

Plan 2010-2011

 International Federation
of Red Cross and Red Crescent Societies

Timor-Leste

Executive summary

Timor-Leste became the world's newest nation seven years ago. Presently, it ranks among the least developed and poorest countries in Asia, with low scores on almost all the human and economic development indicators. Half of the population of just over one million people live below the basic needs poverty line. In the effort to help mitigate the situation as much as possible, the young national society Cruz Vermelha de Timor-Leste (CVTL) is actively working to address some of the critical issues facing the country's most vulnerable communities, and regularly demonstrates its abilities in disaster response.

With the help of the International Federation, CVTL achieved formal recognition as a Red Cross national society in 2005 and has since grown rapidly. Both multilateral and bilateral Red Cross partners and others have added their support to create opportunities for CVTL to develop its branch structure and provide programmes to all 13 districts. In 2008 in recognition of the importance of preparing for their second Strategic Plan

2010-2014, CVTL commissioned an internal and external review of the national society's environments as part of its strategic planning preparations; and an external evaluation of the health programme. The national society also undertook a range of activities with the aim of gathering relevant feedback from stakeholders.



Issues addressing young people is an important focus to Cruz Vermelha de Timor-Leste.

Photo credit: Australian Red Cross/ Tim Page

The reviews congratulate CVTL's young enthusiastic staff and confirm their valuable role in providing essential services to vulnerable communities in Timor-Leste. However, they point also to evidence that the last two years of rapid growth have created, for the organization, challenges that must be addressed. They urge CVTL to prioritize consolidation of existing programmes and focus on strengthening institutional and management capacities – to invest in the organization's future capacity, before further expanding their programmes.

In this context, International Federation support to CVTL for 2010-2011 will target priority areas, focusing on institutional strengthening including management systems and branch development; standardization of approaches; and improving the quality of programme delivery. The country office will also assist CVTL in establishing long-term, sustainable partnerships with Red Cross partners, the government of Timor-Leste and others to provide a reliable, stable future environment in which to work.

The International Federation recognizes that this is a critical time for CVTL and sees the importance of assisting them to capitalize on the progress made so far and to engage Red Cross Red Crescent Movement partners to genuinely support CVTL's process of systematic capacity building over the coming years. The International Federation will provide leadership in Red Cross Red Crescent Movement coordination to

manage and balance partner expectations with the reality of CVTL's need to consolidate, and to steer the young national society to a strong, proud future in Timor-Leste.

With support from the International Federation and Red Cross Red Crescent Movement partners in 2010-2011, CVTL will work to achieve its objectives in Timor-Leste, which are in line with the Global Agenda goals: to reduce the numbers of deaths, injuries and impact from disasters; to reduce the number of deaths, illnesses and impact from diseases and public health emergencies; and increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

The budget for this plan is CHF 1,625,551 (USD 1.57 million or EUR 1.06 million) for 2010 and CHF 1,526,625 (USD 1.47 million or EUR 1 million) for 2011.

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

Country context

Timor-Leste's Human Development Index of 0.483 ranks the country at 158 out of 179¹ (see Table). However, the country has made significant progress in human development terms since 1999, mostly as a result of the expansion of education² but it is still the lowest ranking among ASEAN countries. Its human poverty index of 41 per cent ranks at 122 among 135 developing countries for which the index has been calculated³. Nearly 50 per cent of adults are illiterate, 38 per cent of the population is without access to an improved water source, and 46 per cent of the country's children under five years are underweight.

Statistics for Timor-Leste

Surface area (square km)	14,874
Population (2007)	1,155,000
Population density (per square km) 2007	77.6
Urban population in 2007	26.9 per cent
Largest urban city	Dili (159,000)
Life expectancy at birth 2005-2010, women/men (years)	61.7 / 60
Infant mortality rate 2005-2010 (per 1000 live births)	66.7
Total fertility rate 2005-2010 (live births per woman)	6.5

Timor-Leste's Human Development Index and Human Poverty Index with selected indicators 2006

Human Development Index value (158 th out of 179 countries)	0.483
Adult Literacy rate (percentage aged 15 and above)	50.1
Combined primary, secondary and tertiary gross enrolment ratio (%)	63.2
GDP per capita (PPP USD)	668
Human Poverty Index (HPI-1)	41.0
Probability of not surviving past 40 years (%)	21.2
People without access to improved water source (%)	38
Children underweight for age (% of ages under five years)	46

The country is also disaster prone with multiple high risk hazards (drought, flooding, wind storms, landslides and civil conflict) which, coupled with poor socio-economic and health factors, poor land use and agriculture management practices, makes much of the population highly vulnerable.

Timor-Leste struggles to make progress in economic and human development terms against a backdrop of poverty and social tension. There remains a strong, overt UN police and international stabilization force (ISF) presence in the country although the security situation since the attempted assassination of the President in early 2008, has improved. The government of Timor-Leste made significant progress in addressing public

¹ for which data are available: UNDP Statistical Update 2008-2009 – Timor-Leste

² UNDP Human Development Report 2006

³ UNDP Statistical Update 2008-2009 – Timor-Leste

safety and security as a national priority in 2008, considering it a major obstacle to development. It is now committed to improving the lives of its people and has extensive overseas aid assistance in wide-ranging programmes of national development.

While national security is much improved, there still remains a risk of internal conflict which will affect the capacity of CVTL, the International Federation and partners to implement programmes as planned.

National Society priorities and current work with partners

CVTL will finalize a new Strategic Plan for 2010-2014, re-affirming its vision, identifying its programme and organizational priorities and detailing guidelines on how it will carry out its work over the five-year period. CVTL management, staff and volunteers have attached a high priority to this and have undertaken a number of preparation activities including SWOT analyses, programme reviews and consultations. An internal external review of CVTL and an external evaluation of CVTL health, commissioned in late 2008 will contribute useful analysis to inform and guide the process.

It is expected that CVTL will acknowledge in their plan, the need to address the challenges created by their rapid growth over the past two years and that they will focus on consolidation of existing programmes, strengthening institutional and management capacities and on organizational and branch development. The coming period 2010-2011 is a critical time for CVTL to establish and maintain strategic partnerships within the Red Cross Red Crescent Movement and outside, which will assist them in developing and maintaining sustainable programmes and systems.

CVTL's programmes in water and sanitation, preventative health and care, disaster risk reduction and emergency response are well aligned with national priorities and with International Federation guidelines. It is expected that their community-based integrated approaches will be confirmed and that they will explore ways to ensure their programmes continue to address the needs of the most vulnerable communities. CVTL will continue to identify key partnerships within the government of Timor-Leste. They actively contribute to national disaster management planning and emergency response, and are developing good relationships with the ministry of health in support of their national programmes. They will also continue to collaborate with the ministry of health/World Health Organization (WHO) on public health campaigns.

Over the past 12 months, CVTL has increased its collaboration with partners who include the government of Timor-Leste, WHO, international non-governmental organizations and bilateral national societies, the International Committee of the Red Cross (ICRC) and the International Federation.

Movement partners working bilaterally – Australian, Austrian, Japanese and Spanish – assist CVTL to implement programmes in water and sanitation, community-based health and first aid, first aid training, disaster management and emergency response. With the benefit of a new five-year Strategic Plan, CVTL will be able to increasingly focus partners on making longer-term commitments which will include a solid element of organizational development and capacity building.

Branch rehabilitation has been a priority for CVTL as branch development has progressed in all 13 districts with support from the International Federation and bilateral partners. Australian, Austrian, Finnish, Norwegian and Spanish funds will all contribute to branch rehabilitation in the coming period 2010-2011. CVTL are also seeking to make a full renovation and refurbishment of their former headquarters building in Dili.

CVTL expects to continue their good working relationship with ICRC who provides support to their dissemination and tracing programmes, and more broadly, on cooperation and coordination issues.

Analysis of CVTL's current work with its partners in 2009

Partner	Programme component
International Federation with multilateral support from Australian Red Cross, Finnish Red Cross, Japanese Red Cross, New Zealand Red Cross and Norwegian Red Cross	Disaster management (five components) Health (five components and avian and human influenza pandemic) Organizational development (five components)
International Committee of the Red Cross (ICRC)	Promotion of humanitarian principles and value

Australian Red Cross	Water and sanitation, CBHFA ⁴ , national society youth development
Austrian Red Cross	Water and sanitation, CBHFA, supports national society organizational development process
Japanese Red Cross	First aid, support national society organizational development process
Spanish Red Cross	Water and sanitation, organizational preparedness (disaster management)
Oxfam	Water and sanitation
World Food Programme (WFP), International Organization for Migration (IOM)	Organizational preparedness (disaster management)
Ministry of health/Global Fund	HIV and AIDS
Government of Timor-Leste	Organizational preparedness (disaster management)
UNICEF, WHO	Water and sanitation, youth development, emergency health

Secretariat-supported programmes in 2010-2011

Disaster Management

a) The purpose and components of the programme

Programme purpose
Develop resilience of vulnerable people against impending disasters through enhanced capacity of CVTL disaster management programme by 2011.

The disaster management programme budget is CHF 518,991 for 2010 and CHF 492,402 for 2011.

Programme component 1: Disaster management planning
Outcome: Improved ability to predict and plan for disasters to mitigate their impact on vulnerable communities, and respond to and effectively cope with their consequences.

With support from International Federation, CVTL will strengthen its capacity in the use of planning tools such as the vulnerability and capacity assessment, developing relief-to-recovery guidelines, developing disaster response contingency plans and standard operating procedures to enhance preparedness for disasters such as floods and tsunami. This includes identifying operational models, linking up disaster response stakeholders on different levels, and defining management responsibilities of each stakeholder. The linkage between disaster preparedness, disaster relief and recovery will also be strengthened in contingency plans and standardized operating procedures.

Programme component 2: Organizational preparedness
Outcome: Improved capacity in skilled human resources and financial and material capacity for effective disaster management.

This component will aim at strengthening the capacities of CVTL and targeted communities to reduce disaster risk, and render effective and timely response services during disasters. This will primarily be done through developing CVTL volunteers at national and district level for disaster response, pre-positioning relief material in districts (mobilizing other resources as well), and strengthening disaster response teams at different levels. Disaster management teams and early warning systems will also be established at local levels, and contingency and response plans will be developed, both within the community and at different levels of CVTL.

⁴ Community-based health and first aid

Programme component 3: Community preparedness

Outcome: Improved self-reliance of individuals and communities to reduce their vulnerabilities to public health emergencies and disasters.

The community-based preparedness and risk reduction component is focused at community and school levels. It aims to achieve its outcome by providing training to communities and school children, focusing on promoting a culture of safety in target schools and surrounding communities. It also seeks to ensure that at-risk communities are well-prepared and have the capacity to take risk reduction measures and respond to local disasters. Through this component, CVTL seeks to build the resilience of high-risk communities to withstand the impact of floods and landslides on life, assets and livelihoods.

Programme component 4: Disaster response

Outcome: Improved disaster response assistance to meet the needs of those people affected by disasters.

The disaster response component is focused on providing timely support to disaster-affected communities. The International Federation will also be instrumental in supporting CVTL to become part of the Timor-Leste national cluster approach and the Federation regional mechanism (regional disaster response team - RDRT). This will help establish linkages with regional training and deployment, and also provide an alternative for support from outside if needs arise. Efforts will be made to continue engaging CVTL emergency tools at national, district and community levels (NDRT, BDRT, CBDRT) on disaster assessment, needs analysis and relief assistance.

Programme component 5: Recovery

Outcome: Improved assistance to restore or improve pre-disaster living conditions and reduce the risk of future disasters.

The recovery component has a dual focus - to help people improve pre-disaster living conditions and to reduce the risk of future disasters. This will be done through supporting at-risk communities with livelihood options (such as improved market gardening techniques, provision of seeds, basic agriculture tools, irrigation schemes, etc) and conducting skills-based training in agriculture, composting, book-keeping, pest control, nutrition management, cooking demonstrations, sanitation ,etc. Efforts will also be made to establish community self-help groups who will support each other through income from market gardens during lean periods, especially immediately before harvesting seasons.

b) Profile of target beneficiaries

Disaster management planning: Direct beneficiaries will be staff in national headquarters and nine branches. Strengthening CVTL’s planning systems such as vulnerability and capacity assessments and the contingency and operating plans could positively impact a large number of indirect beneficiaries as a result of improved programme implementation by CVTL.

Vulnerability and capacity assessment (VCA) refresher courses are planned for approximately 20 staff and volunteers. Two district-level contingency planning workshops are expected to engage approximately 40 staff and volunteers. A workshop is planned for approximately 20 CVTL staff to explore possible models for an integrated programming process. CVTL will receive support in clarifying its role with the national disaster management directorate during disasters.

Organizational preparedness: This programme will establish one national and 13 branch level volunteer teams and renovate two branches with storage space for relief items. CVTL has received support from a number of sources for pre-positioned relief stocks – Spanish Red Cross (nine districts), government of Timor-Leste (five districts) and International Federation (four districts and buffer stock in Dili) – as preparation to provide timely support to communities following disaster events. Some 6,000 people are expected to benefit through this support. Some 30 CVTL staff and volunteers are also targeted for capacity building in topics such as early warning systems, and climate change adaptation.

Community preparedness: This programme expects to reach approximately 2,500 community people including school children and approximately 60 school teachers (30 women and 30 men) in selected communities in disaster-prone areas. In addition, 2,000 people in surrounding communities will directly benefit through the establishment of early warning systems.

Disaster response: This programme expects to provide timely support to approximately 2,200 people during emergencies. CVTL will prioritize support to families headed by women, pregnant women, children and elderly people. Non-food items and hygiene kits will be provided in coordination with the national disaster management directorate.

Recovery: The programme aims at extending pre-disaster and post-disaster support to at least 300 people living in isolated areas where support from government and NGOs is scarce.

c) Potential risks and challenges

The greatest risk facing the CVTL disaster management programme is the lack of adequate resources, particularly at branch level. Branches play a crucial role in implementation of organizational and community preparedness programmes, and limitations in terms of capacity will restrict programme delivery and impact. Capacity building needs to be built into programme planning, and support systems at all levels. Expectations must be realistic in terms of impact as organizational capacity develops.

Projects with a significant requirement for community volunteer input often experience slower progress than expected due to conflicting responsibilities in communities where families live on a day-to-day basis. Sometimes the community's immediate priorities are not those of Red Cross activities.

The disaster management programme will identify risks and assumptions during the planning stage to ensure that appropriate steps are taken to address issues as they arise. Attention will be given to long wet seasons and flooding as subsequent recovery operations are likely to affect resources available to carry out CVTL programmes. Heavy rain can also hamper or halt planned activities.

Health and care

a) The purpose and components of the programme

Programme purpose
To strengthen capacity of vulnerable communities/people to prevent and manage injuries and common health problems in emergencies and non-emergencies

The health and care programme budget is CHF 416,087 for 2010 and CHF 441,043 for 2011.

Programme component 1: Water and sanitation
Outcome: Access to safe water and sanitation improved in the target areas

One infrastructure project will be conducted in a vulnerable rural community in Manufahi in 2011. This could be a water and sanitation project or a structural mitigation intervention, depending on the priority identified by the community. The other major activity will be to support CVTL in developing a single water and sanitation strategy and operational guidelines to ensure that they have a consistent and standardized approach to water and sanitation projects.

Programme component 2: Community-based health and first aid (CBHFA)
Outcome: Improved knowledge and practice of health-promoting behaviours provided through community-based health and first aid services

CVTL's community-based health and first aid programme will aim to improve the health status of people living in rural areas of Timor-Leste through the provision of community-based health and hygiene education. The new *CBHFA in Action* package pilot will be evaluated and then implemented in four vulnerable rural villages in the two districts of Manufahi and Manatuto. The approach involves a participatory assessment and subsequent formation of an action plan addressing health priorities identified by the community. Trained CBHFA village volunteers supported by volunteer CBHFA branch facilitators will target intervention on three to five significant health problems. Activities may include health promotion and disease prevention such as door-to-door education, support-to-mothers groups, collaboration with health authorities for campaigns and events, community group discussions, and distribution of disease prevention household equipment such as mosquito nets.

Development of a generic *CBHFA in Action* field-tested package, adapted to the Timor-Leste context, will be the backbone of the CBHFA programme and is expected to be completed in 2010. The manual is broken

down into modules and utilizes adult learning principles with a particular emphasis on learning by doing – putting knowledge and skills into immediate action.

Management and technical capacity building will be through monthly meetings with branch health staff, a national behaviour change communication workshop, and branch training and workshops e.g. vulnerability and capacity assessment, monitoring and evaluation and data analysis, and operational planning. National headquarters staff will also participate in regional training and events.

Programme component 3: First aid

Outcome: Improved first aid knowledge and practice through first aid training and services to target populations

CVTL seeks to secure its position as the preferred first aid services provider with the government of Timor-Leste's ministry of health. International Federation and Red Cross partners will assist CVTL in reviewing its current first aid programme and in developing a standard first aid package that includes an updated manual, curriculum and certification/re-certification process to be approved by the ministry of health.

CVTL already provides commercial first aid services to agencies in Timor-Leste. A commercial first aid policy will be developed that outlines standardized services provided and determines how income generated will be utilized by CVTL.

Programme component 4: HIV and AIDS

Outcome: Increased knowledge of HIV/sexually-transmitted infection (STI) prevention and reduction in discrimination and stigma among target populations, including youth, peer educators and the general public

The ministry of health HIV/AIDS/STI strategy identifies youth as one of the key target groups for HIV prevention. The new peer education package currently being developed with International Federation assistance will be rolled out in the two districts of Aileu and Ainaro in 2010, and two other districts (to be determined) in 2011. Other complementary activities such as commemoration of World AIDS Day, HIV/STI prevention information dissemination for the general public and CVTL workplace HIV/STI prevention training, will also keep people aware of the importance of protecting themselves from HIV infection and sexually transmitted infections.

The International Federation will support CVTL in joining the HIV Global Alliance which will bring their programmes under a global umbrella, establishing a standard operating framework and providing opportunities to access technical capabilities of partners and regional/international funding.

Programme component 5: Avian and human influenza pandemic

Outcome: Information on avian influenza (H5N1) is disseminated in 13 districts; target population have greater knowledge of virus, symptoms and transmission and can take measures to prevent and mitigate an epidemic; CVTL is better prepared to operationally mitigate the effect of a human pandemic.

Avian influenza continues to pose a threat to Timor-Leste, given its close proximity to Indonesia. Strengthening surveillance at the community level and hygiene promotion will be important activities in preventing or mitigating the risk of spreading the disease. Integrating information on avian influenza into CBHFA will increase the effectiveness of information dissemination. Activities will include training CBHFA volunteers in information dissemination on avian influenza to communities in five districts.

To further strengthen activities related to public health in emergencies, training in effective response will be provided to key health staff and CBHFA volunteers. The potential for integration of influenza pandemic preparedness and response with disaster management activities will also be explored.

b) Profile of target beneficiaries

CVTL's health and care programme will reach approximately 16,000 people in 2010-2011, with more than half comprising women and children under five years. Services will extend to all 13 districts in Timor-Leste and will focus on rural communities with high vulnerability due to poverty and low health status.

Water and sanitation Approximately 600 households (3,000 people) in Manufahi will benefit from a significant infrastructure project targeting improved access to water and sanitation or reduced risk from natural disasters through a structural mitigation project.

Community-based health and first aid: The health status of people living in rural areas of Timor-Leste will improve through the provision of community-based health and hygiene education. An estimated 2,400 rural households (some 12,000 people) will be selected to receive health information in the two districts of Manufahi and Manatuto. This project will also have a particular focus on maternal and child health issues and target children under five years of age.

First aid: Up to 52 first aid trainers will be trained in the new first aid package in 2010. CVTL's bilateral Red Cross partners will support the roll-out of training to all 13 districts. This will provide approximately 325 volunteers with first aid training and enable them to offer first aid services in their communities.

HIV and AIDS: Fifteen peer educator trainers will be retrained on the new youth peer education package and in turn, will train approximately 100 youth volunteers in four districts. Each peer educator volunteer will work with approximately 20 peers (totalling 2,000 young people) to increase awareness on HIV/STI prevention, and promote counselling and testing. An estimated 100 CVTL staff will receive annual in-service training on the HIV workplace policy.

Avian influenza: Approximately 125 CBHFA volunteers in five districts will receive training in avian influenza prevention. These volunteers will conduct monthly information dissemination sessions to communities in their districts to raise awareness on avian influenza prevention to approximately 1,500 community members.

c) Potential risks and challenges

International Federation support to CVTL's health programme in 2010-2011 will assist CVTL in consolidating their current programmes with a focus on developing well-managed standardized approaches and sustainable quality services. The internal and external review identified evidence of CVTL's organizational and management systems being over-stretched in meeting the increasing demands of effective service delivery. CVTL health department management and technical skills have developed well but not at a pace to keep up with the rapid programme and partner expansion. The International Federation will continue to focus on capacity building through workshops and training, and informally through mentoring and role models.

Ministry of health initiatives such as the training of family village health volunteers (*Promoter de Saude de Familia - PSF*) in the *sucos* or villages and the reinstatement of the *Servisu Inegradu Sude Communita (Sisca)* scheme in all 13 districts will mean that CVTL must clarify the role of its village volunteers to avoid duplication or competition between services.

Organizational development and capacity building

a) The purpose and components of the programme

Organizational development and capacity building are high priorities for CVTL at this stage of their growth, as confirmed in the internal and external review. There is a high level of integration of both elements in and with programmes. Branch and volunteer development, two components with direct impact on programme delivery, will be supported through leadership and management training and through training in cooperation and external relations. All components support the work of the national society in their disaster management, health, tracing, information dissemination and youth programmes.

All components build on the organizational development and capacity building programme in place. Branch development, rehabilitation and finance system development at national and branch level are a continuation of existing programmes. With growing capacity among national and branch staff, there will be a greater focus on building and utilizing staff resources particularly at branch level. A stronger focus on volunteer development and modular management training represent new approaches, building on the work done to date and informed by the results of the external evaluation of CVTL health and other review activity in 2008 and 2009. This will also engage the broader senior management team more closely, particularly in support departments.

Recognizing the high workload of staff, the approach will be centred on regular meetings, workshops and visits that also tie in with programmatic needs such as planning, monitoring, evaluation and reporting (PMER) timeframes e.g. monthly trips from branch to headquarters to deliver reports and plans. As much as possible, planning, training and ongoing action learning activities will be carried out through these set meetings and closely tied to programme implementation needs, so that new skills and knowledge can be practiced while learned.

Target audiences for branch and volunteering development are branch staff and volunteers, while management capacity building will initially target national headquarters managers. Some management training will also include branch staff. The plan recognizes that the most effective capacity building activity is that which happens in the context of programme delivery – experiential learning – and both planning and implementation will involve close cooperation between organizational development and programmes. The branch development approach will continue to be developed through consultation involving programme staff at both national headquarters and branch level and branch boards.

Relevant CVTL staff will continue to be coached and mentored by Federation delegates, with technical support provided by the Southeast Asia regional office in e.g. finance development. Finance and human resources will also continue to benefit from technical support funded by bilateral Red Cross partners. With this model working well, the International Federation will support CVTL in pursuing a similar approach to realizing the communications and logistics action plans. Management training (component 2) will draw on various technical support sourced both locally and internationally.

Programme purpose
Increase the capacity of CVTL to address the needs of the most vulnerable through a well-functioning branch structure, qualified and supported staff, volunteers, effective management systems, and strong engaged leadership.

The organizational development/capacity building programme budget is CHF 492,352 for 2010 and CHF 395,115 for 2011.

Programme component 1: Branch development
Outcome: CVTL branch performance demonstrates progress
Programme component 2: Leadership development
Outcome: Stronger leadership through clearer understanding of roles and increased skills and knowledge
Programme component 3: Volunteering development
Outcome: Improved volunteer retention and increased volunteer satisfaction
Programme component 4: Financial sustainability and strategic partnerships
Outcome: CVTL has well-functioning partnerships with the Red Cross Red Crescent Movement and other partners
Programme component 5: Development of management support systems
Outcome: Strengthened systems in priority support areas – finance, logistics, communications and human resource management
Programme component 6: Support to national society organizational development process
Outcome: The organizational development and capacity-building programme runs effectively and efficiently

b) Profile of target beneficiaries

Target audiences for this programme are given above although indirectly people reached are clearly those of CVTL's disaster management, health, tracing, information dissemination and youth programmes. The longer term impact on the provision of services to vulnerable people will be measured through programme indicators. However the immediate impact of the Federation-supported organizational development and capacity building programme will be measured in terms of its reach to national society staff, board, volunteers and systems.

c) Potential risks and challenges

The principal risk facing the organizational development and capacity building programme is that pressure on CVTL to increase services is maintained and that identified institutional strengthening and development of staff and systems are not sufficiently resourced. These risks will be managed primarily through good partnership development and also through participatory planning with relevant staff, and scheduling the most time-demanding activities in quieter periods of the year.

The other key risks, as with any capacity building programme is that sufficient follow up by and for the target audience is not carried out. Potential gains can also be lost through loss of staff. These risks will be managed through a robust development process, and care to keep plans realistic particularly with respect to time and follow-up needed to achieve and effect change. The learning over the last four years, both formal and informal, has highlighted the importance of taking this consideration seriously. To manage these risks, the

International Federation will support CVTL in strengthening collaboration, cooperation and communication with all its partners. The plan envisages a strong commitment to joint implementation with CVTL and its bilateral partners.

Role of the secretariat

The budget for secretariat coordination is CHF 198,121 for 2010, and CHF 198,065 for 2011.

Over a period of several years, following the handing over of water and sanitation programmes from the ICRC, the International Federation worked closely with CVTL to establish a national society, culminating in its formal recognition in 2005. Based on the results of a nationwide vulnerability and capacity assessment (VCA), the International Federation assembled a team with technical expertise in health, disaster management and organizational development to assist CVTL in building programmes in line with national development priorities. CVTL grew rapidly, making significant progress in what was a difficult operating environment, and now has programmes in preventative health and care including water and sanitation, HIV/AIDS, disaster management, emergency response and, more recently, youth. The ICRC also worked closely with CVTL to develop small yet effective programmes in tracing and dissemination. A national headquarters was developed in Dili and a branch established in each of the country's 13 districts, staffed with a branch coordinator and programme staff and has a nationwide network of volunteers.

Increased support and engagement from bilateral Red Cross partners and others have allowed CVTL to build its capacity to deliver programmes to all 13 districts. In response to this and to the review findings, the International Federation will shift its focus in 2010-2011 to targeted assistance in priority areas of institutional strengthening, capacity building, programme support and in partnership development.

a) Technical programme support

Technical support throughout 2010-2011 will be provided by in-country Federation delegates with expertise in disaster management, health and organizational development, headed by a country representative/head of country office, together with specialist input from the regional office as required. Delegates will work closely with CVTL counterparts in all areas including management and coordination, with a focus on:

- assisting CVTL with standardizing programme content and delivery, responsive management, monitoring and evaluation, and innovation
- development of CVTL strategic approaches – in integrated, community-based implementation and mobilization of community volunteers
- institutional development including management systems and branch development, and
- facilitating regional office and other specialist support for training and capacity building in all programme areas, as well as finance development, communications, internships, logistics, etc.

b) Partnership development and coordination

The secretariat will assist CVTL in developing and managing strategic partnerships both for operational and resource mobilization purposes and to establish collaboration guidelines. It will also provide leadership in Red Cross Red Crescent Movement coordination to facilitate effective, harmonized support to CVTL and to assist with sourcing of specific technical and programme inputs from relevant partners.

c) Representation and advocacy

The secretariat will work with CVTL to maximize opportunities for the national society as member of the Red Cross Red Crescent Movement both in Timor-Leste and in the region/internationally through communications support and participation in and contribution to international campaigns, relevant forums, etc.

The head of country office will continue to work closely with the secretary general of CVTL to ensure that the Movement is well represented in inter-agency and other relevant forums and on all other matters of mutual interest.

Note:

The International Federation will provide support to CVTL in Fundamental Principles and humanitarian values as required, aiming to improve integration and understanding of these within CVTL through all programme components.

The importance of impartiality, particularly in selection of target communities will be considered at all stages of planning and implementation of community-based programmes. Incorporation of the 10 principles of the Code of Conduct⁵ and relevant key indicators of the Sphere project will be considered in the design and implementation of programmes.

Promoting gender equity and diversity

Gender has been identified as a significant barrier to equal economic and human development opportunities in Timor-Leste. CVTL will promote gender equity in beneficiary selection particularly where situational factors favour the selection of men and boys.

Special consideration for women will be given in the health programme. Selection of volunteers will be gender-balanced, and women-only forums and meetings will be held so that women are both specifically targeted for interventions (e.g. since women and children carry the major burden of disease in Timor-Leste) and given assisted access to decision-making. All data collection will be disaggregated by gender.

Quality, accountability and learning

CVTL has identified the need to improve programme quality and accountability and the International Federation will provide targeted support in this area in 2010-2011. CVTL has made significant progress in moving to a more programmatic, results-based approach to service delivery and managers are more aware of the importance of good planning, reporting and evaluation. CVTL is utilizing a pilot project approach with the new *CBHFA in Action* programme and an evaluation will be carried out as part of the project to capture feedback and learning from all stakeholders, including people reached in the communities. Capacity building and training opportunities are planned for 2010-2011 - in programme planning and management, use of simple field-based monitoring and evaluation tools and in behaviour change communication techniques.

The International Federation regional disaster management unit will support CVTL's contingency planning and training in integrated risk reduction techniques in 2009 which will be extended to the district teams in 2010.

⁵ The Code of Conduct for International Red Cross and Red Crescent Movement and NGOs in Disaster Relief

How we work

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

Global Agenda Goals:

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

Contact information

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- Federation Asia-Pacific zone office, Kuala Lumpur; phone +603 9207 5700; fax: +603 2161 0670
 - Jagan Chapagain, deputy head of zone; email: jagan.chapagain@ifrc.org;
 - Penny Elghady, resource mobilization and PMER coordinator; email: penny.elghady@ifrc.org; phone: +603 9207 5775Please send all pledges of funding to zonerm.asiapacific@ifrc.org

[<map below: click to return to title page>](#)

MAATP001 - Timor-Leste

Budget 2010 - 2011

Budget 2010

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	127,134	16,275	14,548			157,957
Land, vehicles & equipment	14,020	4,123	2,821			20,964
Transport & Storage	16,989	24,408	15,554			56,951
Personnel	198,322	179,345	174,326		152,830	704,822
Workshops & Training	39,408	55,000	45,212			139,620
General Expenditure	82,872	109,348	207,888		32,413	432,521
Depreciation						
Contributions & Transfers	6,512	543				7,055
Programme Support	33,734	27,046	32,003		12,878	105,661
Services						
Contingency						
Total Budget 2010	518,991	416,087	492,352		198,121	1,625,551

Budget 2011

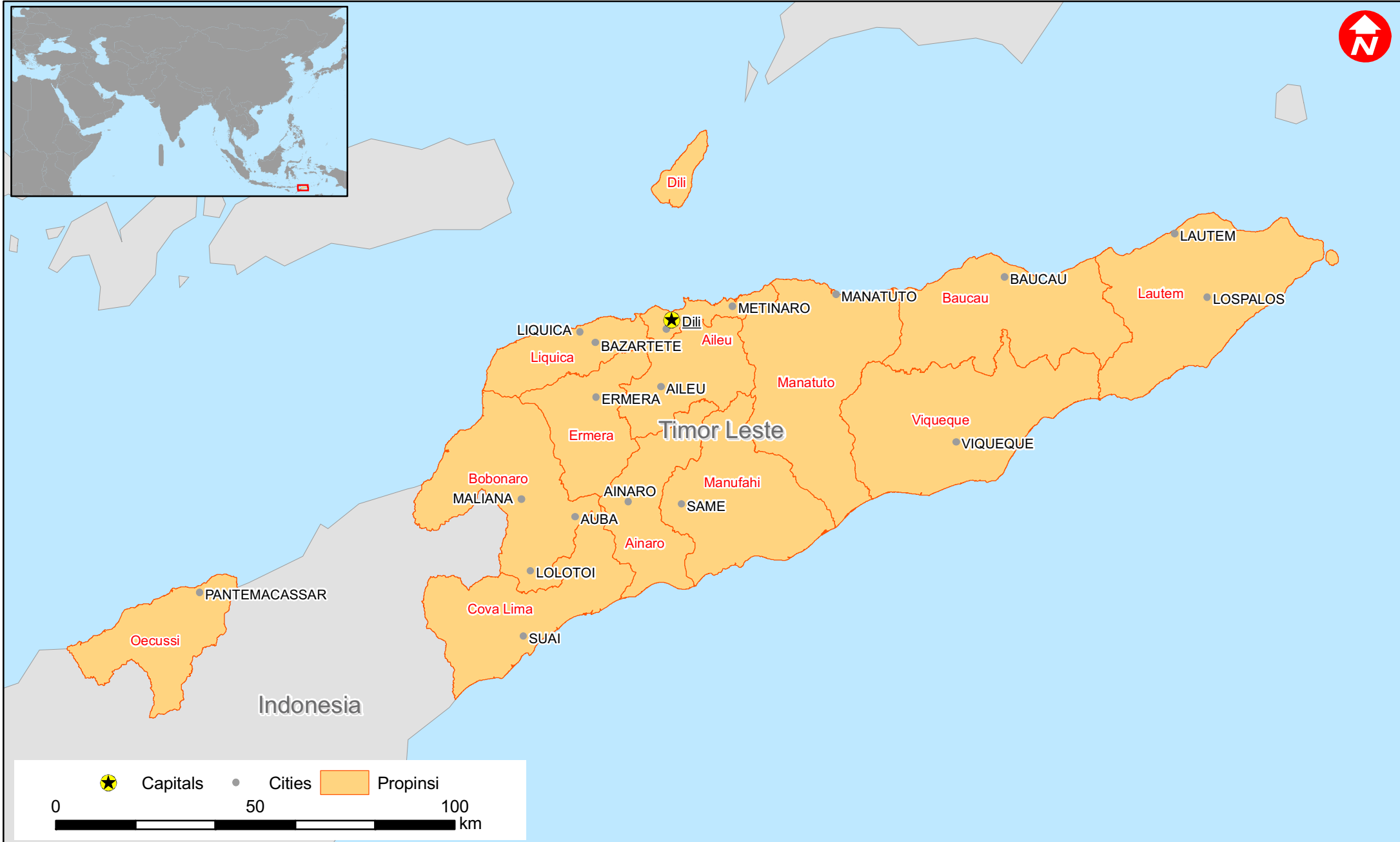
All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	105,434	48,825	10,579			164,838
Land, vehicles & equipment	7,720	5,425	2,821			15,966
Transport & Storage	16,990	40,033	15,555			72,577
Personnel	194,356	174,275	202,240		152,830	723,702
Workshops & Training	55,076	53,492	39,826			148,394
General Expenditure	67,796	89,782	98,412		32,361	288,351
Depreciation						
Contributions & Transfers	13,024	543				13,567
Programme Support	32,006	28,668	25,682		12,874	99,231
Services						
Contingency						
Total Budget 2011	492,402	441,043	395,115		198,065	1,526,625



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

Timor Leste



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Map data sources: ESRI, DEVINFO, GRUMP, Federation