

# Revised Plan 2011



International Federation  
of Red Cross and Red Crescent Societies

## Lesotho

### Executive summary

The 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. Like all countries in Southern Africa, Lesotho has been ravaged by HIV and AIDS.



The Lesotho Red Cross Society (LRCS) is committed to contribute to the International Federation of the Red Cross and Red Crescent Societies (IFRC)'s [Strategy 2020](#) and to meet the objectives of the [Johannesburg Commitments](#), signed at the 7<sup>th</sup> Pan African Conference held in Johannesburg under the theme '*Together for Action in Africa*', and attended by representatives from all African National Societies. The Africa National Societies leadership re-affirmed their commitment to the development in Africa. The theme "*Together for action in Africa*" underscores a renewed focus on capacity-building including infrastructural development for addressing challenges at national, regional and local levels. The priority areas for African National Societies, have advised the IFRC secretariat in modelling its membership support programmes.

The IFRC support to LRCS plan for 2011 will be through its Southern Africa Regional Representation Office (SARRO) based in Johannesburg. Through its membership service mandate, SARRO concentrates on coordination, representation, facilitation, humanitarian diplomacy and NS capacity development.

Given this background, the work of LRCS in the coming year will be in line with the new strategic direction of the IFRC as outlined in Strategy 2020. This LRCS plan for 2011 also focuses on resourcing for long-term programmes whose funding is ending in 2010 such as the HIV and AIDS programme, integrating HIV and AIDS programming under the Health and Care portfolio and rolling out the new concept for national society development adopted in June 2010 and aligning the new strategic plans to the priorities of the Johannesburg Commitment adopted by the Red Cross and Red Crescent leaders in the 7<sup>th</sup> Pan African Conference (PAC) and the resolution of the GA 2009.

**The total 2010-2011 budget is CHF 1,638,055**

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

# Country context

**Table 1: Statistics from the Human Development Report 2007/2008<sup>1</sup> for Lesotho**

Population, total (million), 2005	2.0
Life expectancy at birth, annual estimates (years), 2005	42.6
Adult literacy rate (% aged 15 and older), 1995-2005	82.2
Under-five mortality rate (per 1000 live births), 2005	132
One-year olds fully immunized against tuberculosis (%), 2005	96
One-year olds fully immunized against measles (%), 2005	85
HIV prevalence (% aged 15-49), 2005 <sup>0.446</sup>	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 \$2 a day (%), 1990-2005	56.1
Population using improved water source (%) 2004	79
Population using improved sanitation (%) 2004	37

Lesotho's economy largely depends on subsistence agriculture; however the growth potential of this sector is shaky because much of the country has been hammered by decades of drought and occasional storms. There is lack of arable land as a result of soil erosion, which limits production, resulting in food insecurity, which in the long-run results in the soaring food prices. 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. Poverty is deep and widespread, estimated at 65 percent of the population with the majority being in the rural areas. The UN estimates that 40 percent of the population are "ultra-poor". Dongas/gullies attract dumping of domestic wastes which in most cases cause communicable/contagious diseases. Food poisoning and diarrheal diseases are common amongst the most vulnerable segments of the population i.e. the needy and children.

Lesotho has one of the world's highest rates of HIV infection with 23.2 percent prevalence rate. 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. Extra-marital affairs resulting from migration of partners, adds to the risk of HIV infection. Unemployed individuals battle to meet basic needs, hence some engage in risky behaviours to survive such as transactional and unprotected sex mainly to get food since it is the most critical need. HIV and AIDS, food and nutrition are inextricably linked. Malnutrition is common due to lack of food related to unaffordable food prices. Poverty contributes to increased vulnerability to diseases as well as HIV infection. Once infected, the immune system is compromised and opportunistic infections set in and hasten the onset of AIDS. As HIV positive people get sick, they are unable to farm and engage in livelihood activities, threatening nutrition and economic security for themselves as well as their families. Low caloric intake has been clearly identified as the principal reason for the failure of clinical response to ART. For this reason a growing number of children affected by the pandemic are also in need of secure access to food and good nutrition.

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

Whilst being the smallest country in Africa Lesotho is having great difficulty developing its own business model. 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 has not been maintained as growth expansion slipped below the 2006 levels.<sup>2</sup>

## NS priorities and current work with partners

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 2011, LRCS will be recognized for its "niche" relating to public health priorities including health emergencies. Country-wide networks of volunteers will effectively be the major vehicle for addressing community health problems at the district level and below.

### Disaster Management Priorities

LRCS requires a high level of disaster preparedness and response. Capacity building to manage response and preparedness will be enhanced; thus priority is the pre-positioning of emergency response relief item in strategic areas. Capacity building of the NS provides an opportunity for effective disaster response during emergencies especially through appropriate engagement of affected communities.

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 adaptation. This is aimed at increasing community resilience and mitigation to the impact of disasters on the already vulnerable communities. The beneficiaries will be reached through training, provision of agricultural inputs, relief items and information.

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, 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>3</sup> LRCS 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 the NS's disaster risk reduction effort;
- Further strengthen and integrate long-term food security plans in the areas of community-based health care, water and sanitation.

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<sup>2</sup> Lesotho 2008 Country Profile, Economist Intelligence Unit, UK

<sup>3</sup> For more information on refer to: <http://www.ifrc.org/what/disasters/recovering/food-security.asp>

## Health and Care Priorities



LRCS has recently started on the WatSan project among other priorities, focusing on the provision of safe water through the drilling and rehabilitation of water points.

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

Capacity of community members and volunteers in community-based Health and First Aid (CBH&FA) 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 less than 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 will be carried out from in and out-of-school youth, churches, military institutions and the general public. Information will be disseminated to reach over 15 percent of the total population in the HBC project areas.

HIV and AIDS remains a priority for National Societies in sub Saharan Africa which is at the epicentre of the epidemic. According to the UNAIDS outlook report, 70 percent of the burden of the disease, new infections and deaths all occur in the southern Africa region and countries with the highest infection rate in the world are in southern Africa. A total of 11.4 million PLHIV are found in the region and about 5 million children have lost one or both parents due to AIDS.

In April 2010, the Southern Africa Regional Representation Office (SARRO) conducted a midterm review of the 2006–2010 regional HIV and AIDS implemented under the Global Alliance on HIV framework. The results of the review indicated that the Global Alliance on HIV has been well understood and adopted by all National Societies in the form of the 'seven ones'.<sup>4</sup> However, the implementation of the Global Alliance is at different levels among National Societies, with many National Societies appreciating the benefits of the 'regionality' concept, especially the sharing of common materials, manuals, good practices and lessons. Weaknesses were highlighted in branch and volunteer management, capacity building efforts at branch levels and sustainability. It was also noted that the targets and budgets for the programme were very ambitious in terms of National Societies' absorption capacities and resource mobilisation prospects.

In 2009, an HIV and AIDS budget was developed as part of the 2010-2011 Lesotho country plan. The assumption then was that the HIV and AIDS programme ([MAA63003LS](#))<sup>5</sup>, which is part of the southern Africa Regional HIV and AIDS programme ([MAA63003](#)) would continue into 2011. As it became clearer that the appeal MAA63003, which ends in December 2010 was not going to be re-launched, a decision was made for all National Societies in the region to come up with four year (2011-2014) HIV and AIDS country plans which were subsequently presented at a meeting of the regional HIV and AIDS working group (SARAWO) held in September 2010.

The budget from the original plan will be revised through an update in the first quarter of 2011. However, for this revised 2011 plan, the LRCS' HIV and AIDS activities will be guided by the priorities espoused in the four year plan and the recommendations of the 2009 rapid assessment and the HIV and AIDS programme mid-term review.

Taking into consideration the findings and recommendations of the midterm review and in line with the Global Alliance approach, LRCS has developed a four year HIV and AIDS plan and budget. The plan and budget is also aligned to the recommendations of the rapid assessment<sup>6</sup> conducted in 2009 and decisions made by Secretaries General and Presidents from the region in June 2009 to scale-down or maintain existing beneficiary targets. The four year plan also takes into perspective the country priorities with regard to the magnitude of the epidemic by ensuring that under prevention activities, LRCS will focus on the most at risk populations and key drivers of the epidemic.

Under treatment, care and support, it was recognised that with the advent of antiretroviral treatment, the need for nursing care has gone down and the four year plans will focus on treatment literacy and adherence, nutrition, psychosocial support and livelihoods support. Nursing care will be for a reduced number of clients with chronic illnesses as many PLHIV are no longer bed-ridden and are living normal healthy lives.

LRCS will also strengthen its efforts to reducing stigma and discrimination by engaging in advocacy, promotion of human rights, tackling sexual and gender-based violence at community level including promotion and implementation of work place programmes for staff and volunteers.

Support for **orphans and vulnerable children** (OVC) remains a critical aspect of the HIV and AIDS programme. LRCS will focus on quality rather than quantity in the provision of services for OVC, which support include educational, material, livelihoods, psychological and social support. The NS will place more emphasis on building the capacity of families and communities to support the children and to build the resilience of children to cope with the challenges they face.

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<sup>4</sup> The Global Alliance and its partners abide by the 'seven ones', namely: one set of working principles, one national HIV and AIDS plan, one set of objectives, one division of labour understanding, one funding framework, one performance tracking system and one accountability and reporting system.

<sup>5</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/MAA63003LS.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

<sup>6</sup> A Rapid Assessment was conducted in November 2009 in response to the recommendations of the June 2009 SAPRCS meeting attended by Secretaries General and Presidents of the southern Africa National Societies. The rapid assessment results recommended the need to scale down or maintain the 2006 – 2010 appeal and integrate into Health and Care.

LRCS will also strengthen community structures such as the grannies/guardians clubs and Red Cross child care committees and advocate for the rights of children. Child protection will become a priority and a key activity will be the implementation of the Child Protection Strategy.

## Organisational Development Priorities

In June 2010, as signatory to the Rundu Commitment, LRCS committed itself to the new concept of NS Development which is which is framework through which the sustainable development of the NS will be determined and driven by the LRCS. LRCS has adopted the new approach towards its sustainable development that *inter alia* emphasises the use of national, sub-regional and regional capacities to address humanitarian and development challenges.

A key aspect of this approach is the establishment of sub-regional groupings that will bring together National Societies with similar challenges and historic ties to work more closely but within the greater objectives of the Southern African Partnership of Red Cross Societies (SAPRCS). The sub-regional groupings will utilise the capacities and competencies within a group of three to four NS to enable a common definition and prioritisation of challenges, joint approaches as well as the sharing of resources. It works with and compliments the objectives of SAPRCS while ensuring LRCS takes ownership of its own development in a sustainable manner. Whilst it is the responsibility of LRCS to be accountable for its own development, a small sub-group offers opportunities for synergies and learning.

LRCS is in the same group with South Africa and Swaziland Red Cross<sup>7</sup>. The group will have a technical person who will be a staff on loan from any one of the members of the group. The sub-regional groupings will take full responsibility of their own coordination and management. The IFRC and PNS will financially support the salary of the staff on loan, the operational activities and coordination meetings of the sub-regional groupings. The staff on loan while contractually being a national society staff will have a dual reporting line to the sub-group committee and to the IFRC Southern Africa regional representative. The focus for NS development in 2011 will be on rolling out the new concept for national society development adopted by LRCS in June 2010 and at the same time developing strategies to deal with existing and predicted vulnerabilities.

LRCS also requires resources to support initiatives towards becoming a well-functioning NS. Focus is on governance and management development, volunteer promotion and diversification of the financial 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>8</sup> and positive implementation of the recommendations from the OD assessment for non-governmental organisation conducted by Société Générale de Surveillance SA (SGS) in 2007.

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). LRCS 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 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.

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<sup>7</sup> The New Approach to Sustainable Development of National Societies in Southern Africa (June 2010)

<sup>8</sup> Well functioning NS: Accountable leadership and management, quality programming and effective service delivery to vulnerable people

# Secretariat supported programmes in 2011

## Disaster Management

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

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

The Disaster Management programme budget for 2011 is CHF 983,867.

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

### b) 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 and for the foreseeable future, 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 2011 is CHF 572,982.

The budget for the HIV and AIDS component of the programme will be revised in the first quarter of 2011.

<b>Programme component: Community-based Health and First Aid</b>	
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
<b>Programme component: Water and Sanitation</b>	
Outcome 1	Access to sustainable safe drinking water, sanitation and hygiene practices improved in LRCS target areas.
<b>Programme component: HIV and AIDS</b>	
Outcome 1	Prevent further infections through targeted community based peer education and information education and communication activities for specific most at risk populations, key drivers of the HIV epidemic and promote uptake of services including male circumcision, voluntary counselling and testing (VCT), parent to child transmission (PPTCT) and mother and child health (MNCH).
Outcome 2	Provide nursing care in homes and communities for chronic illnesses that still require it. Provide support for PLHIV and children who are on antiretroviral therapy (ART) through counselling on adherence, ART literacy, nutrition, psychosocial support, Livelihoods and support groups. Provide holistic support for orphans and vulnerable children including educational, material, livelihoods, psychological and social support and ensure implementation of the regional Child Protection Strategy.
Outcome 3	Reduction of stigma and discrimination by engaging in advocacy, promotion human rights, tackling sexual and gender based violence at community level including promotion and implementation of work place programmes for staff and volunteers.
Outcome 4	Strengthen planning, monitoring, evaluation and reporting (PMER), training in resource mobilization, strengthen branch and volunteer management systems, establish relevant partnerships at regional and country level, developing guidelines, good practices, organizing country and regional meetings and facilitating participation in regional and international conferences and seminars.

## b) Potential risks and challenges

Care facilitators are volunteers who receive a small allowance per month; there is a risk of a high dropout rate and neglect of those clients who need care due to insufficient funding support. Clients who do not have any remaining relatives may even die and orphans will be more vulnerable.

## NS 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 programme budget for 2011 is CHF 51,573.**

<b>Programme component: Leadership and Management Development</b>	
Outcome 1	LRCS leadership (governance and management) capacity has increased in developing and implementing policies and strategies for optimal organisational performance and accountability.
<b>Programme component: Well functioning NS</b>	
Outcome 1	Effective financial management systems, procedures and tools are in place and systematically used.
Outcome 2	LRCS has well defined policies, systems and procedures in place for the effective management of the NS.

Outcome 3	LRCS has a well functioning internal and external communication system, supported with a reliable information technology infrastructure.
Outcome 4	LRCS has capacity in planning, tracking performance, and reporting as stipulated in the IFRC's "Performance and Accountability Framework".
<b>Programme component: Branch Development</b>	
Outcome 1	LRCS has vibrant branches delivering quality services through their local volunteer and youth networks.
<b>Programme component: Resource Development</b>	
Outcome 1	Capacity to mobilise resources and its own sustainability is enhanced through the implementation of well designed income generating programmes

## b) Potential risks and challenges

The appropriate and satisfactory volunteer management poses a problem in many operating National Societies and LRCS is not an exception. Governance and management training is a necessity at all levels in order to ensure good leadership. 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.

## 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 2011 is CHF 64,671.

<b>Programme component: Promotion of Fundamental Principles and Humanitarian Values</b>	
Outcome 1	Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values are enhanced at all levels of the organisation (including non-discrimination, non-violence, tolerance and respect for diversity).
Outcome 2	Target population is sensitized to Fundamental Principles and Humanitarian Values and changing behaviour.
<b>Programme component: Operationalization of Fundamental Principles and Humanitarian Values</b>	
Outcome 1	The dissemination of the Fundamental Principles and Humanitarian Values is an integral part of all NS programmes and activities.
<b>Programme component: Prevention of Sexual and Gender-Based Violence</b>	
Outcome 1	LRCS mainstreams gender issues in all its programmes.

## b) Potential risks and challenges

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

## Role of the secretariat

**The Secretariat's budget for its support role in 2011 is covered under the Organisational Development programme**

### a) Technical programme support

The IFRC Secretariat through the various Sub-Zone office technical departments 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 relationship and coordination between the government, PNS and other partners in the country.

More importantly, the implementation solely remains the responsibility of the NS at community level through supervision from the 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.

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

The first ever partnership meeting was held in April of 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 demonstrated 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 implementation.

The leadership is strongly committed to develop new partnerships and formalise existing ones. With technical support on governance and strategic development in relation 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.

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 is cooperating with MSF on antiretroviral treatment in the clinic in Kena. 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 negotiations on the way forward to support the Red Cross clinics; if successful will also be on a 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 Sub-Zone status agreement will enhance the support and cooperation with the NS. LRCS' auxiliary role to the government and the international legal personality of the IFRC will be fully utilised.

## **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. Gender equity and diversity will be promoted in collaboration with other organisations that safeguard children's rights such as Lesotho Girl guides Association, Children and Gender Protection Unit and Women in Law in Southern Africa.

Lesotho's demographic data indicates a higher ratio of women to men. 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.

[click here to view the budget summary below](#)

How we work	
<p>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".</p>	<p><b>Global Agenda Goals:</b></p> <ul style="list-style-type: none"> <li>• Reduce the numbers of deaths, injuries and impact from disasters.</li> <li>• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.</li> <li>• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.</li> <li>• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.</li> </ul>
Contact information	
<p><b>For further information specifically related to this plan, please contact:</b></p> <ul style="list-style-type: none"> <li>• <b>In Lesotho:</b> Teboho Ephraim Kitleli, Secretary General, Email <a href="mailto:tkitleli@redcross.org.ls">tkitleli@redcross.org.ls</a> Phone: Tel: +266.22.313.911; Fax +266.22.313.166</li> <li>• <b>In Southern Africa Region:</b> Ken Odur, Regional Representative, Johannesburg, Email: <a href="mailto:ken.odur@ifrc.org">ken.odur@ifrc.org</a>, Phone: +27.11.303.9700, Fax: + 27.11.884.3809; +27.11.884.0230</li> <li>• <b>In Africa Zone:</b> Asha Mohammed; Head of Operations, Johannesburg; Email: <a href="mailto:asha.mohammed@ifrc.org">asha.mohammed@ifrc.org</a>; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230</li> </ul> <p><i>For Resource Mobilization and Pledges enquiries:</i></p> <ul style="list-style-type: none"> <li>• <b>In IFRC Africa Zone:</b> Ed Cooper; Resource Mobilization and Performance and Accountability Coordinator; Johannesburg; Email: <a href="mailto:ed.cooper@ifrc.org">ed.cooper@ifrc.org</a>; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230</li> </ul> <p><i>For Performance and Accountability (planning, monitoring, evaluation and reporting (enquiries):</i></p> <ul style="list-style-type: none"> <li>• <b>In IFRC Africa Zone:</b> Terrie Takavarasha; Performance and Accountability Manager, Johannesburg; Email: <a href="mailto:terrie.takavarasha@ifrc.org">terrie.takavarasha@ifrc.org</a>; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230</li> </ul>	

## MAALS002 - Lesotho

### Budget 2011

#### Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	Total
Supplies	72,174	330,663				402,837
Land, vehicles & equipment						
Transport & Storage	27,766	81,119	1,924	9,587		120,396
Personnel	48,922	34,080	3,578	4,542		91,122
Workshops & Training	60,971	22,616				83,587
General Expenditure	65,572	67,260	42,719	46,423		221,974
Depreciation						
Contributions & Transfers						
Programme Support	19,146	37,244	3,352	4,209		63,951
Services						
Contingency						
<b>Total Budget 2011</b>	<b>294,551</b>	<b>572,982</b>	<b>51,573</b>	<b>64,761</b>		<b>983,867</b>