanding care, treatment and support and reducing stigma and discrimination. In order to achieve these three outputs, the capacity of LRCS is to be further strengthened through a fourth enabling output area on capacity development, designed to ensure expansion of effective

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<sup>6</sup> The decisions and experiences of the National Societies led to a formal ARCHI 2010 strategy approved at the 5th Pan African Conference in Burkina Faso in September 2000 and again reviewed and endorsed at the 6th Pan African Conference in Algiers in October 2004. Refer <http://www.ifrc.org/what/health/archi/>

<sup>7</sup> <http://www.ifrc.org/docs/pubs/events/algiers04/algiers-action.pdf>  
For background on APA visit <http://www.ifrc.org/meetings/regional/africa/6thpac/index.asp>

<sup>8</sup> For more information please refer to the Southern African Regional HIV and AIDS Appeal (MAA63003) and country plan (MAA63003LS) or follow the link <http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003LS.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

service delivery to the most affected communities. The programme represents a quadrupling of the Red Cross effort in the country and targets to reach one million people with messages on prevention and reducing stigma/discrimination; provides services for 7,200 people living with HIV and 10,200 orphans and vulnerable children by 2010; representing approximately 10 percent of the current caseload in Lesotho

Food insecurity remains a major cause of malnutrition and poverty in the Southern African region, as well as being responsible for high rates of morbidity and mortality in vulnerable communities. Causes of food insecurity include HIV and AIDS, climate change, population size, poor governance, decline in public services, decline in crop production, increasing inflation and debt. Lesotho is among the five countries in Southern African (Lesotho, Malawi, Namibia Swaziland and Zambia) selected to implement the IFRC Five-Year Strategic Framework on Food Security in Africa.<sup>9</sup> ZRCS will work, in accordance with the new Food Security initiative to:

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

LRCS food security and livelihood programme is implemented in partnership with the Ministry of Agriculture for training at field level so that duplication is minimised. The current practice of association with community structures conducted through the disaster risk reduction project where the community farmers/gardeners provide technical support to the programme beneficiaries.

Our actions are guided at all times by our Fundamental Principles of humanity, impartiality, neutrality, independence, voluntary service, unity and universality. The purpose of promoting the Movement's Fundamental Principles and Humanitarian Values (P&V) is not simply to ensure that people – staff, volunteers, public and private authorities, or the community in general know of these P&V, but to influence their behaviour through developing an understanding and raising awareness.

While the promotion of P&V is a core area in its own right, their integration into all activities of disaster management and health and care in the community is also seen as an essential part of what makes a well-designed Red Cross Red Crescent (RC/RC) intervention. Promoting and respecting our P&V is indispensable if the RC/RC is to be perceived as an impartial, neutral and independent actor, and furthermore to facilitate the RC/RC to carry out its mandate. LRCS operational programming based on, and in conformity with, our P&V is key to demonstrating the comparative advantage of the RC/RC versus other humanitarian actors.

For the next two years, LRCS needs combined effort and participation of all stakeholders in strengthening its structures and systems in order to enable response which is efficient, flexible and creative to the needs of vulnerable people. LRCS unequivocally understands that capacity building, should be seen as a continuing cycle or process of human and organisational development with the ultimate aim to a systematic improvement of the LRCS' organisational, operational or managerial capacities is delivering services.

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<sup>9</sup> For more information on refer to: <http://www.ifrc.org/what/disasters/recovering/food-security.asp>

# Secretariat supported programmes in 2009-2010

## Disaster Management

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

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

The Disaster Management programme budget for 2009-2010 is CHF 1,008,348 (EUR 642,261 or USD 921,708)

<b>Programme component: Disaster Preparedness</b>
<b>Outcome 1:</b> Knowledge and coping capacity of communities in disaster prone areas is improved
<b>Programme component: Disaster Response</b>
<b>Outcome 1:</b> LRCS disaster response mechanisms to meet the needs of the most affected population in an emergency situation are improved.
<b>Outcome 2:</b> The quality of disaster response and humanitarian assistance is improved to meet the needs of refugees and communities affected by displacement.
<b>Programme component: Disaster Risk Reduction</b>
<b>Outcome 1:</b> Vulnerability of communities in disaster prone areas is reduced through timely information, capacity building and resilience to disaster risks.
<b>Outcome 2:</b> Nutritional condition of the most vulnerable population is improved with special attention to women and child-headed households.

LRCS requires a high level of disaster preparedness and response. Capacity building to manage response and preparedness thus priority is the pre-positioning of emergency response relief item in strategic areas. The disaster risk reduction (DRR) activities targeted at HBC clients, OVC, disabled people and their families will be strengthened with the introduction of education on climate change. This is aimed at increasing community resilience and mitigation to the impact of disasters on the already vulnerable communities.

### b) Profile of target beneficiaries

The risk reduction programme component is targeted at 5,000 households (approximately 75,000 individuals) which constitute 14 percent of people affected by drought in 2008. The programme will also target 100 volunteers and 20 staff, communities in nine districts.

The beneficiaries of the programme will be reached through training, provision of agricultural inputs, relief items and information. Capacity building of the NS provides an opportunity for effective disaster response during emergencies especially through appropriate engagement of affected communities. Due to recent increase of refugees and internally displaced people, LRCS is prepared to provide the required humanitarian assistance to 5,000 refugees in camps in four urban districts, working closely with the ICRC.

### c) Potential risks and challenges

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

## Health and Care

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

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

The Health and Care programme budget for 2009-2010 is CHF 258,628 (EUR 164,731 or USD 236,406)

<b>Programme component : Community-based Health</b>
<b>Outcome 1:</b> 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.
<b>Outcome 2:</b> The level of community health knowledge through the development and distribution of health related information, education and communication (IEC) material is improved.
<b>Outcome 3:</b> Awareness on blood donation is increased and there is an adequate pool of voluntary non-remunerated blood donors (VNRBD) through the Club 25 Methodology.
<b>Programme component : Water and Sanitation</b>
<b>Outcome 1:</b> Communities have increased easy access to safe water supply and sanitation facilities in seven project areas.
<b>Programme component : HIV and AIDS</b> (Refer to Link <a href="http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003LS.pdf">http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003LS.pdf</a> )
<b>Outcome 1:</b> Prevent further infections through targeted community-based peer education and information, education, and communication activities, and promote uptake of services including voluntary counselling and testing (VCT) and parent to child transmission prevention services (PPTCT);
<b>Outcome 2:</b> Scale-up community home-based care and support for vulnerable children with holistic support to address education, food and nutrition, psychosocial support, social inclusion, and economic support;
<b>Outcome 3:</b> Address stigma and discrimination with targeted communication and advocacy activities; and
<b>Outcome 4:</b> Build the NS capacity to plan, implement, and manage the programme.

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

### b) Profile of target beneficiaries

Capacity of community members and volunteers in CBFA will be improved through 400 volunteers and 40 instructors targeted with relevant training. At the same time, 45,000 people will have access to water and sanitation in seven project areas. The programme further targets 3,000 children aged under five years to receive food parcels, while 200 volunteers will be trained on nutrition. A total of 10,000 pamphlets and posters will be distributed in ten districts for community health knowledge. Blood donor recruitment through in and out of school youth, churches, military and general public. The programme will distribute information to over 15 percent of the total population in the HBC project areas.

### C) Potential risks and challenges

Due to insufficient funding, care facilitators are volunteers who receive a small allowance per month; there is a risk of high drop out rate and neglect of those clients who need care. Clients who do not have any remaining next-of-kin may even die and orphans will be more vulnerable.

## Organisational Development/Capacity Building

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

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

The Organisational Development/Capacity Building programme budget for 2009-2010 is CHF 84,210 (EUR 53,637 or USD 76,974)

<b>Programme component : Leadership and Management Development</b>
<b>Outcome 1:</b> The capacity of NS leadership (governance and management) to develop and implement policies and strategies for greater performance and accountability is increased.
<b>Outcome 2:</b> LRCS has well defined policies and guidelines in programming, finance, logistic and human resources development.
<b>Programme component: Well-functioning Organisation</b>
<b>Outcome 1:</b> LRCS has viable and well functioning governance, management, branch and volunteer network structures that support the delivery of quality community based services.
<b>Outcome 2:</b> Effective financial management system, procedure and tools are in place and systematically used.
<b>Outcome 3:</b> 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.
<b>Programme component : Branch Development and Volunteer Management</b>
<b>Outcome 1:</b> LRCS has well established systems and procedures for the systematic provision of technical support for branch development and volunteer management by the headquarters.
<b>Programme component: Resource Development</b>
<b>Outcome 1:</b> LRCS capacity to meet at least 25 percent of core costs by end of 2009 and 50 percent by end of 2010 through local resource mobilisation.
<b>Outcome 2:</b> LRCS has a well functioning internal and external communication system, supported with a reliable information technology infrastructure.
<b>Programme component: Programme and Management Capacity Development</b>
<b>Outcome 1:</b> IFRC support is appropriate, timely and of high quality and the level of NS performance increases.
<b>Outcome 2:</b> NS relationship management and coordination with the government, partners and other stakeholders improves.

LRCS requires resources in 2009-2010 to support initiatives towards becoming a well-functioning NS. Focus is on governance and management development, volunteer promotion and diversification of finance resource base for institutional sustainability. Other crucial programme components are volunteer promotion and development, systems development especially finance, information, communication and technology. The expected outcome of LRCS is to meet the criteria of a well functioning NS<sup>10</sup> and positive implementation of the recommendations from the OD assessment for non-governmental organisation conducted by Société Générale de Surveillance SA (SGS) done in 2007.

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<sup>10</sup> **Well functioning National Society:** Accountable leadership and management, quality programming and effective service delivery to vulnerable people

## b) Profile of target beneficiaries

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

## c) Potential risks and challenges

The appropriate and satisfactory volunteer management poses a problem in many operating NS and LRCS is not an exception, while governance and management training is a necessity. The challenge requires a facilitator who is highly experienced in multi-cultural training approaches and in dealing with senior officers and members in a culturally sensitive society. The potential risk lies on potential resistance to change from the management and/or the governing board.

# Principles and Values

## a) The purpose and components of the programme

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

The Principles and Values programme budget for 2009-2010 is CHF 76,758 (EUR 48,890 or USD 70,163)

<b>Programme component: Promotion of Humanitarian Values and Fundamental Principles</b>
<b>Outcome 1:</b> 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).
<b>Outcome 2:</b> The promotion of Fundamental Principles and Humanitarian Values is an integral part of all programmes and activities.
<b>Programme component: Operationalization of Humanitarian Values and Fundamental Principles</b>
<b>Outcome 1:</b> The dissemination of Fundamental Principles and Humanitarian Values is an integral part of all programme and activities.
<b>Programme component: Prevention of Sexual and Gender-Based Violence</b>
<b>Outcome 1:</b> LRCS mainstreams gender issues in all its programmes.

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

## b) Profile of target beneficiaries

The targets staff members, governance leaders in all ten divisions, volunteers and the general public.

## c) Potential risks and challenges

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

Although LRCS has a relatively long and impressive history on dissemination it is still not good enough. The knowledge of most volunteers and staff is limited to IFRC, ICRC and the few PNS that are immediately cooperating with them. The apparent lack of awareness is mainly caused by the absence of adequate resources, inadequate briefing and exposure of new members once they are elected or recruited, and this has been a challenge over the years. It limits the work of LRCS and prevents the effective use of the RC/RC Movement Network. It further restricts effective dissemination either to the general public, authorities, other potential members or youth.

## Role of the Secretariat

### **The Secretariat's budget for its support role in 2009-2010 is covered under the Organisational Development programme**

In 2005, LRCS requested the IFRC for OD support and since 2006 an OD delegate is placed in the country. The IFRC's delegate role has increased participation in the development of systems and procedures at all levels, which includes guidelines and policy on HIV and AIDS workplace, human resources, volunteer management, ICT, accounting procedures and manual, 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.

At the same time, the IFRC representative coordinates the PNS in the country whereby monthly meeting takes place and minutes shared with all partners. Strides have been taken on strengthening relationship and coordination between the government, PNS and other partners in the country.

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

The IFRC Secretariat through the zone office technical department and resident OD delegate will provide technical support and coordination as per the needs, priorities and requests of the LRCS. The position will be phased out in 2009 in line with the increased capacity of the NS. The Zone office will directly support the NS. More importantly, the implementation solely remains the responsibility of the NS at community level through supervision from programme director and programme coordinators at the headquarters, while divisional secretaries and project officers stationed in the ten divisional offices are the main implementers of the programmes. The secretary general is responsible for all operations of the organization and reports directly to the governing board.

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

The IFRC representative facilitates the relationship between and among LRCS stakeholders including the Red Cross Movement components. LRCS has recently developed its strategic plan 2008-2011, which seeks to address a number of issues related to the humanitarian context and the NS on-going change process. The LRCS programmes are based on well defined capacities and needs.

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

In June 2008, the IFRC supported the LRCS' initiative to engage its government by presenting a five year business plan with the total budget of CHF two million; this is yet to be approved by the Ministry of Finance. In 2009, the IFRC will encourage LRCS to engage more fully with its government, exploring its unique position as an auxiliary to the local authorities.

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

The ability to work in collaboration with others has earned the NS new partnerships with relevant humanitarian agencies. LRCS is a member of the government's Know Your Status committee and is also a partner with the Ministry of Health and Social Welfare in blood donor recruitment. The NS is cooperating with Medecins Sans Frontieres (MSF) on antiretroviral treatment in the LRCS clinic in Kena. LRCS host annual meetings for internal review of progress with organisations implementing similar activities at least once annually. The FAO and WFP have had a long relationship with the NS in delivering services. Other partners are National AIDS Commission and Sentebale Trust Fund.

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

### **c) Representation and Advocacy**

The IFRC will soon formalise its status agreement in the country, this will enhance the support and cooperation. The auxiliary role of the LRCS to the government and the international legal personality of the IFRC will be fully utilised (positive portray and be official representative of LRCS in the international field (IFRC Statutes Article 4).

## **Promoting gender equity and diversity**

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

Lesotho's demographic data indicates that women ratio to men is 5:1. This means female population is more than male hence there are more girls enrolled in school than boys. This situation presents a unique opportunity for successful food security interventions because women are less mobile due to household responsibility. At the same time, LRCS will participate in national gender and sexual violence programmes and meetings.

## **Quality, accountability and learning**

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

## How we work

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

### Global Agenda Goals:

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

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