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Annual report Timor-Leste

 International Federation
of Red Cross and Red Crescent Societies

MAATP001
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**This report covers the
period 1 January 2011
to 31 December 2011**

School children learn about
disaster risk reduction, on
International DRR Day, Dili
Photo: Oct 2011/CVTL



In brief

Programme outcome

Cruz Vermelha Timor-Leste (CVTL) and the International Federation of Red Cross and Red Crescent Societies's (IFRC) framework in Timor-Leste is Strategy 2020 and the 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.

With a focus on Enabling Action 1: Build strong National Red Cross and Red Crescent Societies and sustainable development, IFRC provided funding, technical and management support to CVTL's disaster management, health and organizational development programmes in 2011. Under Enabling Action 3: Function effectively as the International Federation, IFRC also provided a strong lead in coordinating a framework of cooperation among CVTL's Red Cross Red Crescent partners with the objective of achieving collaborative support for CVTL.

Programme summary

The objectives of the IFRC's planned support to CVTL for 2011 were mostly achieved. Completion of the five-year community-based risk reduction (CBRR) pilot project was a significant milestone for CVTL. The final evaluation conducted in November indicates that both the original project objectives have been largely met. CVTL worked with 15 of the total of 22 communities engaged in the project, implementing a range of activities, many of them focusing on strengthening volunteer structures and building the capacity of local leaders to maintain activities after CVTL's exit. The communities were able to demonstrate improved knowledge and understanding of risk reduction and increased capacity to manage risks. Also noted was that "the development of CVTL's capacity to support disaster risk reduction work in vulnerable communities achieved particularly good results."

Good progress was recorded in CVTL's community-based health and first aid pilot project that had activities running concurrently in two villages with encouraging results from malaria interventions. A mid-term review identified a need for improvement in planning, monitoring, evaluation and reporting (PMER) skills and CVTL project staff received intensive assistance through the IFRC PMER mentoring project which appears to have given them greater confidence and skills. The Ministry of Health requested CVTL's assistance to mobilize community members to bring their children to clinics for vaccination during an outbreak of measles and Dili branch volunteers enabled more than 8,000 children to receive the vaccination.

Organizational development worked on policy and procedures development in 2011 and CVTL's first volunteer policy was launched, together with a code of conduct for volunteers on International Volunteers Day. Three branch buildings were completed in the year, providing branches with a much-improved and secure base for administration, volunteer training and storage of equipment. Skills training throughout the year gave branch coordinators more confidence to carry out their tasks with improved management and computer skills and provision of basic office equipment.

Financial situation

The total 2011 budget was CHF 1,181,370 of which CHF 1,568,257 (133 per cent) was covered during the reporting period (including the opening balance). The excess in coverage is due to funds received for 2012 plan, from donors whose funding year extends over December 2011. Overall expenditure during the reporting period was CHF 1,156,068 (98 per cent) of the budget.

Spending was delayed early in the year due to the prolonged wet season which caused extensive damage to roads and limited access to and within the districts. CVTL made up for most of the lost time and, apart from some minor changes to their plans for activities not realised, achieved expenditure targets. The IFRC organizational development spending was reduced mid-year to accommodate activities funded by other donors but this provided an opportunity for additional funds to be allocated to disaster management projects.

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

No. of people we have reached

The number of people benefiting directly from the IFRC-supported disaster management programme interventions during the reporting period was approximately 13,000 (of which 6,400 were men and 6,600 women) in seven districts. This data is sourced from vulnerability and capacity assessments. Health-related programmes reached approximately 18,300 people and out of these, 8,000 were children receiving measles vaccination.

Our partners

The 2011 annual plan was fully funded with generous contributions from Australian Red Cross, Finnish Red Cross, Japanese Red Cross Society, Netherlands Red Cross, New Zealand Red Cross and Norwegian Red Cross. Outside the Movement, contributions were received from the United Kingdom Department for International Development (DfID) and the European Commission's Disaster Preparedness programme of the Directorate General for Humanitarian Aid and Civil Protection (DIPECHO) through the IFRC Southeast Asia office. Australian Red Cross, Finnish Red Cross and New Zealand Red Cross also provided much appreciated in-kind personnel support.

CVTL continued to receive strong bilateral Movement support across all programmes from Australian Red Cross, Austrian Red Cross, Japanese Red Cross Society and Spanish Red Cross, and the International Committee of the Red Cross (ICRC). Coordination with government, non-government organizations (NGOs) and United Nations (UN) through technical working groups, disaster management committees, inter-agency

forums and the Humanitarian Country Team ensured that Red Cross programmes and capacity was well understood. CVTL's external partners included International Organization of Migration (IOM) and the government's Ministry of Social Solidarity (emergency response) and the Ministry of Health and World Health Organization (WHO).

On behalf of Cruz Vermelha Timor-Leste, IFRC would like to thank all partners and donors for their generous and invaluable support of this programme.

Context

The relatively high growth rate recorded in the country and the 17 per cent increase in the Human Development Index (HDI) value in 2010¹ do not appear to have translated into sustained improvements in standards of living, livelihoods and job creation. Poverty remains pervasive and widespread with around 41 per cent of the population living on less than one US dollar a day; malnutrition remains common particularly among children where 45 per cent are underweight². Most of the 77 per cent of the population who live in rural areas are vulnerable to multiple risks including poor access to safe water, malaria, diarrhoea, food insecurity and exposure to natural disasters.

The Council of Ministers endorsed the prime minister's National Strategic Development Plan 2011-2030 in July. The 20-year vision outlines significant investments in many areas including agriculture, tourism, petroleum, banking/finance, human capital development and large infrastructure projects. Disaster risk reduction (DRR) is not included in the plan and less than one per cent of the national budget is spent on DRR. Preparations for the 2012 presidential and parliamentary elections were evident throughout the year, including increased security measures with an extension of the UN peacekeeping mission. However, the presidential candidates and parties signed a peace pact early in the year and the lead-up to the presidential elections in March has been calm.

The 2010-11 La Niña event, one of the strongest on record and understood to be the cause of prolonged increased rainfall in Timor-Leste during 2010 and early 2011, had a reduced effect on the country's weather through the year and a return to normal (drier) conditions is predicted.

Progress towards outcomes

Disaster Management

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.

Achievements

- IFRC assisted CVTL to complete an initial assessment report on climate change in Timor-Leste and an action plan to integrate adaptation activities into disaster management, health and youth multi-year operational plans.
- Assistance was provided to CVTL to finalise their five-year integrated community-based risk reduction (iCBRR) programme framework with a logframe, implementation plan and outline budget. Norwegian Red Cross accepted a proposal to support a 12-month implementation project and CVTL is working with other partners to develop further proposals in 2012.

¹ Timor-Leste Human Development Report 2011 UNDP

² Timor-Leste Demographic and Health Survey, Timor-Leste Government 2009-10.

- Progress was made in assisting CVTL to develop emergency water and sanitation and health surveillance capability and a more integrated emergency response programme but full contingency planning was not possible due to lack of resources.
- CVTL agreed to pilot a new IFRC resource mapping system (RMS) which will enable them to map and manage emergency stock and volunteer and member resources. Two visits were made from the IFRC zone office to provide orientation to staff and collect data. National data sets from the UN will provide useful reference information for the database.

Programme component 2: Organizational preparedness

Outcome

Improved capacity in skilled human resources, and financial and material capacity for effective disaster management

Achievements

- CVTL hosted a regional ten-day field school to improve vulnerability and capacity assessments (VCA) as a diagnostic tool for community-based programming with participants from Philippines Red Cross (PRC) and Indonesian Red Cross (Palang Merah Indonesia/PMI). Cooperation between PMI and CVTL continued with PMI trainers providing CVTL staff with a five-day training session on DRR education for children and, in November, hosting a six-day study tour for CVTL staff to view their iCBRR programme to better understand the advantages and challenges of the integrated approach.
- CVTL developed important DRR resources, finalising information, education and communication (IEC) materials including posters, a local field guideline for CBRR and a set of educational tools (games, comic books, CDs) for their school programme.
- Senior disaster management staff attended regional disaster response team (RDRT) induction training and a course on livelihoods and participated in the 15th meeting of the Regional Disaster Management Committee (RDMC) in Bangkok in May.

Programme component 3: Community preparedness / disaster risk reduction

Outcome

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

Achievements

- 2011 was the final year of the community-based risk reduction (CBRR) pilot project and disaster management staff worked with 15 out of 22 of the original communities, implementing activities in disaster risk reduction education for children, refresher training on evacuation planning and simulation, and damage analysis and needs assessment training for suku councils and community leaders. The work focused on strengthening volunteer structures and building the capacity of local leaders and support networks so that communities could maintain risk reduction activities after the project is finished. Exit meetings were held in all communities and end-line surveys conducted to confirm the results of the project, request feedback and assist with planning for future needs.
- Three small-scale flood mitigation projects were completed in the year, in which CVTL provided technical advice and materials and the community contributed their voluntary labour. At three other sites where larger-scale mitigation solutions were needed, CVTL advocated to the government to assist, and were successful in obtaining such assistance for one site by year end.

- Risk reduction awareness for elementary school children used quizzes, games and simulation exercises to help children to identify hazards and learn what they can do before, during and after disasters to keep them safe. Approximately 1,840 children (993 boys, 847 girls) benefited directly from the programme; tests showed good retention of facts learned. CVTL promoted International Disaster Day in October in 13 districts with activities focusing on children and youth. Approximately 1,500 people took part, of which 650 were children.
- During the latter half of the year, activities focused on preparing CBRR communities for CVTL's exit from intensive support. Staff assisted communities to review their action plans (CAPs) and assisted leaders to establish and train Suku Disaster Management Committees (SDMCs). Around 400 suku and village leaders, local government representatives and volunteers attended training on disaster preparedness and early warning systems.
- IFRC commissioned an end-of-project evaluation of the project which was conducted as a participatory "learning and action" exercise. The report commended CVTL on the skills and knowledge they had built through the project and on the scope of its DRR work and acknowledged some good results achieved at the community level. Project management skills were identified as still needing support but the evaluator found that CVTL was well placed and ready to adopt a more integrated approach, confirming many of the areas already highlighted and strengthened in the new iCBRR programme framework.



Elementary school children practice earthquake response.
Photo: CVTL

Programme component 4: Disaster response

Outcome

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

Achievements

- Branch disaster response teams received annual refresher training mid-year and in October; national team training established a group of volunteers with skills in disaster response systems and tools to act as surge capacity in case of larger-scale or prolonged disasters. Indonesian Red Cross (PMI) trainers facilitated the six-day training, funded by the United Kingdom Department for International Development (DfID) which covered topics including safer access, disaster and emergency management, Sphere³, assessment, early warning systems, relief and distribution, logistics, coordination and reporting. The final component was a simulation for the group to practice the skills they had learned.
- CVTL branch disaster response teams (BDRT) worked in coordination with the government to provide assistance to communities in Oecussi (113 families) and Viqueque following floods early in the year. In Zumalai, Cova Lima district, fighting resulted in the burning of 120 houses and CVTL assisted the government with assessments and provided relief items to victims. When house fires broke out in Oecussi and Baucau districts, branch teams provided family kits and tarpaulins to affected families.

³ Humanitarian Charter and Minimum Standards in Disaster Response (Sphere)

Programme component 5: Recovery

Outcome

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

Achievements

- CVTL provided technical advice and assistance with equipment and materials to four communities on a range of livelihood activities including sustainable agricultural techniques, food production, raising chickens, tais-making and processing coconut oil. Training was also provided in book-keeping and marketing.
- 2011 was the final year of targeted livelihoods intervention in Tataresi village and a review showed that the community valued the alternative means of generating income as it enabled them to maintain their daily needs through the wet season and in case their maize crop failed. Four aldeias, comprising 183 households and 840 people, contributed their labour to rehabilitate the water system and all 53 households in Tataresi now have good sanitary facilities for the first time. The community also recognized the value of learning construction skills.
- As interventions were started in 2010, long term impact could not be measured although there are good indications that livelihood groups feel able and are motivated to continue activities. Several groups initiated activities by themselves and the incentive of earning an income to meet daily needs was clearly articulated. The group structure maintained levels of motivation and interest and gave individuals, including women, confidence to be involved. Activities were maintained for the whole period of the project; and in the activity for agriculture, participation reached 96 per cent of total households.
- CVTL integrated a livelihood component into the existing CBRR programme in the additional three village with good results. As an example, three tais-making groups raised over USD600 in six months.

Constraints or Challenges

- It was a significant milestone for CVTL to complete the five-year community-based risk-reduction pilot project and they have committed to an integrated approach that helps vulnerable communities address multiple risks with a more complete package of support activities. CVTL will incorporate their learning from this exercise, the livelihoods project and other pilot projects into the new programme and this will take some time to establish. At the same time, if partners can support the single integrated CBRR programme, implementation and management systems can be standardised and simplified.
- The CBRR evaluation noted that, whilst many communities were quite happy with the small-scale mitigation projects, managing water courses prone to flash flooding is extremely difficult to do well and construction using local labour may not be of sufficient quality. CVTL will need to consider their future work in this area.
- The poor condition of roads in the wet season and the lack of public transport continue to limit the community's access to markets and as a result, to income-generating opportunities. CVTL will continue to advocate to the government on this issue.

Health and Care

Programme component 1: Water and sanitation

Outcome

Access to safe water and sanitation in the target areas is improved:

Achievements

- As part of the community-based health and first aid (CBHFA) pilot project intervention, CVTL provided materials and technical assistance to rehabilitate three water wells in the community of Bitirai in Manufahi district. CVTL water and sanitation teams trained community volunteers in construction methods and assisted them to build the wells and two demonstration latrines.
- With support from the IFRC zone water and sanitation and in-country Partner National Society delegates, CVTL undertook an assessment of emergency water and sanitation needs and finalised guidelines.

Programme component 2: Community-based health and first aid

Outcome

Improved knowledge and practice of health-promoting behaviours provided through community-based health and first aid services

Achievements

- Training of volunteers and community activities were conducted in two villages: Au Beon in Manatuto district and Bitirai in Manufahi district. Basic training in community-based health and first aid (CBHFA) using CVTL's adapted training manual was followed by identification of five health priorities and development of a community action plan (CAP). Volunteers in Au Beon carried out door-to-door education on malaria and provided 212 families with long-lasting insecticide-treated mosquito nets. Initial monitoring visits reported correct use of nets by 537 people (54 per cent) and no new cases of malaria were recorded by health post staff in November. In Bitirai (population 660), CVTL assisted the community to rehabilitate three wells (see above). Almost 50 volunteers from both villages were trained in first aid to be better able to assist their communities to prevent and treat minor injuries.
- A three-day CBHFA refresher training was held in December in Dili for 20 branch facilitators (from Manatuto, Manufahi and other districts) and 5 community volunteers (as observers) from Au Beon and Bitirai. The Ministry of Health provided input on malaria and tuberculosis.
- A participatory mid-term review of the CBHFA pilot project carried out in July considered the progress and expenditure achieved and recorded lessons learned including the need to improve plans, budgets and planning, monitoring, evaluation and reporting (PMER), continue to build technical and management capacity of staff and consolidate use of tools across community-based health programmes. The review helped CVTL understand the importance of recording results against objectives rather than merely on completion of activities. CVTL's CBHFA manager gave a summary of the findings at the annual Asia-Pacific workshop in Bangkok in September.
- The CBHFA pilot project was selected as a focus for PMER mentoring support from the IFRC zone office and staff received training and intensive support to review the log frame and develop community-level targets and indicators. The CBHFA PMER toolbox was reviewed and the volunteer record book was adapted and translated to improve monitoring by village volunteers. CVTL staff showed improved skills and a better understanding of PMER; and mentoring will continue in 2012.

- CVTL also improved their community entry programme with Au Beon and Bitirai and both villages showed greater engagement with the project than the first target village, providing fencing around the wells to keep out the animals and constructing garbage pits. Expectations from and of the community were made more clear, as were those areas of their needs that were outside the scope of possible intervention and best addressed through advocacy by other organizations or the government. CVTL also improved their baseline techniques and translated the questionnaire. In Bitirai, staff gave volunteers a one-day briefing and then together collected data from 46 household interviews.



Dili volunteer demonstrates first aid on Global Road Safety Day. Photo: CVTL



Bitirai villagers enjoy clean water from the rehabilitated well. Photo: CVTL

Programme component 3: First aid

Outcome

Improved first-aid knowledge and practice through first-aid training and services to target populations.

Achievements

- Following training on new first-aid curricula and resources and on presentation techniques, CVTL district trainers continued to use the new material successfully. In November, they made a presentation to a meeting of stakeholders in Dili, including representatives from the Ministry of Health, national police, international NGOs and NGOs. Feedback was positive and the Ministry of Health welcomed further discussions regarding recognition of CVTL as the preferred training provider.
- Support was provided to CVTL to prepare a new three-year proposal to the Japanese Red Cross for provision of first-aid services and for an evaluation of the current programme.
- The plan to further develop staff capacity on commercial first aid was not fully realized due to time constraints. IFRC will provide support for this in 2012.

Programme component 4: HIV and AIDS

Outcome

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

Achievements

- A revitalised HIV/AIDS youth peer education (YPE) programme and resource package was finalised in early 2010 and the first training of district trainers was conducted for 11 staff and volunteers from the three pilot districts, Ainaro, Aileu, Dili and from national headquarters. The new YPE package follows IFRC peer education standards and has a strong life skills focus. District trainers train youth peer educators who meet with at-risk young people either individually or in small groups to discuss topics such as transmission of HIV and sexually transmitted infections (STI), methods of protection and where to go to seek advice and treatment.
- In 2010, a group of 30 peer educators from the first two pilot districts Ainaro and Aileu were recruited and trained in HIV, STIs, sexual reproductive health, communication skills and basic counseling. In early 2011, Dili was selected as the third pilot district and a further 24 peer educators were recruited and trained. Two district training sessions were conducted in 2011 and a five-day refresher training for 40 peer educators in September reinforced key messages and updated their knowledge and skills.
- A review of the YPE project in Ainaro and Aileu in March showed that although activity targets were largely reached, including recruitment and training of peer educators and contact with peers, there were some serious short-comings. The most significant assessment was that the project had not reaching the at-risk youth target group.
- The reviewer assisted the HIV team to develop a plan of action starting with re-mapping the two districts (Ainaro & Aileu) for at-risk youth and including other implementation and management recommendations. Focusing on the district centres where young people come from the sub-districts to study, they identified two major groups of mobile youth living away from their direct family, those living in hostels and those living with relatives. New peer educators were recruited and trained and started peer sessions with the two target groups.
- A follow up assessment in January 2012, in the form of group interviews with branch health staff, district trainers and youth peer educators, looked at how well the review recommendations had been implemented and their impact. Results were mixed: peer educators were satisfied that the target groups had been reached; all active peer educators had received the proper training and were conducting their peer-to-peer sessions correctly; peers were judged to have gained better knowledge of how to protect themselves from HIV and where to go to get tested. However, other recommendations such as improving volunteer record systems, developing a glossary to improve utility of the manual and measurement of indicators had only partially been implemented. Baselines had been used but only in October, well after many of the peer sessions had been started so their usefulness against which to measure results are limited.
- Overall, CVTL recorded some improvement in quality of results in 2011 compared to 2010:
 - The total number of young people receiving peer-on-peer information in the three districts was 2,194 (out of which 1,095 were women) in 2011, compared to 2,000 (out of which 1,021 were women) in 2010. There were 3,378 peer-to-peer contacts in 2011.
 - Number of referrals to voluntary counselling and testing centres (VCT): 45 (9 women, 36 men)
 - VCT referral cards distributed in 2011: 236; VCT brochures distributed in 2010: 1,700
 - Number of condoms handed out: 2,600 in 2010, 661 in 2011. *2010 numbers are thought to have been overstated.
- World AIDS Day was commemorated in the three pilot districts where branch staff and trainers conducted meetings with community leaders to reduce stigma for people living with HIV (PLHIV). In two of the CBHFA communities, Bitirai and Au Beon, approximately 1,700 people received HIV messages.
- Assistance was provided to CVTL to finalise and submit a Round 10 Global Fund proposal to continue an expanded HIV prevention programme. Their proposal was successful with all components except one targeting uniformed services.

Programme component 5: Avian influenza and emergency health

Outcome

Information on avian influenza (H5N1) dissemination in five districts: target population has greater knowledge of virus, symptoms and transmission and can take measures to prevent and mitigate an epidemic; CVTL is better prepared to mitigate effect of a human pandemic on operations.

Achievements

- Volunteers carried out awareness-raising activities on avian influenza (H5N1) primarily in five districts reaching almost 3,900 people from the general community and among school students. Dili branch volunteers supported the government with community mobilization for the measles vaccination campaign, in which over 8,000 children were vaccinated.
- The IFRC health delegate worked with CVTL's emergency response managers to develop a new programme in which emergency health activities are integrated with CVTL's current disaster response. Planned activities include monitoring trends and potential hazards as well as developing CVTL's knowledge of epidemic control for emergency response teams.

Constraints or Challenges

- As the new integrated community-based intervention starts in 2012, the CBHFA team will need to focus on completing the pilot and, at the same time, ensure lessons learned are fully incorporated into the new programme. The phased start to the new programme should help.
- The technical and cultural challenges associated with working in HIV/AIDS with young people have made the YPE pilot project difficult to manage. IFRC provided support to address the issues and assess the future of the project and, whilst these provided useful learning processes, greater commitment from programme managers could have improved the outcomes.

Organisational Development

Programme component 1: Branch development

Outcome

Branch (local) level capacity and capability strengthened for improved service-delivery capacity and quality.

Achievements

- Monthly meetings at national headquarters were extended to include more training in management, computer skills, finance, planning, reporting and fundraising, with attendance close to 100 per cent. Coaching on individual needs commenced with the appointment of a branch development manager and a regional finance officer. As a result of both approaches, branch coordinators demonstrated a better understanding of their role and have developed skills in key areas.
- Following training, most branch coordinators conducted performance reviews with their staff for the first time in 2011. Most branch staff seem to have a clear understanding of their roles, which may be partly attributed to the completion of performance reviews.
- A branch financial management and administration guideline was completed in 2011 followed by implementation in the same year. Opening of bank accounts for branches in the districts will facilitate fast and safe transfer of funds.

- Branch development workshops were completed with six branches, three of which drafted branch development plans. Some coaching is still required to complete them but the process has helped branches to take more responsibility for their own future.
- Three branch buildings were completed and inaugurated in the year providing branches with a much improved and secure base for administration, volunteer training and storage of equipment. Contracts were awarded for rehabilitation of three further branch buildings, due for completion in early 2012.
- A standard set of equipment that branches need to operate efficiently was agreed early in the year and half of the branches were equipped according to this standard in 2011 with support from IFRC and other partners. As a result branch coordinators can produce plans, reports and training material, and store information more efficiently.



The renovated Manufahi branch building was inaugurated in May. Photo: CVTL

Programme component 2: Governance development and national resource mobilization

Outcome

Strengthened role of governance, diversification of partnerships and sources of funding for greater independence; consistent strategic focus.

Achievements

- Branch boards were supported with meeting costs and most districts played an active role in governance with boards meeting regularly. Regional workshops were held in three of the four regions to follow up on governance orientation done in 2010. Attendance averaged five from each branch and boards appear to have a good understanding of their role.
- A fundraising policy was developed following the review in 2010 and training was given to branch coordinators so that they can develop fundraising activities in their districts.

Programme component 3: Volunteering development

Outcome

Better realisation of the principle of volunteerism in CVTL work, leading to stronger service-delivery, increased reach of CVTL activities and improved retention and satisfaction of volunteers.

Achievements

- The volunteer working group drafted volunteer policy and procedures and code of conduct in March which were approved by the national board in August and officially launched on International Volunteer Day on 5 December. These are planned for implementation in 2012 and expected to assist with management of volunteers. The process assisted CVTL to gain a clearer understanding of the definition of a volunteer and its responsibilities to volunteers.
- CVTL continued to recruit and train enough volunteers to carry out its national programmes. However, there is some concern about turnover of volunteers and it is hoped that implementation of the new policy and procedures will have a positive impact on this issue.
- CVTL continued its commitment and duty of care to volunteers. In 2011, 1,015 volunteers were provided with accident insurance under the Federation's global scheme.

- In addition to technical training to support provision of services, most branches also provided training to develop volunteers' general skills – usually English and computer courses. This training is also regarded as a reward for voluntary work and a key to retaining a good team of committed volunteers. Feedback shows that it is greatly appreciated by the volunteers who are mainly young people who want to increase their skills and experience to gain employment.
- In December, CVTL celebrated the 10th anniversary of International Volunteer Day by hosting a weekend event in Dili for nine volunteers from each branch. An event was held to mark the day and to officially launch the new policy, procedures and Code of Conduct.

Programme component 4: Programme development, PMER support

Outcome

Harmonised national planning strengthens programme development in line with strategic priorities

Achievements

- CVTL used a three-step process for annual planning in 2011 – (1) departments, programmes and branches drafting their own plans (2) talking to other relevant staff to align/coordinate plans and, (3) presenting plans to each other. Throughout the process, coordinators and managers were encouraged to refer to their multi-year plans and to update them. This process encouraged more harmonisation and greater input from branches.

Programme component 5: Development of management systems

Outcome

Strengthened systems in priority support areas – finance, logistics, communications and human resource management

Achievements

- IFRC developed management training for CVTL coordinators and managers in 2011, beginning with two full days in February and continuing with two-hour sessions every month on performance management, time management, and communications. Attendees reported the training helped them to improve their skills.
- Support to CVTL's finance development continued through input to the working group and one visit from IFRC Regional Finance delegate. Australian Red Cross funded a delegate to work with the national finance team for 8 months to support systems development.
- Organizational development unit led a working group that developed a communications strategy to guide CVTL's future development in this area. An Australian communications volunteer started in July to help them widen their scope, assist with the South East Asia Leaders meeting, strengthen media relations (which has resulted in increased media coverage), improve the quality of CVTL's newsletter for members and volunteers, prepare its annual report and establishing a weekly internal electronic newsletter.
- IFRC provided funds for a technical fleet officer from IFRC's tsunami operation to assist CVTL logistics department to make improvements to their fleet including more efficient vehicle management and centralised costing systems. This will be on-going through 2012 but feedback from staff to initial changes is positive.

Programme component 6: Organizational development programme support

Outcome

The organizational development and capacity-building programme runs effectively and efficiently.

Achievements

- Organizational development (OD), including capacity-building, was supported with basic equipment and running expenses throughout the year. The organizational development delegate coached both the organizational development coordinator and branch development manager to build their capacity and support implementation of their programme.
- OD was involved in the development of the new integrated programme for community-based work (iCBRR) and also participated in working groups for logistics, finance, volunteer development and communications, providing them with a good overview of all developments.

Constraints or Challenges

- A major challenge for CVTL is developing independent, sustainable funding to enable it to exist as an organisation. An application for government funds in 2010 was successful but they have not been able to secure annual funding. CVTL is keen to develop its own fundraising but this will be limited by the country's economy. To respond to this challenge OD plans to work with relevant stakeholders to develop a resource mobilisation plan.
- Retention of staff continues to be a challenge for CVTL. However, when the UN and other international groups reduce their activity in Timor-Leste, CVTL is likely to be a more attractive employer. In addition, OD will encourage CVTL managers to improve their recruitment strategy and personnel management to reduce turnover.
- A medium-term challenge will be for CVTL to move from being a centralised organisation providing large national programmes which are funded by partners, to being a more decentralised organisation that also does smaller local activities supported by local fundraising. OD is supporting branches to develop their ability to identify local activities and to do their own fundraising and highlighting the importance of volunteers in all CVTL activities.

Working in partnership

IFRC continued to take a lead in encouraging and supporting good coordination between CVTL's in-country bilateral partners. Shared office accommodation and regular partner cooperation meetings facilitate good communication and partners are generally open to shared initiatives. Logistics, finance and communications development all benefited from good collaboration of partners in 2011. Following the ambition outlined in their strategic plan, CVTL developed an integrated community-based risk reduction programme and partners have indicated their willingness to collaborate. CVTL, ICRC and IFRC enjoy close and constructive relations and signed a new Movement coordination agreement regarding Movement activities in Timor-Leste in August.

Numerous inter-agency and other coordination mechanisms exist and IFRC, in-country Partner National Societies and CVTL are active participants in relevant ones including: Humanitarian Country Team; INGO Coordination (including diplomatic missions); WASH⁴, Health & Shelter Clusters; UN Security Cell. CVTL is well recognised as an auxiliary of the government in emergency response and coordinates with them at national and district level. CVTL works directly with international NGOs in their community-based work including Save the Children and World Vision.

A new service agreement was signed between IFRC and Australian Red Cross International Volunteer Program in which the country manager was provided with dedicated office space and a working advance arrangement.

⁴ Water, sanitation and hygiene promotion

Contributing to longer-term impact

With IFRC support, CVTL undertook internal and external evaluations of a number of their projects in the year including their CBRR pilot project (external, final), CBHFA (mid-term), Livelihoods (final), HIV reviews and a review of their bilateral first aid programme with a visiting Japanese Red Cross team. The CBRR evaluation involved an external evaluator and a strong participatory format which provided a valuable learning exercise. The value of pilot projects and integration of organizational development components was also recognised.

The evaluation concluded that CVTL is able to design and implement a follow-on iCBRR programme and that district branch offices have very good capacity to conduct activities. It was also noted that CVTL had made good headway to integrate programming across departments, with evidence of improved coordination of technical teams and sharing of learning. CVTL and branch staff had gained significant technical and management skills through the CBRR and livelihoods projects and show keen interest to continue this learning.

CVTL received support to evaluate many of its activities although the quality of the information collected and what is done with it needs improvement. However, identification of gaps and priorities does result in concrete action. For example, management training for branch coordinators and national headquarters staff was well received and shows evidence of improved skills and follow-on sessions have been requested.

The new volunteer policy is consistent with IFRC standards and was reviewed by IFRC headquarters in Geneva. The communications strategy was also reviewed by Movement staff.

Looking ahead

CVTL will implement an integrated community-based risk reduction (iCBRR) programme in 2012 which recognises that vulnerable communities are affected by multiple inter-related risks. A two-year transition to the new programme is planned to ensure any problems can be identified and solutions found without compromising community outcomes. Whilst CVTL has developed considerable confidence with community-based activities, working effectively at national and district level is more difficult but will enable CVTL to significantly expand its reach in meeting the needs of vulnerable people.

The plan to broaden the scope of the avian influenza programme to emergency health and to integrate it into emergency preparedness and response will better prepare CVTL to respond to disasters and public health emergencies. CVTL will need further guidance and support in this process and to more clearly define its ambition in provision of emergency water and sanitation.

Important focus areas for organizational development in 2012 will be membership development, resource mobilisation, volunteer development and greater decentralisation to the branches. All of these have strong potential to increase CVTL's strength, independence and sustainability. As more emphasis is placed on input from branch staff, boards and volunteers to ensure the needs of vulnerable people in each district are understood and met, greater decentralisation to branches will ensure closer connection to communities as well as increased efficiency and flexibility in service delivery.

How we work

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

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.

www.ifrc.org
Saving lives, changing minds.



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.

Find out more on www.ifrc.org

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Development Programme Financial Report

MAATP001 - Timor-Leste

Annual Report 2011

Selected Parameters	
Reporting Timeframe	2011/1-2011/9998
Budget Timeframe	2011/1-2011/12
Programme	MAATP001
Budget	APPROVED

All figures are in Swiss Francs (CHF)

I. Funding

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
A. Budget	325,141	372,340	284,445		199,443	1,181,370	
B. Opening Balance	80,403	99,034	85,544	0	83,118	348,099	
Income							
Cash contributions							
<i>Australian Red Cross</i>	65,689	0			20,494	86,182	
<i>Australian Red Cross (from Australian Government)</i>					18,626	18,626	14
<i>DFID Partnership grant</i>	15,091	19,956				35,047	47,708
<i>Finnish Red Cross</i>		84,078	2,946			87,024	1
<i>Finnish Red Cross (from Finnish Government)</i>		66,735	16,696			83,431	
<i>Japanese Red Cross Society</i>	10,665		21,331			31,996	
<i>New Zealand Red Cross</i>	51,249	48,528	125,245			225,022	17,361
<i>Norwegian Red Cross</i>	176,606	54,494	55,324			286,423	
C1. Cash contributions	319,300	273,790	221,542		39,120	853,752	65,084
Inkind Personnel							
<i>Australian Red Cross</i>					127,200	127,200	
<i>Finnish Red Cross</i>		109,200				109,200	
<i>New Zealand Red Cross</i>			92,400			92,400	
C3. Inkind Personnel		109,200	92,400		127,200	328,800	
Other Income							
<i>Balance Reallocation</i>			11,527			11,527	
<i>Services Fees</i>					26,080	26,080	
C4. Other Income			11,527		26,080	37,607	
C. Total Income = SUM(C1..C4)	319,300	382,990	325,469		192,400	1,220,159	65,084
D. Total Funding = B + C	399,703	482,024	411,013	0	275,517	1,568,257	65,084
Coverage = D / A	123%	129%	144%		138%	133%	

II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
B. Opening Balance	80,403	99,034	85,544	0	83,118	348,099	
C. Income	319,300	382,990	325,469		192,400	1,220,159	65,084
E. Expenditure	-325,140	-372,338	-277,909		-180,681	-1,156,068	
F. Closing Balance = (B + C + E)	74,563	109,687	133,104	0	94,836	412,189	65,084

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
BUDGET (C)		325,141	372,340	284,445		199,443	1,181,370	
Relief items, Construction, Supplies								
Construction - Facilities	55,108	58,436					58,436	-3,328
Construction Materials	8,704	6,797		1,724			8,521	182
Clothing & Textiles	9,862	3,990	3,883				7,872	1,990
Seeds & Plants	3,305	1,524					1,524	1,781
Water, Sanitation & Hygiene	16,164	2,177	9,856				12,033	4,132
Medical & First Aid	2,094	94					94	2,000
Utensils & Tools	1,911	218					218	1,693
Other Supplies & Services		672					672	-672
Total Relief items, Construction, Supplies	97,148	73,909	13,738	1,724			89,371	7,777
Land, vehicles & equipment								
Vehicles			3,637	1,951			5,588	-5,588
Computers & Telecom				1,685			1,685	-1,685
Total Land, vehicles & equipment			3,637	3,636			7,272	-7,272
Logistics, Transport & Storage								
Storage			125				125	-125
Distribution & Monitoring	20	20	1,211	97			1,328	-1,308
Transport & Vehicles Costs	92,868	42,853	21,842	13,515		3,419	81,628	11,240
Logistics Services			228			18	246	-246
Total Logistics, Transport & Storage	92,887	42,873	23,406	13,612		3,437	83,327	9,560
Personnel								
International Staff	481,316	34,245	149,217	123,807		164,519	471,788	9,528
National Staff	22,231	14,094	14,269	11,959		-4,385	35,936	-13,705
National Society Staff	111,587	49,577	25,624	10,648			85,849	25,739
Volunteers		4,143	176	1,614			5,933	-5,933
Total Personnel	615,135	102,059	189,286	148,027		160,133	599,506	15,629
Consultants & Professional Fees								
Consultants	12,452		18,315	4,959			23,274	-10,822
Professional Fees	473	109	790	5,506			6,405	-5,932
Total Consultants & Professional Fees	12,925	109	19,106	10,465			29,679	-16,754
Workshops & Training								
Workshops & Training	127,907	38,468	52,305	36,885		11,012	138,670	-10,764
Total Workshops & Training	127,907	38,468	52,305	36,885		11,012	138,670	-10,764
General Expenditure								
Travel	16,155	6,817	438	1,011		-30,105	-21,838	37,994
Information & Public Relations	24,603	4,385	7,477	12,080		70	24,012	591
Office Costs	41,735	13,848	16,227	16,878		11,535	58,489	-16,754
Communications	19,660	10,683	10,445	10,947		14,126	46,201	-26,541
Financial Charges	28	1,345	1,457	1,236		6,133	10,170	-10,142
Other General Expenses	81,152	12,468	11,515	9,191		659	33,833	47,319
Total General Expenditure	183,333	49,546	47,559	51,343		2,418	150,866	32,467
Operational Provisions								
Operational Provisions		-5,995	2,995	-2,031			-5,031	5,031
Total Operational Provisions		-5,995	2,995	-2,031			-5,031	5,031
Indirect Costs								
Programme & Services Support Recov	52,035	19,563	15,784	11,132		3,237	49,716	2,319
Total Indirect Costs	52,035	19,563	15,784	11,132		3,237	49,716	2,319
Pledge Specific Costs								
Pledge Earmarking Fee		2,935	2,381	1,731		443	7,491	-7,491

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III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
	A						B	A - B
BUDGET (C)		325,141	372,340	284,445		199,443	1,181,370	
Pledge Reporting Fees		1,673	2,142	1,385			5,200	-5,200
Total Pledge Specific Costs		4,609	4,523	3,117		443	12,691	-12,691
TOTAL EXPENDITURE (D)	1,181,370	325,140	372,338	277,909		180,681	1,156,068	25,301
VARIANCE (C - D)		1	2	6,536		18,762	25,301	