

Appeal 2008-2009



International Federation
of Red Cross and Red Crescent Societies

Timor-Leste

Appeal No. MAATP001

19 December 2007

This appeal seeks CHF 5,125,446 (USD 4.58 million or EUR 3.1 million) to fund the planned programmes that are to be implemented in 2008-2009. The overall budget is CHF 5,125,446 (USD 4.58 million or EUR 3.1 million).

[<Click here for budget summary>](#)

This appeal document sets out briefly the main outcomes the programmes seek to achieve over the next two years. More detailed information is provided in the [2008-2009 Programme Support Plan](#) and [Summary Matrix](#).

In a world of global challenges, continued poverty, inequity, and increasing vulnerability to disasters and disease, the International Federation with its global network, works to accomplish its Global Agenda, partnering with local community and civil society to prevent and alleviate human suffering from disasters, diseases and public health emergencies.



With the community of the community: CVTL in its relatively short life has provided remarkable support to the country's many vulnerable communities; this appeal seeks to build on this progress over the next two years.

[Click here for a map of Timor-Leste](#)

Current context

Timor-Leste is among Asia's poorest countries, with some 40 per cent of the population living below the poverty line and one-fifth of the population living on less than USD1 per day. Unemployment (particularly youth unemployment) and lack of opportunities have contributed to social tension. This situation coupled with the high death rates related to preventable causes, offers huge challenges to the country and its people. The fertility rate of 7.6 children for every woman and infant mortality rates are among the highest in the world; while maternal mortality is 880 per 100,000 live births. Barely half the population has access to safe drinking water and sanitary facilities

Timor-Leste is also highly vulnerable to natural and man-made disasters. Floods, winds, landslides, earthquakes, locust and mice plagues are among the hazards that threaten food security and increase vulnerability. An estimated 100,000 people (ten per cent of the total population) were still displaced in Timor-Leste in 2007 following the upheavals of May 2006. Latest assessments show that 3,119 houses were destroyed, 2,242 damaged and many others deserted by families and then occupied by others, leaving an estimated 25,000 people homeless.

The political crisis has proven to be far deeper and more complex than many observers predicted. Instability and low-intensity violence remain a constant feature in Dili. With the successful completion of the presidential and parliamentary election in March and June 2007, it is hoped that many of the internally displaced people (IDP) will begin returning to their homes.

The national society's draft strategic plan 2006-2009 was approved in August 2005 at its general assembly in Dili. Its aim is to make Cruz Vermelha de Timor-Leste (CVTL) the country's pre-eminent humanitarian aid organization. This plan will help CVTL focus on clear directions and overcome the risk of spreading its programmes too thinly.

Programme summary

No. of direct beneficiaries	2008		2009		Sub total (2008-2009)
	Women	Men	Women	Men	
Disaster Management	16,060	19,276	21,392	23,808	80,536
Health and care	24,592	17,592	24,000	17,000	83,184
Capacity Development	5,500	5,500	5,500	5,500	22,000
Grand total					185,720

The number of indirect beneficiaries is considerably more than the above.

Disaster Management

Global Agenda Goal 1: Reduce the number of deaths, injuries and impact from disasters.

Timor-Leste is vulnerable to many different disasters: storms, floods and landslides are the most frequent but earthquakes also occur occasionally. Most coastal districts are at risk of tsunamis. The ongoing civil unrest is the most devastating single issue recently as burning houses, violence, various intimidation and restrictions on movement have become commonplace. The World Food Programme (WFP) estimates that drought in early 2007 resulted in a food shortage of 85,000 tonnes of rice and maize. The government, WFP, and other agencies covered the purchase of 71,000 tonnes, but were left with a shortage of 15,000 tonnes.

CVTL's disaster management programme started developing in early 2004. The programme is built around a strategic framework that focuses on four key elements: emergency preparedness, emergency response, community risk reduction (with a focus on livelihoods) and environmental protection. The national society has gained experience by responding to small/mid-scale disasters (such as floods in 2004, food insecurity in 2005, storms and floods in 2006, flooding and landslides in 2007). Its management of relations and partnerships has also strengthened through many liaisons including its coordination with the Government's National Disaster Management Office (NDMO). Priorities for 2008-2009 can be summarized as strengthened disaster management activities in the community, national disaster management policies, and systems and mechanisms.

Programme Purpose

To develop disaster management capacity at community level and strengthen CVTL as an effective organization for the delivery of disaster management services.

Outcomes

There are six outcome areas: **emergency response, disaster response recovery, disaster response**

capacity building, community-based disaster prevention and preparedness, disaster and emergency contingency planning, and risk reduction. Complementarities will be maintained among these components for efficient use of resources.

Target Population

80,536 (about eight per cent of the population), of which 43,084 are men and 37,452 women. Of these, approximately 32,000 will be aged 18 to 35 years.

Health and Care

Global Agenda Goal 2: Reduce the number of deaths, illnesses and impact from diseases and public health emergencies

Critical health issues are related to preventable disease mostly affecting the most vulnerable, notably women and children. Timor-Leste has the highest maternal mortality rate in the region with an estimated 880 per 100,000 births (Development Bulletin 2005). There is a high under-one and under-five mortality rate with relatively high rates of malaria, diarrhoea and respiratory tract infections. Malnutrition is a major problem, resulting in underweight children and leading to wasting and stunting. Contaminated drinking water and inadequate sanitation also exacerbate these health risks. Routine immunization coverage of preventable disease remains low. HIV/AIDS prevalence is currently low, but sexual practices and local beliefs combined with a lack of awareness could set the stage for the virus to spread.

CVTL has built up excellent coverage of trained volunteers in health programmes in all 13 districts. The challenge is to shift from general training to more focused community service delivery, including health promotion and social mobilization. Ongoing revitalization of branches now means that health activities have the platform to support community-based volunteers. The focus for 2008-2009 is to establish this support system and develop a workable monitoring and evaluation framework. Advancing current partnership with government departments and local organizations is critical, ensuring cross-fertilization of ideas and optimal use of resources.

Programme Purpose

CVTL's focus will be on providing community-based preventative health care with trained volunteers working within their communities.

Outcomes

There are four outcome areas: **first aid, community-based first aid, HIV and water and sanitation.**

Target population

A minimum of 83,000 beneficiaries (approximately 8 per cent of the population) across all 13 districts targeting the most vulnerable, women and children - predominately in rural areas. Of these, 40 per cent will be women (especially caregivers), 40 per cent children (primarily under five) and 20 per cent fathers and specific high risk groups such as clients of sex workers for the HIV programme.

Capacity Development

Global Agenda Goal 3: Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability

CVTL is a young national society, recognized by the Movement in November 2005; it is still in the process of developing the most basic structures and platforms so that it may deliver on its mission.

Importantly, CVTL has developed a strong base of trained volunteers. Following recent initiatives, branches have renewed vigour and enthusiasm. The continuation of current capacity development activities is vital if branches are to continue growing.

Both health and disaster management programmes target volunteer service delivery at the community level for 2008-2009. This will be supported by developing the appropriate structure, policies and procedures. It is believed that strong branches can support the establishment of community-based

volunteers working within their own communities to assist those who are most vulnerable.

In tandem is the need to grow the institutional and management capacity at head office. This process will be undertaken over a sustained period to ensure that changes become lasting habits. Governance at branch level has improved markedly; efforts will continue to develop the capacity of governance at national board level.

Programme Purpose

The main purpose of organizational development is to support CVTL in achieving the goals outlined in its strategic plan. CVTL identifies its organizational development focus as strengthening of the branch structure, improving CVTL's financial functions and resource mobilization. Also part of its focus is the continuous development of functions related to administration, communication and volunteer management.

Outcomes

There are four outcome areas: **institutional capacity, management, finance, and service delivery**. Complementarities will be maintained among components to use resources efficiently.

Target Population

This includes more than 11,000 people including all staff and board members, volunteers and members. The ratio of men to women is estimated to be 60/40.

Needs

Programmes	2008 budget in CHF		2009 budget in CHF		Total budget in CHF	
	Total Budget	Required	Total Budget	Required	Total Budget	Required
Disaster Management	972,186	972,186	871,510	871,510	1,843,696	1,843,696
Health and Care	1,076,424	1,076,424	1,026,277	1,026,277	2,102,701	2,102,701
Organizational Development	588,606	588,606	590,443	590,443	1,179,049	1,179,049
Total	2,637,216	2,637,216	2,488,230	2,488,230	5,125,446	5,125,446

Working in partnership

Multilateral partners who have loyally supported CVTL thus far in programming include: Capacity Building Fund (CBF), Norwegian government/Red Cross, Australian, Japanese, German, New Zealand and Korean Red Cross Societies. At this stage, however, there is a real need for funds to continue programmes from January 2008 as a number of partner national societies have a financial year running from June to June, which does not allow funding to be available at the beginning of the new year 2008. Bilateral partners for CVTL are Austrian, Japanese, and Spanish Red Cross societies and the United Nations Population Fund (UNFPA).

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering quality and accountable assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, or for a full description of the national society profile, please access the Federation's website at <http://www.ifrc.org>

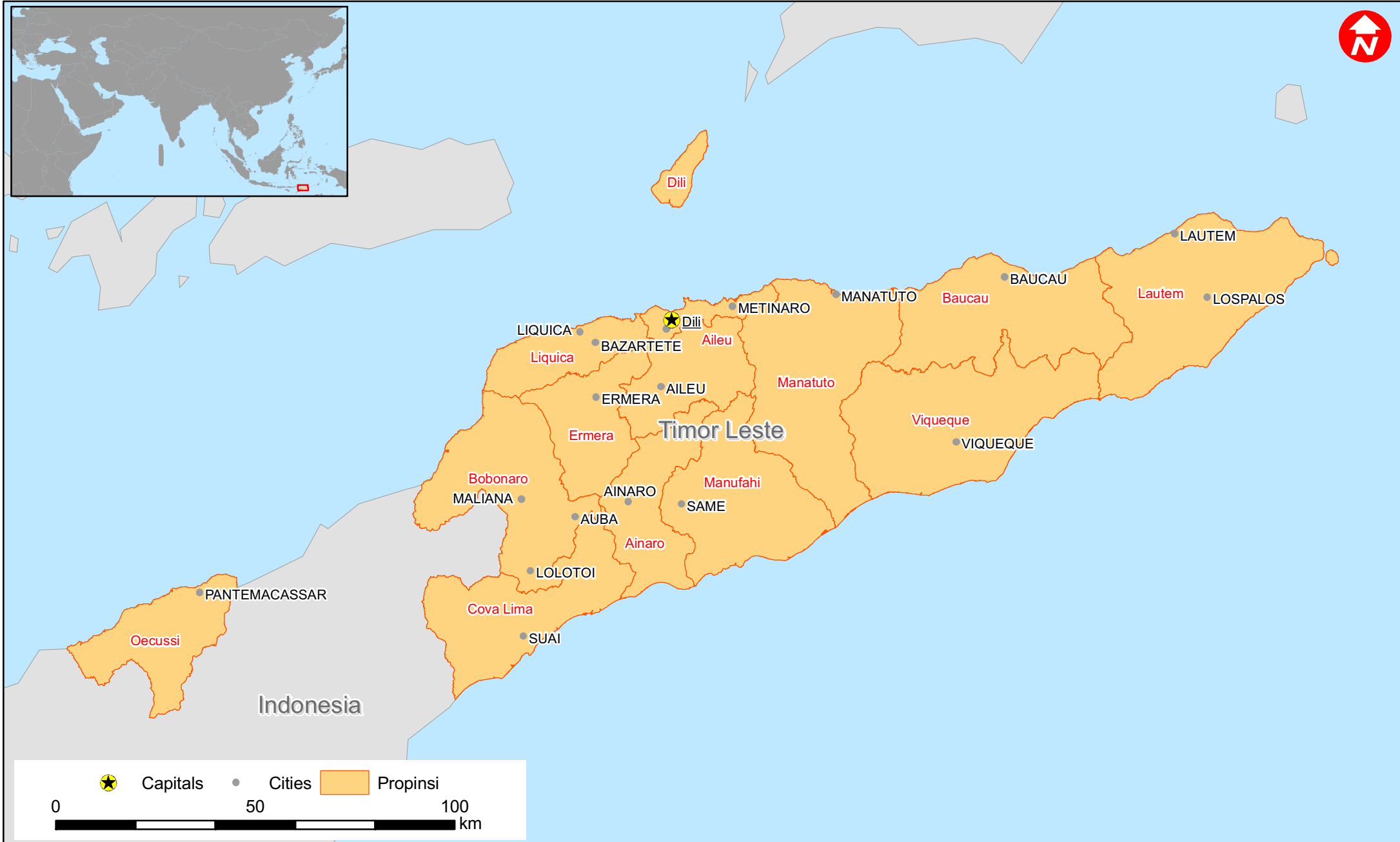
<p>The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".</p>	<p>Global Agenda Goals:</p> <ul style="list-style-type: none">Reduce the 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.
<p>Contact information</p>	
<ul style="list-style-type: none">• <i>Cruz Vermelha de Timor-Leste (Timor-Leste Red Cross): Isabel Amaral Guterres, secretary general; email: sec-gen@cvtl.tp; phone: +670.724.8963; Fax: +670.332.1688</i>• <i>Federation Timor-Leste delegation: Warwick Inder, head of delegation; email: warwick.inder@ifrc.org; phone: +670.723.1434; Fax: +670.332.2010</i>• <i>Federation Regional Office, Bangkok: Alan Bradbury, acting head of regional office; email: alan.bradbury@ifrc.org; phone: + 66 2 661 8201</i>• <i>Federation Asia-Pacific Zone Office, Kuala Lumpur: Jagan Chapagain, deputy head of zone; email: jagan.chapagain@ifrc.org; phone: + 603 2161 0892; fax: + 603 2161 1210</i>	

[Map below, click here to return to the title page](#)



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

Timor Leste



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

Map data sources: ESRI, DEVINFO, GRUMP, Federation