

# Appeal 2004



International Federation  
of Red Cross and Red Crescent Societies

## EAST TIMOR

### Appeal no. 01.63/2004

*The International Federation's mission is to improve the lives of vulnerable people by mobilising the power of humanity. The Federation is the world's largest humanitarian organisation, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.*

*This document reflects a range of programmes and activities to be implemented in 2004, and the related funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products can be requested through the respective regional department. For further information concerning programmes or operations in this or other countries or regions, please also access the Federation website at <http://www.ifrc.org>*

Programme title	2004 in CHF
<b>Strengthening the National Society</b>	
Health and Care	249,198
Disaster Management	22,995
Organisational Development	272,620
<b>Total</b>	<b>544,812<sup>1</sup></b>

<sup>1</sup> USD 408,609 or EUR 348,680

## **National Context**

According to the UNDP 2002 Human Development Report, East Timor (Timor Leste) is officially Asia's poorest country, with more than 40 per cent of the population living below the poverty line. Of the nation's 850,000 inhabitants, almost 70 per cent live in rural communities characterised by small, dispersed villages in mountainous areas, existing on subsistence agriculture with rice and coffee the main crops. Villagers are faced with the likelihood of seasonal food shortages and have little or no comparative advantages in agricultural commodities.

Almost three-quarters of the country lives without electricity. Public transport is not readily available, and the most common modes of transportation are buses between the main towns, walking, and the use of small ponies in agricultural areas. Nearly half of the population of 11 years or older have never attended school, and cannot read or write. While more than 80 per cent of inhabitants speak Tetun (the national language), Bahasa Indonesia is widely spoken; Portuguese, English as well as more than 30 local dialects are also used, which poses a particular challenge to humanitarian organisations such as the East Timor Red Cross - Cruz Vermelha Timor Leste (CVTL) - targeting the most vulnerable people.

Access to health services and information is poor, with barely half the population able to obtain safe drinking water and sanitary facilities. The infant mortality rate is among the highest in the world, while maternal mortality is considered to be one of the greatest problems in the country, with estimates of more than 860 women dying per 100,000 live births.

A Portuguese colony for nearly 400 years until 1975, East Timor was governed by neighbouring Indonesia from 1976 to 1999. In 1999, the United Nations Transitional Administration in East Timor (UNTAET) was established to govern the Territory and oversee its transition to self-government. East Timor became an independent country in May 2002 and in 2003 officially became the 191<sup>st</sup> state party to the Geneva Conventions. The fledgling nation's first national development plan has two main goals: to reduce poverty and promote economic growth, in particular improving the health and education sectors. This was set in motion at an international donors meeting in May 2002, when 29 countries approved an initial aid package for East Timor of some CHF 660 million over three years to assure the transition of the country and minimum basic services, with the major part of assistance directed towards health and education.

International intervention has, however, generated a dual economy that has benefited the Timorese community little in terms of direct profits from economic activities. While in 2000, the UN statistics division estimated that only eight per cent of the population was living in urban areas, over the past two years a significant migration from rural to urban settlements has been ongoing and is expected to continue if the situation in rural areas does not improve.

## **Red Cross Red Crescent Priorities**

### **National Society strategy and programme priorities**

The CVTL preparatory committee was established in 2000, initially supported by the ICRC. In early 2002, and with Federation assistance, the society established its own headquarters in the capital, Dili, and appointed a board, with members comprising government officials, NGO leaders and university professors.

The society's five district branches, including Dili, have limited infrastructure and resources, many operating without basic materials such as table and chairs. However, a strong network of active volunteers (at least 50 in each branch) exists, though activities are limited due to lack of training and equipment. There are approximately 800 CVTL volunteers in the 13 districts in East Timor. The national society is aiming at full recognition from the government and dissemination of Red Cross Law by 2005. Although the Geneva Conventions were signed in May 2003, without the establishment of visible and active branches at district level, and CVTL representation nationwide, achievement of full recognition by 2005 will be a challenge.

National society priorities for the next four years centred on recognition and admission to the International Red Cross and Red Crescent Movement during 2005 include:

- Full recognition by the Government by the end of 2005;
- Establishment of national and local governance;
- Development of the national society's long-term strategic plan;
- Consolidation of the headquarters structure and branch development;

- Continuation of volunteer-based activities at branch level using health education (community-based first aid/CBFA, HIV/AIDS and hygiene education) as an entry point;
- Strengthening capacity in carrying out quality health programme;
- Continuation of water and sanitation programmes combined with community-based health;
- Dissemination of humanitarian values, as well as the CVTL and Movement vision;
- Coordination/cooperation with NGOs, international organisations and government agencies ; and
- Development of small-scale disaster preparedness activities using volunteers.

The focus in programmes will mainly be on health including health education and promotion, first aid and HIV/AIDS, effectively building on the existing capacity of branches built through the long-standing CVTL water project. This will concentrate on integration with hygiene and education programmes for the first year before launching into major areas such as construction. Dissemination will be conducted through the volunteer network and former ICRC tracing branch officers, using the near completed dissemination handbook. Community-based disaster preparedness activities will also take place on a small-scale – building upon existing activities and resources such as tree planting and training first aid volunteers.

### **Movement context**

Although the country is new, a strong Red Cross Red Crescent Movement presence has existed in East Timor for many years. Prior to the country’s independence, a range of activities, including the dissemination of international humanitarian law (IHL), first aid training, family care, and disaster management were carried out by the Indonesian Red Cross - Palang Merah Indonesia (PMI). The ICRC has also been a major player in the country, working since 1979 in the fields of detention, missing persons, health, and IHL training for armed and security forces. Since independence, ICRC has scaled-down its activities and now works with the Federation to support the formation of a Red Cross society in East Timor.

Three Federation representatives have worked in the country since 2001.

<i>Red Cross Partners – Expected Activities in 2004</i>	
<b>Australia</b>	Water sanitation and capacity building
<b>Indonesia</b>	Health through Federation coordination
<b>Japan</b>	Health education (HIV/AIDS) and capacity building
<b>Korea (Rep)</b>	First aid training
<b>New Zealand</b>	Health activities including HIV/AIDS training and capacity building
<b>Norway</b>	Organisational development
<b>Singapore</b>	Branch development
<b>Spain</b>	Branch development
<b>ICRC</b>	Tracing, dissemination and international humanitarian law, conflict preparedness, tracing
<b>UNHCR</b>	Rebuilding family links

### **Strengthening the National Society**

In 2003, HIV/AIDS initiatives were scaled-up, and CVTL activities in first aid (including community-based first aid) and branch development steadily increased. However, support provided by the Federation to improve disaster management and humanitarian values has yet to see significant gains. Overall in 2003, the Federation appeal received limited support with resources mainly allocated to the organisational development and health programmes.

The work of the Federation to support CVTL in 2004 will, therefore, continue to be based on priorities identified in the 2003 strategic planning process. Programme funding will be sought in organisational development, humanitarian values, first aid, HIV/AIDS, water and sanitation, and disaster response.

Priority programmes will be as follows:

**Health and Care:** the Federation will seek to strengthen capacity of the CVTL health department, including its first aid and health education projects, with support from the Federation’s Southeast Asia regional health unit. It will harness funds for infrastructure for water and sanitation and, given its global commitment to tackle HIV/AIDS, work with CVTL and its partners to scale-up activities in the country.

**Disaster Management:** the Federation will assist CVTL to improve its disaster response capacity by training headquarters staff and volunteers and build up a minimum stockpile of contingency relief items, thereby strengthening the CVTL relationship with the government's national disaster management office. Technical support will be provided through the Southeast Asia regional disaster management network.

**Organisational Development:** the Federation will assist CVTL create appropriate branch structures, including governance and management, help develop statutes, arrange a General Assembly and elections. The Federation will support CVTL in efforts to develop logistics and human resources. Long term strategic planning will be initiated. Given that the capacity building of CVTL programme departments cannot be sustained unless overall organisational capacity is addressed, the Federation will continue to assist CVTL meet its overall needs through the programme. Humanitarian values activities are also included within the OD programme.

**Implementation and Management** the Federation will work with CVTL, ICRC and partner national societies (PNS) to help ensure external support is in the best long-term strategic interest of the society. Emphasis will be given to ensure programme sustainability and effective use of resources, to build overall capacity of the organisation. To achieve its overall objectives in East Timor, the Federation will maintain an in-country office comprising one expatriate and one local staff.

## 1. Health and Care

### **Background and achievements/lessons to date**

Health is one of the major challenges faced by East Timor, where knowledge on health matters within the general population is weak. Poor and unequal access to health services, the absence of a health regulatory framework and an inadequate referral system are some of the problems affecting the performance of the health system in the country.

Malaria is highly endemic in all districts, with the highest morbidity and mortality rates reported in children. Due to the breakdown of surveillance, vector control activities and treatment facilities, malaria has shown a three-fold increase in East Timor since 1999. Leprosy is still widespread with a recent survey putting the prevalence rate in one district at 115/10,000 - the highest in any territory or country. Tuberculosis is estimated at 8,000 active cases nationally, or about one per cent of the total population.

Nearly half of the country's population relies on unsafe drinking water sources, while existing systems for solid and liquid waste disposal are inadequate. Communicable diseases such as malaria, diarrhoeal diseases, respiratory tract infections and dengue account for approximately 60 per cent of deaths, particularly in children.

CVTL first aid activities in the country recently included an introductory community-based first aid (CBFA) training course for district participants, run by experienced trainers from PMI. The society has three experienced water supply and sanitation teams implementing projects since 1989. Currently the community water supply and sanitation programme (CWSSP) supports two teams, while Australian Red Cross funds the third. Both are expected to render support also in 2004.

The actual prevalence of HIV/AIDS infection in the country is not known and recorded. HIV infections have been low. Nevertheless, factors that could potentially increase the infection rate - poverty, social conflicts, high illiteracy rate, lack of educational facilities, in addition to population displacement and an increase in domestic population movement - are present in the country. Highly aware of this potential threat, the health ministry has drafted a strategic plan to respond to HIV/AIDS/STI, which includes CVTL as an important partner. The CVTL focus on HIV/AIDS has specifically been in advocacy, campaigns and working with youth. The society has also been officially requested to take the lead role in major health events in the country, such as World Health Day and World AIDS Day.

In 2004, CVTL will focus on the following comprehensive health activities in conjunction with East Timor's health policy framework:

- Further develop effective and quality health programmes to communities by strengthening capacity in the health division and at branch level, for key staff/volunteers
- Provide safe, clean water and hygiene education, especially in rural areas;
- Disease prevention and health promotion through first aid training and community-based first aid;

- HIV/AIDS prevention and awareness through youth peer education and campaigns.

### Overall Goal

To improve the general health of target population groups in East Timor

### Programme Objective

The capacity of CVTL to deliver quality health services to the most vulnerable in the communities is enhanced

### Expected Results

The programme is based on four key projects that will have the following overall results:

1. Increased capacity of CVTL health division and key staff in branches to implement, coordinate, manage and monitor health programmes;
2. Improved health conditions in targeted communities through water sanitation and hygiene promotion;
3. Increased capacity in targeted communities for the treatment and prevention of common diseases and injuries;
4. Increased awareness and knowledge on HIV/AIDS among CVTL staff/volunteers as well as targeted communities.

Expected Results	Indicators	Assumptions	Activities
<b>Project One: Strengthen capacity of CVTL health division and key staff at branch level</b>			
Strong management, support and monitoring systems/structures developed at headquarters; training, assessment and monitoring capacity developed in four branches	Quality and frequency of reports; branch staff and volunteers knowledge of health programmes and management	Headquarters staff motivated and financially supported; basic infrastructure and human resources available at branch level	Actively support headquarters staff; ensure all branches identify and engage health staff; conduct health workshops inviting health staff from branches; initiate monitoring of health programmes at branch level
<b>Project Two: Health conditions improved through water sanitation and hygiene promotion</b>			
A decrease in incidence of water-related and vector-borne diseases in target communities in three districts	Availability of appropriate latrine and water facilities; positive behavioural changes in hygiene practices in the target communities	Resources to maintain facilities available	Water and sanitation staff trained to conduct hygiene education; Construction, maintenance and repair of water and sanitation
<b>Project Three: Improve local capacity for prevention and treatment of common diseases and injuries</b>			
At least 15 CVTL staff and volunteers trained as first aid and/or CBFA trainers and at least 50 volunteers and 30 non-Red Cross people trained in first aid 500 people have received basic first aid information	Number of first aid and CBFA training courses and volunteers trained; training curriculum and materials developed and adopted	Basic infrastructure, human resources and facilities available at branch level and continuous support and technical input from PMI first aid trainers	ToT and first aid training for volunteers, including coaching and follow up; implementation of CBFA pilot projects in selected branches Field visits / support by CVTL/Federation
<b>Project Four: Increase community awareness of HIV/AIDS and reduce stigmatisation towards PLWHA</b>			
Improved knowledge, behaviour and attitudes on HIV/AIDS with trained instructors, facilitators available in five districts; CVTL joins the Asian Regional Taskforce on HIV/AIDS network	Quality and number of trained 'training of trainers' (ToT) for youth peer education; number of youth participating in youth peer education and public and volunteers participating in HIV/AIDS campaign activities	Availability of long-term funding to ensure sustainable programmes and schools and community acceptance to carry out HIV/AIDS programme	Joint training/activities with partner organisations; conduct public awareness building, anti-stigma and discrimination campaigns; ToT for youth peer education

### Monitoring and Evaluation

CVTL will conduct regular follow-up and monitoring activities as well as half-yearly and annual review meetings. Participants will include CVTL management staff from headquarters. The reviews will reflect identified indicators, pinpoint constraints and outline possible solutions. The annual reports and future planning will also use this information. The regional health unit in collaboration with PMI will support CVTL in monitoring branch activities.

## 2. Disaster Management

### Background and achievements/lessons to date

Due to its history, demography and geography East Timor is highly prone to disasters and conflicts. The CVTL has identified disaster response as one of its key priorities and is a member of the national disaster management office (NDMO). No other agency outside the government structure has been specifically included in this body, which plays the main coordinating role during an emergency in the country. A national contingency plan has been prepared for East Timor covering major disaster scenarios - earthquakes, tsunamis, floods, landslides, storms, droughts, fires and epidemics.

Furthermore, parts of the country are subject to social unrest and potential conflict risk, due to a series of complex factors, including the refugee situation in Indonesia, a high unemployment rate in Dili and Baucau, and an estimated half of the population living below the poverty line. Poverty and over-population in certain areas have resulted in pollution, over-exploitation of natural resources, deforestation and a lack of adequate waste management; these together compound the impact of natural disasters. The repatriation of a number of refugees from Indonesia is still not complete.

The necessity to establish rapidly a harmonised, integrated approach from the CVTL, the Federation and the ICRC is paramount in order to meet the humanitarian needs of the most vulnerable people in East Timor.

### Overall Goal

The CVTL meets the minimum requirements of its emergency response role in the NDMO national disaster plan

### Programme Objective

In close collaboration with the health and organisational development programmes, the CVTL volunteer base is expanded and developed in order to create a reasonable capacity to respond to natural and man-made disasters

### Expected Results

The programme is based on one key project with the following expected result:

1. The CVTL is better prepared to respond to emergencies quickly with a minimum relief contingency stock and a stronger volunteer base.

Expected Results	Indicators	Assumptions	Activities
<b>Emergency response mechanism</b>			
Standard disaster/conflict contingency plans in place and minimum contingency stock available	Contingency plans for most potential hazards recognised by NDMO/ Federation and some stocks pre-positioned	Experienced staff/ volunteers available for the process and financial resources exist	Standard planning with RDMT*/ Indonesia, coordinated with NDMO and stockpile basic relief items
Appropriate DM materials from the region to be introduced and translated.	Staff/volunteers use emergency exercises, training and disaster response operations	Federation standard documents available in local languages	Disaster management policy dissemination included in volunteer training sessions
CVTL has a volunteer base with preparedness to partake in emergency response	Disaster situations are monitored and reported in a timely manner in DMIS**	Resources obtained for minimum emergency preparedness	CVTL conducts basic in-country training in DM for headquarters and volunteers
Improved response capacity enables CVTL to take a Red Cross role in emergencies	CVTL volunteers attended health and DM internal and regional disaster related training	Resources, material and human, available at the early stage	Disaster response related training included in other programmes; staff participate in regional DM events

\*Regional disaster management team

\*\* Disaster management information system

## Monitoring and Evaluation

The Southeast Asia regional and Indonesia delegations continue to monitor the development of the programme in East Timor. The PMI, which has adopted a supporting role for the society, also monitors frequently, in close coordination with the Federation and the ICRC. The programme will be evaluated quarterly by the Southeast Asia regional delegation.

## 3. Organisational Development

### Background

Organisational development is central to Federation support for CVTL, targeted at the emergence of a well functioning national Red Cross society by 2005, which meets the ten conditions required for full recognition and admission to the Movement.

In 2001 and 2002, efforts were directed towards establishment of new premises for CVTL, organising a basic management and logistics system, taking over responsibility of the water supply project and tracing service from the ICRC, promoting volunteer and youth groups, and increasing the visibility of CVTL leadership at the government and decision maker/influencer level. In 2003, five branches were created and in 2004, CVTL will focus on the creation of local committees in these same branches. Activities during 2004 will also continue to focus on developing logistics, human resources and long-term strategic planning.

A small administrative team manages the national society, supported by an expatriate Federation representative based in Dili. Overall, the management structure is led by the secretary general working with 64 staff, ten recruited in 2003. During the past year, draft Red Cross statutes were completed and the Red Cross and emblem law sent to the Government for presentation and review by parliament for adoption.

### Overall Goal

The CVTL has made measurable progress towards establishment and recognition as a fully-fledged national society by 2005, and undertakes a visible role in the humanitarian sector in East Timor.

### Programme Objective

The basic foundation, adequately resourced, has been laid to enable the creation of a sound national Red Cross society in East Timor.

### Expected Results

The programme is based on four key projects that will have the following overall results:

1. Clear and significant progress towards the development of CVTL as a well functioning national society.
2. The CVTL has in place appropriate management structures and skills.
3. Financial and resource development systems are introduced to underpin the sustainability of the society.
4. Red Cross youth and volunteer groups are strengthened in Dili as well as branches.
5. Development of a long-term strategy has started.

Expected Results	Indicators	Assumptions	Activities
<b>Project One: A well-functioning national society</b>			
Creation of a basic structure with distinct governance and management roles clearly stipulated in the statutes	Approved statutes with separate governance and management structures in place	Board is committed to approve the statutes	Statutes finalised and branch membership built up, with local elections and General Assembly held
By meeting 10 conditions for recognition in 2004, CVTL moves closer towards recognition by the ICRC and admission to the Federation	Approved legal status	Government is ready to provide legal recognition by 2004	Obtain legal recognition from the government and work towards nation-wide branch coverage by 2005
<b>Project Two: Management structures and skills</b>			
Appropriately trained and motivated staff are in key management positions in CVTL	More effective and efficient decision making and service delivery	Appropriate staff can be recruited in East Timor at the CVTL salary level	Create effective service contracts and job descriptions and develop a wage policy

Basic planning and reporting capacity is developed	Better quality of planning and reporting documents	Continuous commitment from staff to improve planning process	Run training course on planning/reporting for headquarters staff
<b>Project Three: Financial and resource development</b>			
CVTL continues to develop and implement practical financial systems as the bedrock of a well managed organisation	Financial system in place, quality of accounting and financial report enhanced	Government regulations support development of independent financial systems in CVTL	Computer training for finance staff; develop internal CVTL financial management guidelines and train staff
Resource development activities are expanded including generation of surplus income from CVTL training facilities and mechanics workshop	Income generation increased by 20% in 2004	The economy of the country will support more income generation	Provide additional equipment for the training room and improve marketing of mechanical workshop
<b>Project Four: Youth and/or volunteer groups</b>			
Volunteer management in CVTL, including retention and training, moves ahead	Extent of activities and training implemented	CVTL is able to follow up appropriately with branches	Develop active, gender-balanced groups in CVTL branches; run workshop on volunteer management
<b>Project Five : Long-term strategy</b>			
Long-term strategy process started within CVTL	Board member assigned for the work. Interaction with Federation on the issue	The board wishes a long-term strategy	Consultations/workshops with CVTL management, programme staff and partners

### Monitoring and Evaluation

The regional OD unit will assist the East Timor delegation to monitor its programme on a quarterly basis, with support from PMI and the Indonesia delegation.

## 4. Representation, Management and Implementation

### Coordination

With the establishment of CVTL headquarters and support from the Movement, various activities, mainly in the area of health, have taken place since independence. Red Cross societies have funded projects in water and sanitation (Australia), HIV/AIDS awareness/peer education (New Zealand), first aid training (Korea), and health education - including HIV/AIDS - and capacity building (Japan). In-kind contributions have also been received from the Korean National Red Cross for an automobile, and from Singapore Red Cross, for computers. As a bilateral partner, Singapore Red Cross has also funded construction of a building in one branch.

Outside the Movement, the Australian agency CWSSP has been directly supporting water projects in several districts. In addition, several UN organisations including UNICEF and the World Health Organisation have supported CVTL on an ad-hoc base for campaign activities, while UNHCR supports several CVTL staff and branches through ICRC tracing activities. CVTL has also received resources from the Empress Shoken Fund for branch construction and capacity building. Through these activities, the society's relationship with government agencies, international organisations and NGOs has been established and strengthened; most funding, however, ends by December 2003.

### Representation

The Federation has, since establishing a delegation in 2001, worked both to build the capacity of CVTL in OD and health, as well as to promote the work of CVTL and the Movement as a whole. This has included supporting World AIDS Day and Red Cross Red Crescent Day, as well as working with the government to support the development of local disaster management capacity. The Federation role in international fora has included building relationships with agencies and donors to fund key humanitarian concerns in the country.

The Federation will, in 2004, continue to explore opportunities not only to harness further partnerships but also by drawing on a number of CVTL activities, to work to increase advocacy and influence the humanitarian agenda. The HIV/AIDS project as well as disaster mitigation will provide a platform for effective advocacy.

### **Delegation Management**

The Federation will continue to maintain a modest office space in CVTL headquarters, with a staff of one expatriate and one Timorese national. The delegation will increasingly draw on the expertise of Red Cross partners based in East Timor as well as technical support from both the Southeast Asia and Jakarta delegations and national societies in the region.

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# BUDGET 2004

## PROGRAMME BUDGETS SUMMARY

Appeal no.: 01.63/2004

Name: East Timor

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	0	0	0	0	0	0	0
Food	0	0	0	0	0	0	0
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	28,000	0	0	0	0	0	28,000
Medical & first aid	15,000	0	0	0	0	0	15,000
Teaching materials	0	0	0	0	0	0	0
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	0	3,700	0	0	0	0	3,700
<b>SUPPLIES</b>	<b>43,000</b>	<b>3,700</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>46,700</b>
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	7,000	0	0	19,000	0	0	26,000
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
<b>CAPITAL EXPENSES</b>	<b>7,000</b>	<b>0</b>	<b>0</b>	<b>19,000</b>	<b>0</b>	<b>0</b>	<b>26,000</b>
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	5,000	0	0	1,265	0	0	6,264
<b>TRANSPORT &amp; STORAGE</b>	<b>5,000</b>	<b>0</b>	<b>0</b>	<b>1,265</b>	<b>0</b>	<b>0</b>	<b>6,264</b>
Programme Support	16,198	1,495	0	17,720	0	0	35,412
<b>PROGRAMME SUPPORT</b>	<b>16,198</b>	<b>1,495</b>	<b>0</b>	<b>17,720</b>	<b>0</b>	<b>0</b>	<b>35,412</b>
Personnel-delegates	0	0	0	154,615	0	0	154,615
Personnel-national staff	33,000	2,800	0	15,120	0	0	50,920
Consultants	0	0	0	3,000	0	0	3,000
<b>PERSONNEL</b>	<b>33,000</b>	<b>2,800</b>	<b>0</b>	<b>172,735</b>	<b>0</b>	<b>0</b>	<b>208,535</b>
W/shops & Training	46,500	2,500	0	33,500	0	0	82,500
<b>WORKSHOPS &amp; TRAINING</b>	<b>46,500</b>	<b>2,500</b>	<b>0</b>	<b>33,500</b>	<b>0</b>	<b>0</b>	<b>82,500</b>
Travel & related expenses	30,500	5,300	0	7,500	0	0	43,300
Information	20,500	1,000	0	4,000	0	0	25,500
Other General costs	47,500	6,200	0	16,900	0	0	70,600
<b>GENERAL EXPENSES</b>	<b>98,500</b>	<b>12,500</b>	<b>0</b>	<b>28,400</b>	<b>0</b>	<b>0</b>	<b>139,400</b>
<b>TOTAL BUDGET:</b>	<b>249,198</b>	<b>22,995</b>	<b>0</b>	<b>272,620</b>	<b>0</b>	<b>0</b>	<b>544,812</b>