

Annual report



International Federation
of Red Cross and Red Crescent Societies

Timor-Leste

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This report covers the period 1 January
to 31 December 2008.



CVTL branch coordinators and presidents debate spending priorities in a pilot of the 'branch development game' (Dili, Oct 2008)

In brief

Programme summary:

The International Federation supported the Timor-Leste Red Cross/Cruz Vermelha de Timor-Leste (CVTL) in disaster management, health and care, and organizational development programmes in 2008 which demonstrated good results, despite challenging conditions in the country.

Through its community-based disaster preparedness/risk reduction activities in nine districts, the disaster management programme successfully supported communities in reducing the risk of disasters with improved knowledge, skills and material support in the community. Livelihood improvement activities in two communities had very good results. Through branch, national and regional level courses and material support from the government, the International Committee of the Red Cross (ICRC) and International Federation for emergency stocks, the operational capacity of the national society for disaster response has increased. CVTL also received funding support from the Timor-Leste government for emergency stocks.

The health programme also made progress in 2008. This programme was targeted mainly at improving access to safe water and sanitation services; improving knowledge and practice of health-promoting behaviours through community-based first aid; improving first aid knowledge and practice through first aid training and service in target populations; and increasing knowledge of communities towards the prevention of HIV/sexually transmitted infections, and the reduction in discrimination and stigma among the target population of youth and general public. The CVTL focus in 2008 was developed to cover community activities and has met with some success. An external health evaluation highlighted the need to implement interventions and promote change in behaviour that is evidence-based and provides the greatest health benefits.

The health programme also supported the provision of safe drinking water and sanitation in three districts. There is now a complete HIV peer education refresher package that has been used widely and includes

monitoring tools. In first aid, there has been success in establishing a selection process for master trainers, providing training to teachers in seven districts, and generating funds through commercial first aid for other health activities. Advocacy work carried out on behalf of the community in relation to the urgent need for the rehabilitation of existing village water systems, and the installation of latrines was successful. Collaboration with the ministry of health at national level has dramatically increased this year with CVTL being a member of many working groups (e.g. health promotion, nutrition, maternal and child health, community health volunteer and outreach service, water and sanitation) that are involved in national health behaviour change communication (BCC) strategies; information, education and communication (IEC) material; and the development of guidelines and procedures.

Organizational development and capacity building activities were targeted at increasing local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. Information-sharing between branch and national headquarters, planning discussions and the development of procedures including finance procedures, and reporting structures were key achievements. A mid-year operational planning process including a series of workshops to involve all branches in planning was carried out. This resulted in further learning and increased mutual respect for national headquarters management and branch staff, board members and volunteers, from their own remarks.

Branch monitoring carried out by the organizational development coordinator indicated greater engagement of board members in some branches over the year. CVTL programme coordinators and project managers have demonstrated increased capacity both in management decision-making and in leading and facilitating the capacity development of the organization; and identifying and advocating for systems' development needs. The working group model to coordinate and streamline finance development, formalize coordination efforts and provide a clear CVTL lead, and recognition and coordination of various technical support from CVTL partners was well appreciated. Some of the mechanisms introduced through organizational development programme activities have contributed to the development of this capacity. Branch development in the area of staff knowledge and skill-building, and improved service-delivery capacity through better functioning systems continued at a steady pace. The organizational development unit focused largely on management support systems development and a strong CVTL leadership focus on operational and strategic planning, as well as maintaining momentum in critical areas of management support systems development.

Greater awareness and understanding of volunteer-based programming is evident through active participation by branch staff in suggesting operational improvements, including more use of community-based volunteers, and requests for additional training in volunteer management. The internal/external review provides a basis for the second phase of development of the CVTL strategic plan 2010-2014.

Financial situation: The total 2008 budget is CHF 1,681,025 (USD 1.47 million or EUR 1.1 million), of which 125 per cent coverage has been achieved. Expenditure overall was 50 per cent.

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

Our partners:

Major support for Timor-Leste in 2008 came from Australian Red Cross, Finnish Red Cross, New Zealand Red Cross, and Norwegian Red Cross. Bilateral partner support to CVTL included Austrian Red Cross, Japanese Red Cross and Spanish Red Cross working according to the CVTL plan for 2008. Plan International, and the government of Timor-Leste also provided support for the programmes.

On behalf of the Timor-Leste national society, the International Federation would like to thank all partners and donors for their contributions.

Context

Timor-Leste is a small country with a population of one million or so. Newly established in 2002, the country endeavoured towards political and economic stability, peace and sustainable development. Compared to neighbouring countries, Timor-Leste's social, economic and health indicators are relatively lower. The country ranks 158 out of 179 in the 2007 Human Development Index. Recent estimates indicate that 90 per cent of the population live on less than one dollar a day (*HDI 2006*). An estimated 70 per cent of the population lives in rural areas often difficult to reach and thus, presents a challenge in efforts to provide basic services to remote areas (*CVTL External Health Evaluation, 2008*). The major

causes of deaths include communicable diseases such as acute respiratory infection, malaria and diarrhoea, and are preventable. The maternal mortality ratio of 420-800 per 100,000 live births, and the high fertility rate of 7.8 children per woman are among the highest in the world. Most women deliver their babies at home without the attendance of a skilled health worker and inadequate antenatal care (*UNICEF 2003*). Only 58 per cent of the population have access to safe drinking water and an estimated 33 per cent, adequate sanitation facilities (*Robinson 2007*). Food insecurity is a recurring issue in the country as Timor-Leste is only able to produce half of its annual requirement resulting in 46 per cent of its children being underweight, leading to long-term physical problems (stunting, wasting and increased susceptibility to opportunistic infections) and impaired cognitive development (*Robinson 2007*).

The security situation at the beginning of 2008 proved highly challenging. In February, an unsuccessful attempt by political insurgents to assassinate the president and prime minister led to a state of emergency over a two-month period. However, once national security improved, the majority of internally displaced persons (IDPs) whom had been in camps from 2006 were reintegrated with their original communities. This was done with the support of the government and the international community.

In terms of natural disasters, the country experienced flooding and strong winds in nine of its 13 districts, and locust infestations in several of these as well.

2008 was challenging for the effective delivery of services mainly due to:

- political uncertainty and the two-month state of emergency
- the new and unfamiliar Federation planning process which required high input of time and resources; and
- the untimely departure of the head of country office, which called on extra time and resources from the other delegates to ensure the smooth functioning of the country office and its programmes

Given this context, results achieved in 2008 were satisfactory. Disaster management, health and organizational development programmes demonstrated good results. The International Federation was able to play an important role in developing CVTL capacity in the management of its resources and deliver effective programmes. In addition, the Federation's advocacy role to diversify resources through forging partnerships with participating national societies for sustainable growth of CVTL was also well received.

The social, economic and political context in which the Timor-Leste national society operates changes rapidly and constantly. Given this challenge, the CVTL carried out an internal and external working environment review to identify strategic choices to improve delivery of its services to the most vulnerable people. This review clearly identified that CVTL needs to consolidate existing programmes and develop in a more systematic way before considering further expansion. The main recommendation was securing the right type of long-term sustainable funding, and having the capacity to manage these resources and meet ever-more exacting demands from donors with regard to implementation, reporting, and accountability. An independent CVTL health evaluation also supported the idea of consolidating programmes.

Disaster management

Programme purpose: Reduce number of deaths, injuries and impact from disaster.

Beneficiaries:

Men	Women	Total
4,152	3,168	7,320

Expected result 1:

Emergency response: The impact of disasters in communities is assessed and well-coordinated with external agencies for life-saving assistance.

In mid-2007, Timor-Leste experienced severe downpours leading to flooding and landslides across the country. With support from the International Federation, up to 947 people were given support with the rehabilitation of shelters in the Tilomar, Zulo, Kaicasa and Lawala communities. After an inter-agency

coordination meeting, CVTL supported the beneficiaries with core shelter construction materials including iron sheets, timber, nails, anchoring bars and construction tools. The local community organized itself into groups and using additional local building materials, constructed more shelters. CVTL provided necessary technical skills.

In Lawala, the community was compelled to carry water from a distant source for everyday use. After the settlement of displaced people in this community from other areas, the problem significantly increased. As such, CVTL helped the community protect a spring water source and install a piped water scheme in the community.

On another occasion, 12 houses in Baucau district caught on fire. The families who lost their homes were supported by CVTL for non-food family relief items.

Overall, work carried out under this programme contributed towards saving lives during emergencies.

Expected result 2:

Disaster response recovery: People in communities affected by natural disasters recovered food, economic resources and shelter after disasters.

Two communities were targeted this year for livelihood support in the Aileu district areas of Kasmantutu and Caicasa. In Kasmantutu, the project supported 237 people for livelihood improvement. The support was extended for livelihood project planning, establishing groups and transferring skills on market gardening including seed bed-making, composting, and pest control. The community was also provided with agricultural tools and training on simple book-keeping. CVTL and Plan International worked with the community to provide clean drinking water through protection of a spring catchment. The community also utilized wastewater for irrigation of market gardens. Each household is supported for construction of a sanitary toilet. Sessions on personal hygiene and clean sanitary practices were also organized.



Market gardening in the Kasmantutu community: with income gained through this form of enterprise, community members have been able to support their families during lean periods. (International Federation of Red Cross and Red Crescent Societies)

Through these inputs, each group earned up to USD 200 (CHF 228) per harvest. With this income, community members have been able to support their children's schooling, purchase food (during lean periods) and buying vegetable seeds for the next planting season. Hygiene practices have also improved (such as no more open defecation, and more people washing their hands after using the toilet) with easy access to water and sanitary toilet facilities.

A similar project in Caicasa is in progress benefitting 237 people (approximately 48 families). This project also consisted of livelihood planning, organizing groups, training and tools for improved market gardens, health education sessions, food management training, improved cooking skills, and piped water facilities. The entire funding was through Australian Red Cross support, for which reporting is made directly to the partner national society.

With these two projects, communities were able to bridge the gap between lean income periods. Furthermore, CVTL itself also learned good lessons from these activities.

Expected result 3:

Disaster response capacity building: Strategic and operational capacity of CVTL to respond to disasters developed.

CVTL organized a refresher course for national disaster response team (NDRT) members and conducted five branch-level disaster response team (BDRT) training to enhance preparedness for emergency response. The refresher course for NDRT had 35 staffs and volunteers from all 13 districts and national headquarters in attendance. Similarly, the five BDRT teams consisted of 135 members. These teams were further divided into four functional teams for emergency response: assessment, first aid, shelter and relief/logistics. During emergencies, these teams will be mobilized for relief support.

Seven staff members attended international training on disaster response. One attended regional disaster response team training on water and sanitation; two others, emergency water and sanitation training organized by ICRC; two more attended regional disaster response team training in Singapore, and a further two, regional emergency assessment training in the Philippines.

Through the community-based risk reduction programme, a process has begun for the procurement of relief non-food items for 1,250 families as emergency stocks. CVTL also received 500 hygiene kits and some emergency water supply aids including water pumps, water cleaning chemicals and water storage bladders from ICRC.

CVTL received funding support from the government, through the International Organization for Migration, to stock relief materials in six districts. The procurement process for these items has already begun, with the International Federation extending necessary support in the design of the project.

For developing the CVTL strategic plan and its contingency plan, a two-phase approach has been adopted jointly by the disaster management and organizational development departments. In the first phase, a consultant was contracted to assess the internal and external working environment. For the second phase in 2009, a separate process will be carried out for contingency planning.

Thus, CVTL has been able to develop its capacity in terms of technical skill and material resources for better disaster response.

Expected result 4:

Community-based disaster prevention and preparedness: People in vulnerable communities know and practice measures to mitigate the impact of disasters.

Community-based disaster preparedness activities were implemented in four districts: Viqueque, Same, Maliana and Suai, covering one community in each district. In these districts, stakeholder meetings were organized for two reasons: to identify potential villages for the programme, and to explore the possibility of working together in the community.

In Maliana district, Malibu village was selected for this intervention. In line with a participatory community action plan, 20 volunteers, identified by the community, attended a three-day basic training course on disaster preparedness. A two-day technical training on house repair and maintenance was organized with the community receiving simple tools necessary for the repair and maintenance of shelters. The volunteers also attended a basic training on first aid as well. An emergency evacuation simulation exercise was organized with the involvement of community members. The community has now identified an evacuation site, and received emergency stocks from CVTL for use when required.

In addition, the field staff visited the community and facilitated regular volunteer meetings to reinforce the role of volunteers in the community especially in needs assessment, awareness-raising, water and sanitation, and shelter during emergencies.



Young members of the community in Suai take part in a simulation exercise (International Federation)

In Manufahi district, the CVTL branch organized a stakeholders meeting to explore possibility of collaboration. The branch then carried out vulnerability and capacity assessment (VCA) and also developed a community action plan. Twenty volunteers were identified to work on disaster preparedness and response.

A three-day basic training on disaster preparedness was conducted for the volunteers. Four volunteers' groups for water and sanitation, environmental protection, first aid and evacuation/shelter were formed from among these volunteers. The groups attended training on different aspects of disaster preparedness, such as first aid, water and sanitation and evacuation planning. They also scheduled a simulation exercise for emergency evacuation, engaging community members.

CVTL supported the community with emergency stocks in the anticipation of disasters. The sub-village head was responsible for coordinating all those group-based activities; coordination with the district disaster management committee has been a priority in the district.

In Suai, following a community action plan, an integrated project with the health department was implemented. After two rounds of community consultations, CVTL carried out vulnerability and capacity assessment (VCA). In line with the findings of this VCA, the community received training on basic disaster preparedness and response, community-based first aid, HIV/AIDS and avian influenza. Drinking water was supplied through protecting a nearby water catchment and household latrines were constructed by the health department. Similarly, the disaster management programme supported the community in evacuation planning, to identify an evacuation centre and to organize a simulation exercise for emergency evacuation. The four community volunteer groups: water and sanitation, environmental protection, first aid and evacuation/shelter, are responsible for the best utilization of local resources for emergency response, while the village chief is responsible for coordinating all these activities. CVTL also supported the community with emergency stocks. The project also organized sessions on the importance of environmental protection, followed by a planting of 2,000 saplings by the community for the protection of the spring catchment. Community members also carry out an overall cleaning of the neighbourhood environment once a week.

Similarly, in Viqueque district's Babulo community, a vulnerability and capacity assessment identified main hazards in the community and developed an action plan to reduce the risks. Twenty community volunteers who have formed a community action team, received three days' basic training on disaster preparedness. CVTL coordinated with a local non-governmental organization (NGO) and the government for flood control in the community. Then a simulation exercise was organized with the participation of community members; an emergency evacuation site was identified and emergency relief items, stocked. These community volunteers attended training on basic first aid, water and sanitation and evacuation planning. These volunteer groups meet regularly and discuss the progress in terms of disaster preparedness in the community.

In total, all the communities mentioned received emergency response stocks for 90 families. These stocks are under strict monitoring by the village council.

Expected result 5:

Disaster response preparedness and emergency contingency planning: In developing the CVTL strategic plan and contingency plan, a two-phase approach has been adopted jointly by the disaster management and organizational development departments. In the first phase, a consultant was hired for the internal and external working environments. In the second phase in 2009, a separate process will be carried out for contingency planning.

Expected result 6:

Risk reduction: Vulnerability of communities in disaster-prone areas is reduced from the impact of disasters through timely information, capacity building and livelihood resilience to disaster risk. *(This component is supported by Norwegian Red Cross earmarked funding. Reports are sent directly to the partner national society.)*

CVTL staffs had the opportunity for external exposure to disaster risk reduction strategies through orientation, workshops and field trips. An in-house orientation session on disaster risk reduction strategies was organized; three disaster management staff attended a two-day national seminar; and the CVTL disaster management programme coordinator, the community-based risk reduction (CBRR) programme manager and the International Federation disaster management officer attended the Philippine National Red Cross (PNRC) risk reduction programme for three days

Three programme coordinators of CVTL (organizational development, disaster management and health) attended a five-day "VCA learning by doing" training course in Lao PDR. This training was helpful in developing a VCA practitioner's team at the national headquarters. Following this, a seven-day pilot VCA course was organized with the participation of 25 disaster management, health and organizational development staff from the national headquarters and the branches. This course also advanced the development of a community action plan in a selected community.

Vulnerability and capacity assessments were also carried out in the Baucau and Ainaro districts (one community in each district). Among the major issues faced by these communities are flash floods; strong winds; insufficient clean drinking water; the lack of organized/trained volunteers in the community with necessary skills and tools for repair and maintenance of houses; the lack of safe evacuation areas during

emergency, and the lack of awareness of vector-borne diseases. An improved means of livelihood was another major concern in both communities.

In line with the findings from the VCAs, the following activities were organized in selected communities:

- The CVTL health department supported the Dair community (where the pilot VCA course was organized) in improving water and sanitary facilities including 30 sanitary toilets, the repair and maintenance of the existing water reservoir tank, and the organization of a four-day community-based first aid training. After training, the community cleaned up the surroundings. The volunteers continue to create awareness on health and hygiene practices through home visits. The community also planted saplings for protection from landslides and flooding.
- All the four targeted communities organized simulation exercises in anticipation of impending disasters. Active participation of women, men and children was observed in these exercises. In Baucau and Oecussi, the communities also identified evacuation sites for emergency use.
- In Baucau, the community worked with the project team on the strengthening of river embankments, cleaning up debris in the river bed and changing the river's course. After these measures had been taken, the community was protected from the first flood in 2008. The community then planted 1,500 saplings to further protect and strengthen the river bank. The improvement of water wells is also in progress.
- In Belehitu, the project organized a training session on house repairs and maintenance, and also provided the necessary tools. The community has organized a group of volunteers who support the community for the repair and maintenance of houses, and will also prepare an evacuation site (safe house) during emergencies.
- The project produced posters on environmental protection and organized discussions in the community on how the local environment can be protected and the challenges to be faced for climate change adaptation.
- In the Manan community of the Oecussi district, five sanitary toilets for the community with raised platforms were constructed for demonstration effects. Families headed by single women, elderly people and children especially are expected to benefit with this arrangement in place.
- The project identified 80 volunteers in four communities to prepare for disaster risk reduction measures. All four branches organized six modular training sessions for community volunteers with focus on the aspects of basic disaster preparedness, health and hygiene promotion, and first aid. These training sessions were provided to community volunteers who would subsequently be engaged by their respective village councils for disaster risk mitigation and emergency response. These volunteers organized regular meetings (at least once every two months) to discuss the risk reduction priorities in the community, risk mitigation activities and follow-up plans. Field staff also attended these meetings on a regular basis.
- The disaster management coordinator participated in a Southeast Asia regional disaster management committee meeting. The disaster management delegate participated in a disaster risk reduction workshop in Nepal where he had a good opportunity to share learning from different regional perspectives which included Africa, South Asia and Southeast Asia.
- New Zealand Red Cross provided four satellite sets, including a year's running costs, for CVTL. With this arrangement in place, the communication during field visits has been better.

Constraints or Challenges

Despite the expectations of political and economic stability in the country after the presidential and parliamentary elections, the country continued to face civil unrest during early 2008. Gang fights, arson of private and public buildings, widespread intimidation and rock-throwing at cars were frequent and serious occurrences. In the meantime, insurgency escalated, especially in the western parts of the country. This was followed by a state of siege for about two months. As such, the first quarter of 2008 was a highly tense period.

Unlike past years, as a result of La Niña's change in sea level temperatures, the wet season was intense and long in 2008. The country faced a great deal of damage due to climatic and atmospheric disasters. The national society was also adversely affected because of the emergency situation caused by flash floods in many districts.

Two rounds of advertising for a fully-funded delegate which proved fruitless caused branch rehabilitation to be significantly delayed. However, there is presently the strong possibility of getting a volunteer construction engineer with relevant background who is expected to be instrumental in the rehabilitation of branches.

In July 2008, the head of the country office put in his resignation. The disaster management delegate has taken over this role to date. This has necessitated a shift in focus from disaster management to the broader head of country office role and had repercussions on programme performance to some extent.

The departure of the community-based risk reduction (CBRR) manager and the livelihood officer in November 2008 posed a serious setback for the programme. To date, replacements have been identified for both positions.

Working in partnership

There has been an increase in integrated activities for the CVTL health, organizational development and disaster management in different districts. Plan International and CVTL helped communities in the implementation of the livelihood support programme in the Kasmantutu area. CVTL provided livelihood skills training, vegetable seeds and agricultural tools. Plan International helped support health and hygiene promotion, piped drinking water and the installation of sanitary toilets. In Baucau district, disaster management and health activities are implemented together. CVTL also received funding support from International Organization for Migration (IoM) for emergency stocks.

Support to CVTL in 2008 was provided by New Zealand Red Cross, Norwegian Red Cross and Australian Red Cross. Support from the Danish and Finnish national societies is also expected in 2009.

Contributing to longer-term impact

Provision of improved seeds, agricultural skills and tools, water and sanitation facilities, provision of shelter materials for rebuilding after disasters, and community-level training and material support for disaster preparedness and risk reduction contributed directly in the reduction of vulnerabilities in communities. Similarly, improved capacity of staff and volunteers also contributed towards achieving organizational aims of the host national society. All these efforts significantly contributed to the attainment of long-term goals of the programme.

Health and care

Progress towards outcomes

The CVTL focus in previous years has been on building branch capacity through the training of volunteers in different fields and at different levels. In 2008, this focus has grown to cover implementing community activities and has met with some success. An external health evaluation highlighted the need to implement interventions and promote changes in behaviour that are evidence-based and provide the greatest health benefits. There is now a complete HIV peer education refresher package that has been used widely and includes monitoring tools. In first aid, there has been success in establishing a selection process for master trainers, providing training to teachers in seven districts and generating funds through commercial first aid for other health activities.

Outcomes/Expected results

1. **Water and sanitation:** Access to safe water and sanitation service improved in the selected area
2. **Community-based first aid:** Improved knowledge and practice of health promoting behaviours provided through community-based first aid services
3. **First aid:** Improved first aid knowledge and practice through first aid training and service in target populations
4. **HIV:** Increased knowledge in prevention of HIV/sexually transmitted infections, and reduction in discrimination and stigma among the target population of youth and general public

Achievements

Water and sanitation

Updates on water and sanitation have been made through pledge based reports to partners and donors.

Community-based health and first aid

This project is about teaching basic health education to people in rural communities. Village volunteers are people taking care of the most important part of the community-based first aid project whereby they

educate people through door-to-door activities or group discussions on relevant health and hygiene issues in the villages.

The focus for 2008 was to move away from merely training volunteers and more towards improving service delivery by employing a systematic community-based approach and improving supervision, support and monitoring from branch to village volunteers. A village in Cribas with a population of 75 was chosen to pilot this new approach and achieved some success, becoming an improved model for community-based first aid implementation. This pilot project not only ensured improved support from the branch to the village but also increased community ownership and empowerment. Although this model needs fine tuning, it will be adopted at other Federation project sites in 2009.

The community-based first aid pilot commenced in March using the participatory rural assessment tool called vulnerability and capacity assessment (VCA) that involved identifying and prioritizing community needs, including health problems. A community action plan was then developed as part of this process.

A baseline survey format was jointly developed and field tested with the Austrian Red Cross. This format was used in Cribas where 43 households were surveyed and entered into a database.

75 village volunteers have received a four-day basic community-based first aid introductory training. After training, these 75 volunteers conducted 350 door-to-door educational visits, disseminating information on the Red Cross Red Crescent and many health promotion and disease prevention topics. Branch community-based first aid facilitators supervised and monitored these visits.

Village volunteers have been central to keeping the environment clean. Volunteers worked together with the community on activities such as clearing rubbish and debris, building fences around public buildings such as the village council office, the church and the health clinic, and digging garbage disposal pits.

The branch provided technical support for four to five days per month in the community to village volunteers. Two village leaders (one man and one woman) link the branch, the volunteers and between the village health posts. Every three months, they visit the branch to discuss potential problems and concerns, and upcoming CVTL activities. Further branch support is provided by health staff and village volunteers with monthly meetings focusing on specific topics for health promotion, emphasising key messages. There have been linkages formed with the village volunteers and local health post staff, acknowledging the work of community-based first aid village volunteers in health promotion and disease prevention. Some of the community-based first aid volunteers are also being trained as government volunteer community health workers.



In Cribas, efforts to keep the environment clean include setting up the community market solid waste pit. (International Federation)

Three mothers' groups in Cribas were launched during World Breastfeeding Week in August 2008, with each group comprising 15 participants. Activities included a cooking demonstration and quiz, followed, in the evening, by a community screening of a breastfeeding educational video produced by the local non-governmental organization Alola Foundation.

Advocacy work has been carried out by the national headquarters to other organizations, on behalf of the community, in relation to urgent need for existing village water systems to be rehabilitated and the installation of latrines. In this health project, training in life skills was provided to 20 youth and nine families through a youth programme supported by UNICEF.

World First Aid Day was celebrated by community volunteers, branch health staff and volunteers in Cribas, Manatuto together with the community. An HIV/AIDS-themed exhibition was also held, participated by the Manatuto branch office.

The development of the first draft community-based first aid guidelines was made to ensure a consistency in approach among partners. These guidelines outline the structure, roles and responsibilities of partners as well as the process of implementation through the community-based approach.

In efforts to revitalize existing village volunteer networks, villages were selected where community-based first aid activities were held before. Baseline surveys were conducted with 496 households in Aileu, Manufahi, Oecusse, Dili, Covalima and Lautern. This information was stored in a database for analysis. While door-to-door education remains erratic, a total of 1,412 households have received information and awareness raising knowledge on malaria, diarrhoea, environmental cleanliness, latrine usage, water treatment, skin conditions, fever, TB and asthma.

Maternal and child health

The majority of diseases in Timor-Leste occur in expectant women and children under five; as such, CVTL is increasing focused interventions on these vulnerable groups. Community-based first aid information on malaria, diarrhoea, TB and proper hand-washing techniques was given to 56 mothers and 146 children in Nu-ulun Ria Mori, Aileu. Also in Aileu, the national society worked together with the district health services (DHS) on the social mobilization aspects of a tetanus toxoid campaign e.g. notifying women of child-bearing age of the upcoming campaign and the benefits of participation.

In Ainaro, a mothers' group of 20 has also been established and discussions held on topics including breastfeeding and nutrition. In addition, a cooking demonstration using the ministry of health cookbook was also held and proved highly popular.

In August, the celebration of World Breastfeeding Day in Manatuto and Ainaro highlighted the importance of breast milk colostrums for infants. The Alola Foundation's kit was used by both branch staff to promote breastfeeding and the event saw 79 village mothers take part in group discussions, quizzes and cooking demonstrations.

Information dissemination

There have been 174 information dissemination sessions run by branch volunteers to 5,160 community members and 2,306 primary and secondary students in all 13 districts. These sessions focused on community-based health topics such as malaria, diarrhoea, dengue, TB and environmental cleanliness. The distribution of 1,584 posters on dengue, TB and hygiene was also made.

The health delegate and CVTL coordinator attended the regional health forum in Bangkok that included three days dedicated to the International Federation *Community-based health and first aid (CBHFA) in Action* model. Also, in Dili itself, the second monthly branch health coordinator meeting, which provides technical and managerial support to all 13 branch health staff, proved highly successful.

First aid

CVTL has a well functioning first aid programme with an extensive network of trainers. In addition to regular activities, the two major goals for this year were the development of master trainers, and the implementation of an effective restocking system.

The International Federation and Japanese Red Cross jointly supported CVTL in the development of standard operational procedures (SOP) for checking and restocking first aid kits and the subsequent socialization of these procedures to branch staff. All branches now have a minimum of two first aid kits, funded by Japanese Red Cross and ICRC, and designated for emergency response. The International Federation funded the purchase of restocking disposable first aid items. There is, however, a need for ongoing monitoring of branch kits to ensure the restocking of kits, and monitoring and reporting of incidence of injury to national headquarters.

Training

The Japanese Red Cross and the International Federation are working with CVTL on the development of master trainers. This involved development of the necessary master training terms of reference and selection criteria. Eight first aid trainers were shortlisted, identified from refresher training-of-trainers sessions funded by Japanese Red Cross. The shortlisted candidates underwent a vigorous selection process which assessed their theoretical and practical first aid skills, basic computer competence, administrative and communication skills. International Federation and Japanese Red Cross health delegates also participated in this process. In 2009, it is hoped that one or more successful candidates will be funded for a one-month internship in another national society with a specific focus e.g. commercial first aid. A draft terms of reference has been developed for this. One candidate will be funded by Japanese Red Cross, and if funding secured by International Federation, another as well.

A total of 168 teachers in the seven districts of Baucau, Manufahi, Covalima, Bobonaro, Dili, Oecusse and Aileu, were taught basic first aid, thus ensuring at least one person in school able to administer basic first aid. Due to the long summer holiday season, however, some districts did not receive this training. Another challenge was the resolution of a dilemma on how first aid kits would be restocked, which had led to the lack of first aid kit supplies.

The work of 54 first aid trainer volunteers was recognized with the award of certificates co-funded by the Japanese Red Cross.

The translation of the first aid manual from the English language into Tetum is now complete. However, there still remains the technical review of the manual which is yet unfinished due to time constraints and other challenges. This is expected to be resolved in 2009.



Aileu branch volunteering is both service, and fun: first aid kits sit alongside the branch guitar available for volunteer use (Aileu, June 2008)

The development and printing of 800 copies of a commercial first aid advertising leaflet was carried out in 2008, funded by the International Federation. These will be distributed to non-governmental organizations who request first aid training. CVTL has provided three-day commercial first aid sessions to train 130 local non-governmental organization staff and 67 internally displaced people (IDPs) funded by non-governmental organizations. This money generated has been utilized for things such as the painting of the health department.

Services and community outreach

CVTL provided first aid services at national and district level public events 28 times, treating 166 people throughout 2008.

World First Aid Day proved challenging in 2008 with a national three-day camp for 150 CVTL volunteers - 10 from each district - with the purpose of increasing practical and theoretical knowledge of basic first aid. There were many valuable lessons learned by all in managing and ensuring health and safety of a large number of people, and the importance of allocating adequate planning time and setting a realistic budget. A joint debriefing was held with ICRC, CVTL and International Federation looking at both positive and negative aspects to inform future events. Sessions held at the camp included: safer access and distribution of a *first aid in conflict* booklet by ICRC; theoretical first aid quizzes; speeches by public officials; practical cardiopulmonary resuscitation (CPR) sessions and a collection of first aid volunteers' experiences in providing first aid to injured people. World First Aid Day was also celebrated in 12 districts in selected community-based first aid communities or/and with a parade around the district town.

Trained CVTL volunteers provided first aid information up to 79 times among 30 districts. The audience in total was 3,988 students at schools and covered topics on how to treat common injuries. Volunteers also provided similar information to 7,758 community members in 13 districts.

On World Red Cross Day, there were simulation exercises by first aid trainers, and 40 staff and volunteers donated blood to the national hospital in Dili.

HIV

CVTL is one of the most active organizations in implementing HIV/AIDS projects in Timor-Leste, supported by the International Federation and other partners. The International Federation itself supports peer education and the life skills programme focusing on young adults and awareness-raising among the general public.

In 2008, there were three-day peer education training sessions for 200 volunteers in the districts of Liquicia, Aileu, Ainaro, Ermera, Viqueque, Baucau and Manufahi with post-test scores showing an overall increase in knowledge. These volunteers were anticipated to each reach between five to 10 peers; however, the number reached was higher at 10 to 20 people per volunteer.

A youth peer education refresher meeting package has been developed which includes monitoring templates and tools for role-play, post-testing and group discussions. Prior to the development of this package, there were no follow-up meetings or monitoring of peer educator activities. There have been refresher meetings held three months after the initial training in the districts of Ermera, Ainaro, Liquicia

and Aileu with a total of 53 participants. These meetings highlighted the need for revamping of the HIV youth peer education programme including the development of a resource package. This initiative was taken as the previous training failed to clearly provide peer educators with the necessary knowledge and skills to undertake peer education sessions. A concept note has been written by the regional HIV delegate after input from CVTL staff and the International Federation health delegate. Potential funding opportunities are currently being identified.

In 2008, prevention awareness raising sessions on HIV/STI (sexually transmitted infections) were held for 9,526 students and community members in 13 districts. These were accompanied by the distribution of 1,776 condoms and 6,827 information, education and communication (IEC) materials such as pamphlets and posters to community members.

Field testing of the high/low risk game used in the Pacific region has been field tested in Timor-Leste and was well received by volunteers, clearly increasing their understanding of behaviours that were and were not associated with HIV transmission. This is an important tool for combating stigma and discrimination but due to lack of funding, the national society has been unable to print and laminate it.

The CVTL leadership invited 184 village leaders to a branch meeting to discuss HIV, particularly misconceptions and the stigma surrounding this issue, and how as leaders, they can address these issues in their communities. CVTL joined the ministry of health, international and local non-governmental organizations to commemorate World AIDS Day together with these 184 community leaders. At least 2,875 community members participated in this commemoration in 13 districts. Activities included workshops, dissemination of information to community leaders and advocacy to community leaders to raise awareness and reach community members with information on preventive and care measures for HIV/AIDS and sexually transmitted infections. This was partly supported by the Australian Red Cross.

An eight-day life skills training-of-trainers session conducted by UNICEF was completed by 19 participants from the youth department representing 12 districts.

Two youth centres were established in Aileu and Oecusse. The purpose of the youth centre is so that youth receive information on HIV/AIDS, peer education and the Red Cross Red Crescent itself. However, with the start of the youth programme in 2008, these youth centre services overlap, and will thereby be discontinued in 2009.

The HIV programme manager attended the annual ART meeting in Hong Kong which focused on monitoring and evaluation.

External health evaluation

A major achievement in 2008 was the completion of the external health evaluation in December. This was the first comprehensive evaluation of the entire health programme. The evaluation not only showed the achievements that the CVTL health department had garnered but will help set the future direction and areas needing improved to be focused on in the forthcoming years. It will feed well into the new strategic plan and complements the internal/external review also conducted in 2008.

Constraints or Challenges

One challenge is the large scope of **all** projects being in **all** districts, which, in some cases, has compromised the quality of the projects and resulted in minimal impact to the beneficiaries. Additionally, it is difficult for CVTL to provide adequate monitoring and technical support to all these project sites. There have been demanding commitments such as frequent partner visits; the rigorous and extensive 2009-2010 planning process; donor reporting and administrative requirements; and proposal writing to source funding which have all put great demands on time, especially with which to focus on improving programme implementation and field visits to the districts.

The community-based first aid monitoring and evaluation framework and tools were meant to be developed this year but due to competing demands on time and resources, these were not achieved. The lack of an effective monitoring and evaluation plan and tools is resulting in delays in identifying problems in programme implementation; this was covered in the health external evaluation. Effective monitoring tools and more frequent field trips will be major priorities for 2009.

Another challenge in 2009 will be setting clear priorities. In the coming year, the International Federation will assist CVTL in identifying priorities and maintain the balance between quantity and quality of interventions.

The attempted assassination attempt in February 2008 of the president and the prime minister imposed a period of very tight security and nationwide curfews. This resulted in some delays in programme implementation due to restrictions on travel of national headquarters staff to particular areas.

The CVTL health department in 2008 has experienced an increase in the number of bilateral donors as well as the up-scaling of donor-funded projects. Although this provides valuable opportunities to CVTL, this has resulted in an overstretching of CVTL health human resources particularly in community-based first aid. This was clearly identified in the 2008 internal/external review that recognized this rapid expansion and recommended CVTL immediately consolidate existing programmes along with strengthening CVTL institutional and organizational systems before considering further programme or donor expansion.

Another complication is that there has been a lack of clarity of community-based first aid implementation due to the lack of guidelines. This has resulted in inconsistent and at times, detrimental programme implementation. The development of rough draft guidelines by CVTL and the Federation health delegate has provided CVTL with a document that they can share with partners. CVTL with the support of International Federation health delegate have attempted to improve coordination and collaboration through weekly health meetings with partners and the development of the CVTL yearly plan. Despite good intentions of all parties, the weekly meetings were not regularly held. For 2009, there will need to be improved mechanisms for coordination and cooperation.

Due to limited response to the annual plan, some key activities could not be conducted e.g. HIV and community-based first aid trainer sessions.

Most branch health staff has less than a year experience working in CVTL and no prior professional health background. Therefore, there is a lack of basic knowledge on common diseases and their prevention or concepts such as behaviour change communication (BCC) theory or monitoring and evaluation skills. The second monthly branch health staff meeting have been a valuable forum to teach this essential technical knowledge. The introduction of the new community-based health and first aid (CBHFA) in action curriculum beginning 2009 will help in building knowledge and skills.

Transport has been a major challenge this year, with escalating global fuel prices. This has directly impacted on both national headquarters and districts with transport costs occupying a greater proportion than budgeted. At times, national staff field trips have been cancelled due to limited vehicles. An additional vehicle and driver funded by Japanese Red Cross will help alleviate this problem.

Now that there is some basic understanding of working in communities with a participatory approach, there is a need for community-based first aid programmes to become more responsive to communities needs and priorities. The current community action plan (CAP) process fails to capture these linkages adequately. Currently the CAP format and process are being revamped and will identify and subsequently focus on the five health problems in the intervention area.

A major constraint has been the lack of adequate funding through the appeal which has prevented implementation of some activities. Bilateral donor funding is essential but also comes with more exacting donor requirements that at times CVTL has difficulty fulfilling. Consequently, substantial time has been devoted to seeking funding and has created some uncertainty among staff regarding the amount of funding for their programmes. This problem currently may be further exacerbated in 2009.

Working in partnership

With new partners working with CVTL, it has been an exciting time for collaboration. The national society with the support of the health delegate, have worked in partnership with Red Cross Red Crescent Movement partners, the ministry of health and other agencies.

Federation collaboration with bilateral Red Cross Red Crescent partners has been strategically placed to ensure that there is a consistent approach, documentation and sharing of IEC/BCC material among partners. This also ensures ownership with CVTL. CVTL health staff, Japanese Red Cross and the Federation health delegate worked together with CVTL on improving first aid through the development of

the first aid restocking and checking system; the master trainer selection process; and the accompanying master trainer terms of reference. The Austrian Red Cross and the International Federation worked jointly with CVTL to develop and field test a simple and effective baseline survey format and spreadsheet.

CVTL with International Federation funds has reprinted hygiene posters previously produced by Spanish Red Cross, and jointly developed with Austrian Red Cross an article on food safety and immunization for the magazine, *Laefaek*. The Federation health delegate provided technical assistance for four health promotion radio dramas jointly developed between CVTL and Austrian Red Cross.

The Federation health delegate has assisted bilateral partners in planning and evaluation of their health programmes, and was a member of the evaluation team for the Japanese Red Cross Phase One community-based first aid and first aid project evaluation and provided technical input into the subsequent Second Phase three-year Japanese Red Cross funded first aid project. Additionally technical input was given in the development of the Austrian Red Cross community-based first aid concept note to the EU.

As mentioned, planned weekly health meetings among bilateral partners, International Federation and CVTL were irregular, and as such, new ways of collaboration and coordination need developing in 2009.

Collaboration with the ministry of health at national level has dramatically increased this year with CVTL being a member on many working groups (e.g. health promotion, nutrition, maternal and child health, community health volunteer and outreach service, water and sanitation) that are involved in national health behaviour change communication (BCC) strategies; information, education and communication (IEC) material; and the development of guidelines and procedures. CVTL with the health delegate attended a maternal and child health behaviour change communication workshop to participate in the development of behaviour change strategy. The health ministry's health promotion department field tested a behaviour change communication workshop at the second monthly branch health staff meeting which now can be used by CVTL. CVTL has also field tested nutrition material (i.e. the recipe book for the ministry of health's nutrition department.)

The CVTL HIV manager participated in the national AIDS committee (NAC) meeting and went on a study tour to observe the operation of the Indonesian NAC to help with future NAC planning. CVTL has been elected a member of the country coordination mechanism (CCM). The government frequently calls on CVTL to provide first aid service at national events, the latest being the youth conference. In some districts, there is a strong relationship with the district health service but other branches at present who do not participate in district health services (DHS) coordination meetings and NGOs/IGOs are unaware of CVTL activities. The next step in furthering collaboration with the ministry of health also identified in the external evaluation is the need to develop formal relationships through memoranda of understanding with the government. The two key areas are to gain accreditation by the government for the first aid programme and that they are the legal first aid agency, and secondly, formal collaboration with government volunteer outreach workers.

CVTL has developed a valuable partnership with UNICEF in training 19 staff and volunteers to become life skills trainers.

Contributing to longer-term impact

There has been considerable progress that will contribute to long-term impact in the health department in 2008. In the health department itself, there has been a significant shift towards understanding and implementing a systematic community-based approach and away from ad hoc visits to different communities for information sessions. Tangible results in the Cribas community such as community volunteers, promotion of clean environments and building of rubbish pits, and mothers groups are evidence of this. The approach is more holistic and has allowed for integration across programmes, departments and donors, e.g. in Cribas, first aid training was provided by Japanese Red Cross and the youth department provided life skill training to the many youth living in the community. The increase in Red Cross partners in working in community-based first aid and the shift towards the community-based approach has necessitated the development of draft guidelines that will ensure consistency of implementation among partners and be a reference tool for branch staff.

The capacity of the health staff at both national and branch level has increased this year. There have been joint (disaster management, health, and organizational development) planning and reporting workshops with all districts participating. Implementation of activities has improved with the technical input provided

monthly from branch health staff, and development of templates to guide practice e.g. selection of volunteer criteria.

The first aid programme has progressed well, particularly with the selection of master trainers to be trained in 2009 and commercial first aid training of non-governmental organizations flourishing. These are all positive steps in CVTL that are working towards the national society being recognized as the legal first aid agency in Timor-Leste.

Although there has been some progress in monitoring and evaluation, notably in HIV, with development and usage of peer education-related activity data, there remains a huge deficit particularly in community-based first aid. It was hoped that a comprehensive monitoring process could be run on a trial basis on the pilot project site in 2008 but this proved unrealistic with health staff needing to first become familiar with the new community-based approach. The development of the baseline survey will allow CVTL to effectively evaluate the impact of its interventions. The external health evaluation will be a valuable tool, identifying key areas that require focus such as monitoring and evaluation; and also used to set the future direction of the health department, for example, feeding into the development of the new strategic plan.

Looking ahead

The priorities for 2009 will continue to lie in the development of managerial and technical ability of branch health staff. Teaching technical knowledge concerning key behaviours that will generate the greatest health benefits is essential for 2009 and this will be accomplished through the adaptation of the *CBFHA in Action* manual and the revitalization of the youth peer education programme through the development and subsequent rollout of a HIV resource package. Better monitoring, support and supervision of community-based first aid programmes will be facilitated through the development of a monitoring framework and tools.

Training of first aid master trainers is another important priority contributing towards CVTL becoming the legal agency for the delivery of first aid courses. A memorandum of understanding will be developed with the ministry of health and increased formal collaboration is needed between the government volunteer health scheme and the community-based first aid programme. Harmonizing programme approaches and implementation among CVTL partners and improving cooperation and collaboration will be another important change. Additional recommendations from the health external evaluation will need to be incorporated into a work plan in order to be implemented.

Organizational development

Programme purpose: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of the vulnerability.

Beneficiaries

Men	Women	Total
686	413	1099

Expected result 1:

Strengthened institutional capacity of the national society to deliver on its mission

Branch coordinator positions were filled throughout the period in most districts with three branch coordinators moving to other roles or not having contracts renewed at end-2008. Information was regularly shared between branch and national headquarters programme management through regular meetings of all branch coordinators in Dili. These meetings also allowed opportunities for branch feedback to management.

In addition, new policies and procedures were discussed, and compliance of existing procedures and policies improved in part through the discussion and dissemination at these meetings e.g. getting national headquarters approval for district-level partnership initiatives; disseminating procedures for communication with media; acquittal documentation requirements; and using receipts. Additionally, the feedback from branch coordinators contributed to national headquarters planning discussions and the development of procedures including finance procedures, and reporting structures.

The branch coordinator meetings as well as the occasional branch president meetings saw the sharing of experiences, and reflections on learning among branches. Initiatives of one branch picked up by others as a result of sharing in this meeting included a Gantt-style calendar to map combined monthly branch activity plans, improvements in narrative reporting and ideas for fund-raising (see more below).

Some meetings were timed to crossover with other initiatives including a combined meeting with branch presidents to discuss resource mobilization and branch development, and to introduce the branch development game. A copy of this game has now been distributed to all branches, with the rules translated into Tetum. The game is also incorporated into branch development planning activities in 2009.

Two joint branch staff meetings were held in February and provided the opportunity for branch coordinators, and health and disaster management staff to share national-level programme plans with branch staff. This also set the scene for a strong culture of cooperation and integration, being the first time such a joint meeting was held by CVTL. A second joint meeting later in the year focused on further developing coordination tools and mechanisms including combined branch planning and reporting templates, discussing the human resource structure at branches, and branch board responsibilities.



The 'Lafaek' (crocodile) group, including the CVTL secretary-general, contemplate their next move in the pilot of the branch development game (Dili, Oct 2008)

As three branch coordinators left their jobs during the year, these support mechanisms proved effective in supporting other branch staff to take on necessary tasks while recruiting replacements.

These improvements in branch-level coordination resulted in part from and were complemented by national headquarters coordination meetings among programme coordinators. These resulted in greater budget efficiency as overlaps were identified and removed, and opportunities for cooperation – both budget and information sharing - were identified e.g. combining some planning and reporting meetings, combining travel, sharing information particularly for community-based programming needs, and opportunities between the disaster management and health departments.

Improved accountability resulted from the opportunity to cross-check financial and narrative reports and frequent communication between programmes, both formal and informal, has become a norm at CVTL senior management level.

A mid-year operational planning process including a series of workshops to involve all branches in planning was planned and facilitated by CVTL senior management, with support from delegates. The level of branch participation in planning was a first and resulted in learning and increased mutual respect for national headquarters management and branch staff, board members and volunteers, by their own reports. The planning process also increased awareness at branch level of the CVTL strategic plan as the guiding framework for service delivery planning, and the opportunity was used to map the capacities and discuss concerns and aspirations of the branch structure – now two years old in CVTL's current form i.e. dedicated coordinators in every branch, branch-level financial and operational management responsibilities. The learning from this process continues to feed into planning, and the process itself – and lessons learned - continues to be referenced by CVTL staff when planning future processes.

Australian Red Cross support enabled CVTL to bring in an experienced consultant to deliver a ten-day training-of-trainers session and to pilot process under the better programming initiative (BPI). A pilot was carried out at the Viqueque branch with 12 branch staff, volunteers, board representation and community representative, resulting in an action plan based on options identified to improve programming.

Three additional cases where BPI can be applied to address needs for programming improvement have been identified, and further application and practice of the learning is planned for 2009. In addition, the workshop participants who included senior programme coordinators, branch staff and project managers/officers enhanced their understanding in important theoretical knowledge and practical skills

with a more general application, notably the distinction between a facilitator and a trainer, and practising facilitation skills.



Participants in the Better Programming Initiative (BPI) training-of-trainers workshop read a case study in preparation for a role play (Kasait, Nov 2008)

Branch monitoring carried out by the organizational development coordinator indicated greater engagement of board members in some branches over the year, such as helping to identify communities where branch should focus, stepping in to manage staffing challenges, participation in training courses and planning activities. The organizational development programme seeks to build on these examples next year. The CVTL organizational development coordinator developed a governance orientation module in the second half of 2008, scheduled for rollout in 2009.

Anecdotal evidence indicates CVTL programme coordinators and project managers have demonstrated increased capacity both in management decision making, and in leading and facilitating the capacity development of the organization, including supporting the professional

development of their staff, and identifying and advocating for systems development needs.

Expected result 2:

Strengthened structural and procedural capacity of the national society to deliver on its mission

In the first quarter of 2008, the organizational development department advised and facilitated discussion among senior management and branch input to standardize the CVTL per diem and accommodation rates for staff and volunteers. Later in the year, these were included in the draft finance procedures manual which was compiled with Australian Red Cross support in close cooperation with the International Federation regional finance development delegate; a MYOB procedures manual was also finalized with Australian Red Cross bilateral support for a consultant. Overall, this was a highly participatory process, involving both CVTL finance department and programme staff.

In the course of these activities, the need to develop programme staff understanding of the roles of finance and programme staff respectively in financial management was identified. Subsequently, an initial workshop was organized and facilitated by the regional finance development delegate during a support visit in October 2008 to address 'budgets as a management (not only finance department) responsibility'.

As a result of this workshop as well as ongoing discussions and development of procedures in the finance system improvement, overall understanding has improved while finance and programme staff, and CVTL partners report a better functioning finance management system. It is, however, also noted that there still remains much work to do. Some of the challenges and questions to be raised and discussed became agenda items for the working group for ongoing development into 2009 e.g. coding of acquittals by programme staff rather than by the finance department, and development of programme staff financial management knowledge and skills.

The working group model was introduced to coordinate and streamline finance development, formalizing coordination efforts and providing a clear CVTL lead, and recognition and coordination of various technical support from CVTL partners. This provided a model for other areas of management support development to which it is being applied in 2009.

The salary scale was reviewed with organizational development assistance, approved by the CVTL board in September 2008 and retroactively applied from 1 January, as a first step towards bringing CVTL salaries closer to the level of other humanitarian sector and governmental organizations. Though this is an area that has received and will need ongoing attention, the salary scale review appears to have been successful also in demonstrating to staff that the organization is making an effort to address their concerns.

The review of job descriptions and the design of a performance appraisal and professional development system were also begun in the second half of 2008, with CVTL supported by an Australian Volunteers

International (AVI) volunteer. This was also supported by the organizational development team through the sharing of previous documents, Federation standards and linking with technical and financial support, including identifying suitable software for a computerized human resource database with the assistance of the International Federation regional human resources manager who is part of the regional organizational development unit.

The CVTL organigramme was updated in the first quarter and again in September, reflecting the rapid pace of organizational development and recruitment of staff, while the organizational development team supported the human resources volunteer in revising and drafting new policies and procedures in key areas including recruitment, leave, media contact, volunteers, and payment of per diems.

Logistics development was slower than envisaged, due largely to competing demands for the CVTL logistics coordinator's time. However, some steps were made including a procurement workshop for staff presented by the logistics coordinator, resulting in improvements in several procurement procedures (though further development is needed):

- Gathering and summarizing findings and recommendations of previous mission reports and action plans relating to fleet management, dating from 2002, and
- Development of an action plan for logistics development.

However, by end-2008, despite much discussion and planning in identifying needs and possible ways forward, little progress had been made on the major issues, particularly the introduction of computerized systems for centralized fleet management and inventory management.

In the meantime, efforts were made to ensure that current systems were being followed. Besides slow progress in the development of the FleetWave software version for national societies, the progress of work by the logistics coordinator has been constrained due to involvement in many supporting roles including acting secretary general, supporting the finance coordinator, and stop-gap filling of the administrator/human resource coordinator role. The shortfall in human resources will be addressed in the plans for the next year, including possible recruitment of additional staff.

One of the indicators in the 2008 organizational development logframe was addressing the subjective area of organizational (particularly management) culture of responsibility. However, evidence of growing understanding and confidence in all of these areas among CVTL staff is shown through increasingly active participation in discussions about management support services improvement, better tracking of procedures that have been 'on paper' in CVTL for years, but often not followed up. In addition, it is evident managers are taking increasing initiative in leading development including setting priorities, and asking for the technical support needed. Furthermore, there is an increasing capacity in CVTL to coordinate the support of multiple partners toward common goals. Some of the mechanisms introduced through organizational development programme activities have contributed to development of this capacity, such as regular communication between programmes, and also with support departments, CVTL-led coordination groups where activities have multiple-partner support; and working group models.

Expected result 3:

Branch and local structures are strengthened to adequately meet the needs of the communities they serve



A combined workshop of all branch staff (coordinators, health and disaster management staff) held in January involved discussions on reporting structures, common budget lines, and integrated programming. (Dili, Jan 08)

Branch development in the area of staff knowledge and skill-building, and improved service-delivery capacity through better functioning systems continued at a steady pace. The capacities of branch staff were improved through ongoing efforts to address required skills through regular workshops and meetings of staff in Dili and follow-up through branch visits. In particular, branch coordinators were provided opportunities to advance their skills in budget management, financial and narrative reporting, and overall coordination.

Integrated workshops with other branch staff and the development of coordinated planning and reporting templates - that have fallen out of use in many branches indicating a need to revisit these and find a

more functional model - helped highlight strengths and weaknesses in branch structure and led to discussion and agreement about a suitable structure.

In the second half of the year, branch visits from national headquarters organizational development unit were reduced, largely as a result of the demands on time and resources of the unit at national headquarters level.



CVTL finance staff use the new fast computers provided with the support of the International Federation regional office to improve processing time. (Dili, July 08)

The organizational development unit focused largely on management support systems development and a strong CVTL leadership focus on operational and strategic planning, as well as maintaining momentum in critical areas of management support systems development. As a result, the need to renew and maintain focus on branch development, consistent with CVTL priorities and the focus on developing the community-based programme approach were highlighted in planning for 2009.

On the other hand, some additional training and capacity building activities were successfully organized in the latter half of the year, including better programming initiative (BPI) training as mentioned, and the introduction of the branch development game to branch coordinators and branch board presidents.

Progress was made in updating information about fundraising activities in the branches such as the amount of funds raised by each branch. Five branches have been active in fundraising with the greatest amount raised equalling USD3500 (CHF 3,957). In addition, branch coordinators were asked to share their experiences of the various initiatives they had used for fundraising, how money raised was being spent in the branch, and the systems that branches had in place for managing and monitoring these funds. Some of the systems are the continuation of previous years' work in organizational development (e.g. cash journal), and in addition, some branches had taken initiatives of their own (e.g. systems for checking such as multiple signatures, and reporting on funds raised).

As a result of these discussions, enthusiasm and interest were generated among branches to be more involved in fundraising; some clear needs were identified for main priority areas for skills development and for basic finance management systems in branches. The success of some branches was recognized by others and by the national headquarters, and recorded for replication.

Progress made in volunteer base development with up-to-date figures and lists of names gathered for active volunteers in all branches. In addition, the ongoing liaison with the Asia Pacific zone office in Kuala Lumpur facilitated the reinstatement of the global volunteering insurance scheme through the International Federation, making CVTL one of the first national societies to sign up for this scheme in 2009. The development of a volunteer registration card saw a mock-up completed by end 2008 and input from branches and national programme managers ensured this was a functional model. The printing and distribution of the volunteer registration card will be finalized in 2009. The discussion of volunteer management – particularly on appropriate training, support and retention – and development of the volunteer base in a way that serves programme service delivery needs also progressed through discussion at branch coordinator meetings throughout the year.

Greater awareness and understanding of volunteer-based programming is evident through active participation by branch staff in suggesting operational improvements, including more use of community-based volunteers, and requests for additional training in volunteer management.

Branch rehabilitation is an ongoing area of critical importance in which little real progress was made, though substantial time and energy of both CVTL staff and delegates were invested in pursuing several avenues to source the technical support needed to move this project ahead. The successful rehabilitation of the Manatuto branch through bilateral funding to CVTL based on the assessment carried out by

Federation water and sanitation delegate earlier in the year demonstrated the feasibility of completing the projects where appropriate technical contribution was in place. However, this also highlighted areas for improvement in future of coordination and planning; in particular, targeting assessment for priority branches with earmarked funding.

Expected result 4:

CVTL develops a diversified resource base and efficiently manages these resources in the interest of sustaining its mission

Mapping fundraising activities in branches, and facilitating exchange of experience among branches is a first step toward improved resource mobilization capacity. The results of investment in this area toward end of 2008 started to show results in early 2009 (*to be reported in 2009*).

Efforts in branch building rehabilitation experienced some challenges. Several avenues were pursued to find necessary technical support and this resulted in the development of a draft contract for tender with assistance from the International Federation offices in Kuala Lumpur and Geneva. Efforts to recruit technical support, however, were not successful in 2008. (This, however, has since been resolved in early 2009 with the successful recruitment of a qualified international volunteer).

An internal and external review facilitated by an external consultant was carried out in November-December 2008. The review was highly participatory, including CVTL self-assessment activities involving national headquarters management, branch staff and volunteers, and branch board representatives. Both the process and the findings benefitted CVTL with long-term outcomes in terms of skills and greater understanding. This internal and external review provides a basis for the second phase of development of the CVTL strategic plan 2010-2014. The review report also highlighted both the rapid growth and admirable progress made by CVTL in the short years since its formation, and the need now for consolidation and a focus on programme quality rather than expansion of activities.

Expected result 5:

A functioning communications unit with the ability to promote the strategic priorities of the national society

CVTL has a dissemination and communications unit currently supported by ICRC, with a strong dissemination focus. Work by the organizational development unit together with the dissemination and communications department during 2008 helped identify areas where communications support was needed, and developed a job description for a communications officer to fill some of the current gaps.

In addition, discussion with an initial group of stakeholders was initiated and minutes of these meetings, together with the job description, provided the basis for the formation of a working group, and drafting of an action plan for communications development under the dissemination and communications unit. In late 2008, the national society's secretary general approved the recruitment of a communications officer for 2009. Correspondence with the International Federation's regional office established an agreement in principle for guidance and potential training support from the regional office.

Constraints or Challenges

The organizational development plan for 2008 had a broad scope that was highly ambitious and proved challenging for all parties involved. Part of the challenge lay in the political instability and civil unrest in 2008 that affected all programmes and the country as a whole. Other factors that also affected efforts towards achieving results included:

- Unpredictable climate events: the wet season was long and intense in 2008 as a result of La Niña's effect on sea level temperatures. Much damage was caused by climatic and atmospheric events. Flash-flooding in most of the districts also stretched national society capacity to respond.
- Staffing and human resources
 - Advertising for a fully-funded delegate proved fruitless and greatly delayed efforts in branch rehabilitation. Presently, however, there is a strong possibility of obtaining a volunteer construction engineer with the relevant background to help move this endeavour forward.

- The disaster management delegate was compelled to fill the gap left by the departure of the head of country office in July 2008. As such, the focus on disaster management was diluted with the addition of the latter role, and affected programme performance to some extent.
- The resignation of the community-based risk reduction (CBRR) manager and the livelihoods officer also posed major setbacks to the programme. Currently, however, replacements have been identified for both positions.

Working in partnership

There is an increase in integrated activities for the CVTL health, organizational development and disaster management in different districts. Working together with Plan International, CVTL facilitated the implementation of livelihood support programmes for communities in the Kasmantutu area. The national society provided livelihood support skills, vegetable seeds and agricultural tools. Plan International provided support for health and hygiene promotion, piped drinking water and the installation of sanitary toilets.

In Bacau district, disaster management and health activities were implemented in tandem. CVTL received funding support from the International Organization for Migration (IOM) for emergency stocks. CVTL also received support from the Australian, New Zealand and Norwegian national societies. The Danish and Finnish national societies are expected to work with CVTL in 2009.

In organizational development/capacity building activities, 2008 saw the use of models and mechanisms for cooperation and coordination among partners greatly enhance and benefit CVTL in terms of technical support; notably, in finance development, which received both bilateral and multilateral support, there has been remarkable development in the confidence and capacity of the CVTL finance coordinator in leading this process, as well as effective consultation and communication within the national society to develop robust and realistic systems and procedures. The introduction of a formal “working group” model to coordinate this development has shown some success, despite its early stages, and is now being adapted for other CVTL development processes.

The national society’s discussions with the International Federation on capacity building, particularly intensive capacity development should provide a model that may benefit other parties. This model allows CVTL to pursue a rapid pace of development across several areas at once. The workload, however, is significant as this includes coaching, coordinating, helping to identify and recruit appropriate technical support, and seeking funding to realize action plans. However, with the development of the working group model, and the CVTL working group itself leads become more proficient in this role, it is expected that organizational development support required will decrease while skills and understanding of more CVTL staff to fulfil these functions will strengthen. The implications for sustainability of capacity building processes are very positive.

In addition, a partner cooperation meeting every fortnight represents a first step toward improved communication and cooperation between both Red Cross and non-Red Cross partners. This allows for more effective support for CVTL programmes; and models and supports the CVTL lead in developing standard approaches, and guides partners towards more effective support for the national society.

The organizational development team also supports this improved cooperation by assisting in the development of simple mapping templates to help CVTL establish an overview of activities both in terms of coherent programmes and with respect to activities at each branch. These are expected to be finalized by mid-2009.

Contributing to longer-term impact

CVTL’s mission focuses on improving and saving lives of the most vulnerable through volunteer service. The national society is a young organization in an environment where many humanitarian organizations struggle to find the human resource capacity needed to effectively implement programmes. CVTL has a dual unique advantage – its high recognition value and reputation for neutrality, humanitarian focus and universality among national grassroots; and its reach through volunteers out to these grassroots communities.

The model that emerged in 2008 emphasizes the responsibility of management staff in capacity building and has allowed these staff to strengthen learning and confidence in their roles (consistent with the "see it, do it, teach it" model of learning). It has also established a core of staff with understanding and skill in capacity development as well as skill in applying simple effective tools to this end. Some examples include regular meetings with mini workshops; learning reviews; peer-to-peer problem solving and documentation of learning through minutes and reports; and, working group models for development in areas where diverse input and involvement are needed. A key characteristic of this model is its organizational capacity building for truly sustainable and relevant development which is driven by the organization itself. It recognizes and makes the most of existing capacities while allowing CVTL to leverage support from the Red Cross Red Crescent Movement and other external support for maximum benefit.

The steady development of systems and capacities appropriate to the existing mission and realistic scope of CVTL service delivery is contributing to a sustainable institutional foundation for CVTL to maintain these advantages through continued quality, effective service-delivery. Very importantly, it includes the strong understanding of and commitment towards the Fundamental Principles among staff and volunteers, especially in the volunteer ethic that underpins CVTL work as a member of the Red Cross Red Crescent Movement as a whole.

Additionally, the success in maintaining an appropriate pace in this development against continuing pressures to expand and increase activities faster not only helps enhance the sense of the organization as an entity in control of its own development, but also provides a stronger base for future development that cannot be met through a more rapid but unsustainable pace of development for a young organization working to address a broad range of needs.

How we work	
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none"> • 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.
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