

# Mid-Year report



International Federation  
of Red Cross and Red Crescent Societies

## LESOTHO

Appeal No. MAALS002

31 August 2010

This report covers the period  
01/01/2010 to 30/06/2010.



A community member filling a water bucket from a newly constructed water point in Mafeteng District. Photo: Lesotho Red Cross

## In Brief

**Programme outcome:** In line with the strategic aims of the [Strategy 2020](#)<sup>1</sup>, the Lesotho Red Cross Society (LRCS) expected programme outcome is communities that are resilient to disasters and public health emergencies, with protected livelihoods and strengthened capacity to recover from disasters and crises, with healthy and safe living, social inclusion and a culture of non-violence and peace.

**Programmes summary:**

LRCS programmes are directed by Strategy 2020 to do more and better as well as reaching further in an effort to reduce vulnerabilities to natural and manmade disasters, HIV and AIDS and other chronic diseases. The core programme is the integrated health and disaster management programme through which LRCS assist communities by increasing their resilience to hazards. The programme also complements the efforts of the government of empowering communities to mitigate the impact of diseases and natural disasters.

<sup>1</sup> Strategic aim 1: Save lives, protect livelihoods, and strengthen recovery from disasters and crises;  
Strategic aim 2: Enable healthy and safe living;  
Strategic aim 3: Promote social inclusion and a culture of non-violence and peace.

The health programme has a focus on community home-based care (CHBC) for HIV and AIDS clients, chronically ill and TB patients and support for orphans and vulnerable children (OVC). The water and sanitation (WatSan) project forms an important component of the integrated health and DM programme. The HIV and AIDS programme is implemented under the Southern Africa Regional HIV and AIDS programme which is a component of the International Federation of Red Cross and Red Crescent (IFRC)'s Global Alliance of HIV ([MAA63003](#)).

Four health centres facilitate the provision of First Aid training and primary health care services, under the CHBC programme. The volunteers trained by LRCS help with the provision of CHBC to clients in the targeted communities, as well as ensure that those in need of medical attention are referred to the health centres.

The integrated programme also has disaster risk reduction related projects namely food facility (FF), protracted relief and recovery operations (PRRO) and livelihood enhancing interventions for HIV and AIDS affected households. The latter phased out in March 2010 while the FF project commenced in April 2010. Both the FF and the PRRO projects are integrated with the CHBC programme.

**Financial situation:** The total 2010 budget is CHF 612,503 (USD 529,815 or EUR 418,095), of which CHF 56,292 (9 per cent) was covered during the reporting period (including opening balance). Overall expenditure during the reporting period was very low.

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

#### **No. of people we have reached**

- About 1,700 people benefitted from the rehabilitation and construction of water supply systems in Mafeteng District targeting the OVC programme.
- 50 households displaced by strong winds were provided with tarpaulins in Mafeteng District.
- A total of 47,338 people were reached with food packages through the WFP supported PRRO project, which mostly targeted HIV and AIDS affected households in Butha-Butha, Mokhotlong, Mafeteng and Quthing Districts.
- About 452 households were reached through the British Red Cross funded integrated CHBC project in Mafeteng, Maseru, Mokhotlong and Quthing Districts.
- A total of 1,500 chronically ill patients including those with TB and people living with HIV (PLHIV) and 300 OVC benefitted from the FF project implemented in Leribe and Berea Districts. The project was funded by the European Union through the German Red Cross.
- LRCS trained 50 lead gardeners, 16 care facilitators and 20 volunteers on agricultural conservation, crop selection, plot preparation and pest control.
- As part of the LRCS resource mobilisation initiative, 388 people from various organisations were trained on commercial First Aid.
- A youth camp was held in Berea Division attended by 70 youth from all divisions.

#### **Our partners**

Within the Movement, LRCS partners include the German, British and Norwegian Red Cross Societies, ICRC and IFRC. LRCS also 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 and UNFPA. The National Society 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), Lesotho Network of People Living with HIV and AIDS (LENEPHWA), Child and Gender Protection Unit and Child Helpline. The Royal Netherlands Embassy (RNE) supports the HIV and AIDS programme through the IFRC. The Global Fund and MSF are also supporting LRCS programmes.

## Context

Completely surrounded by South Africa, the landlocked kingdom of Lesotho is a small, mountainous country, with only 13 per cent of land suitable for farming and a population of 1,9 million people according to the 2006 census, Lesotho is one of the poorest countries in the world with one of the highest rates of HIV and AIDS. The scourge of HIV and AIDS in Lesotho is the foremost constraint to attaining the Millennium Development Goals since the HIV prevalence remains high at 23.2 percent, ranking third in the world. However, there have been some reassuring developments, as results from the 2009 ante-natal care Sentinel Survey revealed that the prevalence of HIV among young women (15-24) seems to be stabilizing, which is an indication that various interventions are starting to bear fruits. The number of deaths ascribed to AIDS has also reduced and this could be attributed to availability of ARVs and increased number of ART sites in the country.

Poverty is deeply entrenched in rural areas, where about 70 per cent of the people live. More than half of rural people are poor, and more than one quarter of them are extremely poor. Poverty is closely linked to lack of income and unemployment, as well as to severe degradation of the natural resource base on which the livelihoods of many rural poor depend to a varying extent. Gross national income per capita in Lesotho is relatively high for sub-Saharan Africa, but there is a high level of inequality in income distribution.<sup>2</sup> Persistently high levels of poverty and entrenched gender inequalities have increased the vulnerability of individuals and communities to the HIV crisis.

The climate is characterised by constant strong winds alternating with reasonable amount of rains during the first four months of the year. During the reporting period the country experienced strong winds which caused extensive damage to houses particularly in Mafeteng District where 50 houses had their roofs blown away as a result of the strong winds.

LRCS remains 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 CHBC 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 opted for an integrated approach to HIV and AIDS and food security programming in its operational areas.

## Progress towards outcomes

### Disaster Management

Programme component: Disaster Preparedness	
Outcome 1	Human, financial, material resources and disaster management systems are enhanced through the implementation of a Disaster Management Master Plan (DMMP) implementation.

#### Achievements:

The National society was represented at a regional Restoring Family Links (RFL) workshop hosted by ICRC in Malawi. The workshop was an opportunity to learn and share experiences on RFL with other National Societies including Malawi, Swaziland, Zimbabwe, Malawi, Namibia and Mozambique Red Cross Societies. In order to raise awareness on RFL and human trafficking in all the divisions, LRCS trained 65 youth drawn from the ten divisions at a youth camp held in Berea district. Participants are expected to cascade the training to communities in their respective Divisions.

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<sup>2</sup> FAO Country Profiles

<b>Programme component: Disaster Risk Reduction (DRR)</b>	
Outcome 1	Communities have in place local risk reduction strategies building on traditional coping mechanisms as well as contemporary knowledge on the cause and effects of natural phenomenon due to climate change

### **Achievements:**

As part of its Disaster Risk Reduction (DRR) efforts, LRCS in collaboration with the government Disaster Management Authority conducted training for village disaster management teams (VDMTs) in Mafeteng, and Quthing Districts. A major hazard common to both is severe land degradation. The other districts are in the process of reviving existing VDMTs.

<b>Programme component: Disaster Response and Recovery</b>	
Outcome 1	Disaster response mechanisms are efficient and effective in meeting the needs of those affected by disasters.
Outcome 2	LRCS capacity for the provision of assistance in the restoration of sustainable livelihoods in population affected by disasters is improved.

### **Achievements:**

After initial assessments of the damage caused by the heavy winds, which affected communities in Mafeteng District, LRCS assisted 50 households with relief materials in the form of tarpaulins as a temporary measure after the roofs of their houses were damaged.

<b>Programme component: Food Security</b>	
Outcome 1	Household food availability is improved.
Outcome 2	Household food utilisation is improved.
Outcome 3	Household access to food is improved.

### **Achievements:**

Through the PRRO project supported by WFP, a total of 18,804 vulnerable households were provided with food aid benefitting 47,338 people in Butha-Buthe, Mokhotlong, Mafeteng and Quthing Districts. The majority of the beneficiaries were from households with family members on ART, TB treatment, pregnant mothers and malnourished children. A total of 14,554 people on ART, 125 on PMTCT and 12,394 malnourished children under the age of five years benefitted from the food distribution. The beneficiaries included family members of the OVC and CHBC clients. The following food items were distributed 49,034 MT of pulse, 45,378 MT of corn soya blend, 200,127 MT of cereal and 20,924 litres of vegetable cooking oil.

LRCS in partnership with the British Red Cross is implementing a five year Integrated HIV and AIDS and food security project in the four districts of Mafeteng, Maseru, Mokhotlong and Quthing. The objective of the project is to ensure self-sufficiency for households with HBC and OVC clients. During the reporting period, LRCS sensitised the selected communities on the project, carried out a participatory beneficiary selection exercise, distributed tools and seeds to the affected households and conducted training for volunteers, lead farmers and care facilitators looking after HBC clients.

Through this project, a total of 50 lead farmers, 16 care facilitators and 20 volunteers were trained on agricultural conservation, crop selection, plot preparation and pest control. Participants were also trained on methods of food preservation. The purpose was to ensure that participants cascade the skills acquired to the communities in which they work.

Seeds and tools were distributed to a total 452 households, benefitting 247 OVC and 205 HBC households respectively. The seeds comprised spinach, beetroot, rape and mustard whilst the tools comprised of rakes, digging forks, hand forks and spades.

In partnership with the German Red Cross, the National Society is implementing a FF project, which is co-financed by the European Union (EU) in Leribe and Berea Districts. The main focus of the programme is on gardening and food preservation, integration and collaboration of lead farmers and care facilitators and LRCS clinics and projects.

During the reporting period, the project covered 84 villages in the two districts benefitting 1,500 chronically ill, TB and CHBC clients and 300 OVC. This project follows on the successes of the Livelihood Interventions project that was phased out in March 2010.

Since the beginning of the project in April, the LRCS has conducted community mobilization activities and held several meetings with stakeholders. The EU Head of Delegation visited the project in June 2010. Namibia and Baphalali Swaziland Red Cross Societies visited the project to share and learn experiences on the integration of Food Security and HIV and AIDS programming.

### Constraints or Challenges

LRCS lost experienced staff with the phasing out of the livelihood interventions project in March 2010. However, most of them were re-appointed to implement the FF project. Lack of adequate funding for effective disaster preparedness and response, has also caused a delay in the implementation of the planned activities.

## Health and Care

Programme component: Community-based Health and First Aid	
Outcome 1	Communities have capacity to reduce their own vulnerability to health hazards through knowledge of local community-based health and First Aid (CBH&FA).
Outcome 2	Morbidity of children under five is improved through community immunisation targeting children under five.
Outcome 3	An adequate pool of voluntary non-remunerated blood donors (VNRBD) is available for blood donation to the Lesotho National Blood Transfusion

### Achievements:

In partnership with the Ministry of Health and Social Welfare (MOHSW), LRCS continued providing primary health care services from four health centres that it operates in Maseru, Berea and Mokothlong Districts. The four health centres provide prevention of mother-to-child transmission (PMTCT) services and two of them have started providing antiretroviral therapy (ART) services. Supervision for running the health centres is provided by (MOHSW). Implementation under the Memorandum of Understanding (MoU) with the MOHSW started in April 2010, thus the MOHSW provides funding support for salaries, medical drugs and supplies as well as running costs for the LRCS health centres.

The renovation of the LRCS Health Centre at Kena with support of MSF has been completed and the building was handed over to the National Society in April 2010. The renovation has created more space and ventilation that ensure effective monitoring and attendance to patients.

A new First Aid instructor was appointed to run the commercial First Aid programme. LRCS trained 388 people from different organisations on commercial First Aid. LRCS has also partnered with the Road Safety Department on a social mobilization programme as a medium to educate and raise community awareness on emergency First Aid and road safety.

Programme component: Water and Sanitation	
Outcome 1	Access to sustainable safe drinking water, sanitation and hygiene practices improved in LRCS target areas.

### Achievements:

With support from the Norwegian Red Cross, LRCS continued with the implementation of the WatSan project as an essential component of the OVC care and support programme to ensure

availability of clean and safe drinking water to the affected communities. Under the WatSan project LRCS rehabilitated a water system at Ha Konote in Mafeteng District through the construction of one water point and a distribution tank with a capacity of 30,000 litres of water benefitting 1,500 people. A new water supply system was constructed and it comprises of 500 litres silt box and two storage tanks of 2,000 and 5,000 litres respectively benefitting 208 people at Ha Ntebele village in the same district. The works commenced in January 2010 and were completed by June 2010.

### Constraints or Challenges

The health centres frequently experienced drug stock-outs as supply cannot match demand, especially after the introduction of free health services. Late disbursements of funds by the MOHSW impacted on smooth running of the health centres. Lack of guidelines and procedures and funding support for First Aid are impacting on both the programme and First Aid training.

## National Society Development

<b>Programme component: Leadership and Management Development</b>	
<b>Outcome 1</b>	LRCS leadership (governance and management) capacity has increased in developing and implementing policies and strategies for optimal organisational performance and accountability.

### Achievements:

The 2010-2012, Strategic Plan developed jointly by the National Executive Committee and staff from LRCS headquarters and divisions was approved at the Annual General Meeting (AGM) convened in May 2010. The former President was re-elected for a second three year term at the AGM.

<b>Programme component: Branch Development</b>	
<b>Outcome 1</b>	LRCS has vibrant branches delivering quality services through their local volunteer and youth networks.

### Achievements:

In an effort to increase membership, LRCS launched the “Join the Red Cross Make a Difference” campaign in May 2010. During the campaign, the National Society distributed stickers with the campaign message to communities in the ten Divisions. The campaign received funding from Norwegian Red Cross.

The World Red Cross Day was commemorated in Berea Division on the 8 May 2009. This was preceded by a one-week long youth camp in the same division attended by 70 youth from all the ten divisions in the country. A new national youth committee were elected in line with the SAYNET recommendation of 2009 that all National Societies should have democratically constituted youth structures.

### Constraints or Challenges

The position of organisation development coordinator did not receive any funding in the 2010 country plan and this has impacted negatively on National Society development activities in the divisions.

## Working in partnership

The IFRC provided financial and technical support for various OD, DM and Health programmes implemented by LRCS, whilst the ICRC played a major role in the dissemination of information about the Red Cross Movement and ensuring visibility of the Red Cross.

The Norwegian Red Cross supported the WatSan component of the OVC project to ensure availability of clean and safe water to beneficiaries on the programme, whilst the British Red Cross continued to provide technical and financial support to integrated CHBC and food security programme in Mafeteng, Maseru-Kena, Mokhotlong and Quthing Districts.

The Baylor Children's hospital supported ART and PMTCT services at Mapholaneng Health Centre. The Baylor Children's hospital provides a doctor who visits the clinic once a month to support the clinics and review ART cases that require assessments beyond the capacity of the clinic staff. The Baylor Children's hospital is also a referral centre for ART cases that need specialised treatment drawn from LRCS project areas and health centres.

LRCS partnered with MOHSW in the provision of primary health care services at the health care centres. Supervision of the running of hospitals is the responsibility of the MOHSW District Health Management Teams who meet regularly with LRCS health staff.

The National Society also partnered with WFP in the distribution of food packages to vulnerable groups in the four districts of Butha-Buthe, Mokhotlong, Mafeteng and Quthing, whilst the partnership between LRCS and German Red Cross through funding from European Union provided technical and financial assistance for the FF project implemented in Leribe and Berea Districts.

## Contributing to longer-term impact

Monthly coordination meetings are held at district level for sharing experiences on activities in the districts. The meetings provide a platform to identify problems and come up with strategies that ensure holistic support to vulnerable communities.

On-going training is provided to volunteers, care facilitators and lead gardeners to enable them to impart skills to community members to take ownership of projects using a participatory approach that ensures sustainability of projects at community level

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

## Looking ahead

LRCS is looking forward to the establishment of new partnerships and maintaining the existing ones. The Society is planning to embark on an aggressive resource mobilization strategy for it to be able to meet core and other programme costs.

The IFRC Secretariat through the Southern Africa Regional Representation office'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 include guidelines on human resources, volunteer management, information and communication technology, accounting procedures, statutes and Code of Conduct.

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

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

The IFRC's vision is to:

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

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

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

## Contact Information

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# International Federation of Red Cross and Red Crescent Societies

MAALS002 - Lesotho

Mid-year Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
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
<b>A. Budget</b>	316,694	181,076	52,386	62,347		612,503
<b>B. Opening Balance</b>	1,398	0	1,223	0		2,620
<b>Income</b>						
<u>Cash contributions</u>						
<i>Eli Lilly Export SA</i>		10,650				10,650
<i>Norwegian Red Cross (from Norwegian Government)</i>	43,022					43,022
<b>C1. Cash contributions</b>	<b>43,022</b>	<b>10,650</b>				<b>53,672</b>
<b>C. Total Income = SUM(C1..C6)</b>	<b>43,022</b>	<b>10,650</b>	<b>0</b>	<b>0</b>		<b>53,672</b>
<b>D. Total Funding = B + C</b>	<b>44,420</b>	<b>10,650</b>	<b>1,223</b>	<b>0</b>		<b>56,292</b>
<b>Appeal Coverage</b>	<b>14%</b>	<b>6%</b>	<b>2%</b>	<b>0%</b>		<b>9%</b>

## II. Balance of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	1,398	0	1,223	0		2,620
<b>C. Income</b>	43,022	10,650	0	0		53,672
<b>E. Expenditure</b>	0	0	-9			-9
<b>F. Closing Balance = (B + C + E)</b>	<b>44,420</b>	<b>10,650</b>	<b>1,214</b>	<b>0</b>		<b>56,283</b>

International Federation of Red Cross and Red Crescent Societies

MAALS002 - Lesotho

Mid-year Report 2010

Selected Parameters	
Reporting Timeframe	2010/1-2010/6
Budget Timeframe	2010/1-2010/12
Appeal	MAALS002
Budget	APPEAL

All figures are in Swiss Francs (CHF)

### III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>		<b>316,694</b>	<b>181,076</b>	<b>52,386</b>	<b>62,347</b>		<b>612,503</b>	
<b>Supplies</b>								
Clothing & textiles	47,125							47,125
Seeds, Plants	44,214							44,214
Water & Sanitation	32,278							32,278
Medical & First Aid	2,500							2,500
Utensils & Tools	22,800							22,800
<b>Total Supplies</b>	<b>148,917</b>							<b>148,917</b>
<b>Land, vehicles &amp; equipment</b>								
Vehicles	35,714							35,714
Computers & Telecom	2,714							2,714
Office/Household Furniture & Equipm.	1,428							1,428
<b>Total Land, vehicles &amp; equipment</b>	<b>39,856</b>							<b>39,856</b>
<b>Transport &amp; Storage</b>								
Storage	1,998							1,998
Distribution & Monitoring	516							516
Transport & Vehicle Costs	59,926							59,926
<b>Total Transport &amp; Storage</b>	<b>62,440</b>							<b>62,440</b>
<b>Personnel</b>								
National Staff	29,464							29,464
National Society Staff	40,810							40,810
Consultants	8,696							8,696
<b>Total Personnel</b>	<b>78,970</b>							<b>78,970</b>
<b>Workshops &amp; Training</b>								
Workshops & Training	56,621							56,621
<b>Total Workshops &amp; Training</b>	<b>56,621</b>							<b>56,621</b>
<b>General Expenditure</b>								
Travel	18,727							18,727
Information & Public Relation	78,033							78,033
Office Costs	13,004							13,004
Communications	14,650							14,650
Professional Fees	2,666							2,666
Financial Charges	1,872			9			9	1,863
Other General Expenses	56,936							56,936
<b>Total General Expenditure</b>	<b>185,887</b>			<b>9</b>			<b>9</b>	<b>185,878</b>
<b>Programme Support</b>								
Program Support	39,813			1			1	39,812
<b>Total Programme Support</b>	<b>39,813</b>			<b>1</b>			<b>1</b>	<b>39,812</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>612,503</b>			<b>9</b>			<b>9</b>	<b>612,494</b>
<b>VARIANCE (C - D)</b>		<b>316,694</b>	<b>181,076</b>	<b>52,377</b>	<b>62,347</b>		<b>612,494</b>	