

Plan 2009-2010



International Federation
of Red Cross and Red Crescent Societies

Timor-Leste

Executive summary

Timor-Leste remains the youngest and one of the poorest countries in Asia. Like other countries in the region, it faces major disaster-related challenges including earthquakes, floods, landslides and drought. The ongoing internally displaced persons situation in the country for over two years has absorbed most of the resources for assistance.

The population in general has a comparatively low educational level with about half of the adult population illiterate.¹ Unemployment, particularly among youth, and the lack of work opportunities have contributed to social tension. In addition, massive migration to the nation's capital, Dili, has further added to the stress factor in the country.

This situation, coupled with very high death rates related to preventable causes, offers huge challenges to the country and its people.

The main priorities for the national society, Cruz Vermelha de Timor-Leste (CVTL) are the improvement of preventive health and care, disaster management, community mobilization and empowerment, and organizational development of the national society to strengthen its capacity and enhance its value to beneficiaries and stakeholders.

Good partnerships have been developed with partner national Red Cross societies in Australia, Austria, Germany, Japan, New Zealand, Norway, and Spain. Close working relations have also been built with national and international volunteer organizations such as Oxfam, Auscare and Australian Volunteers International (AVI), UNICEF and with national ministries and organizations.

The total budget for 2009 is CHF 1,758,888 (USD 1,607,758 or EUR 1,120,311) and for 2010 is CHF 1,745,562 (USD 1,595,578 or EUR 1,111,823). [<Click here for the budget summary.>](#)

The programmes will target vulnerable communities and poor families, and specifically women and children in water projects as they are primarily responsible for collecting water.



First aid training of CVTL volunteers continues in Lospalos, Timor-Leste. Support for the training and recognition of volunteers is one of the ways in which the national society seeks to retain its volunteers and enhance their skills for better service delivery. (International Federation).

¹ UNDP Human Development Index 2007-08

Country context

Timor-Leste is among Asia's poorest countries, ranking at 150 out of 177 countries in the UNDP 2007-08 Human Development Index.

The root causes of the crises in Timor-Leste are multi-dimensional: social, economic and political. Unemployment (particularly among youth) and the lack of opportunity have contributed to social tension. Only 15 per cent of the population aged 18 years or older hold a high school diploma; two per cent have a university degree and half of all adults are illiterate. In addition, massive migration to the nation's capital, Dili, has seen the city's population double between 1999 and 2004, while the estimated 100,000 people still living as internally displaced persons following the civil upheaval of May 2006 further add to the tensions.

This situation coupled with high death rates related to preventable causes, offers huge challenges to the country and its people. The fertility rate of 6.7 children for every woman² and infant mortality rates are among the highest in the world; while maternal mortality is 380 per 100,000 live births. The health indicators in Timor-Leste point to serious challenges related to communicable diseases such as malaria, dengue fever and diarrhoeal diseases, childhood illnesses, malnutrition and maternal health. Barely half the population of 1.1 million people has access to safe drinking water and sanitary facilities.

Timor-Leste is also highly vulnerable to natural and man-made disasters such as floods, strong winds, landslides, and earthquakes. The disaster-prone nature of the country constitutes a persistent challenge for its population and authorities to build up their emergency preparedness and response systems for years to come.

Locust and mice plagues are among the hazards that threaten food security and increase vulnerability. Chronic food insecurity is widespread throughout Timor-Leste. An estimated 20 per cent of the population (some 213,000 people) face food insecurity, with a further 23 per cent (some 244,000 people) highly at risk of facing the same situation.³

Informal estimates suggest that as much as 42 per cent of the population is now below the national poverty line of USD 0.55 per day⁴. The implication is that as many as 430,000 people are below the poverty line, compared with about 345,000 at the time the last poverty survey was taken in 2001.

An estimated 100,000 people (close to 10 per cent of the population) were still displaced in Timor-Leste at the beginning of 2008, following the civil upheavals of May 2006. The majority fled their homes because of civil insecurity and threats within their own communities. Of these, about 30,000 were living in internally displaced persons camps in the capital Dili. During the first months of 2008, approximately 1,000 families received support in returning to their former places of residence, or were relocated to transitional centres.

The political crises have proven to be far deeper and more complex than predicted. Instability and low-intensity violence remain a constant feature. Secondary occupation of former places of residence, an acute shortage of resettlement housing, and the potential for renewed violence resulting from mass returns all contribute to a slow return of the internally displaced persons.

The unsuccessful assassination attempt on the president and the prime minister in February 2008 prompted a period of very tight security and curfew for two months in Dili and other major cities. Access was also limited to other areas of the country, causing some delays in programme implementation. Since late April with the capitulation of the government insurgents, the security situation has eased.

The recent international food crisis with the tripling of food prices within a few months has worsened the situation for the population. To some extent, the effect has been softened by the government selling subsidized rice in urbanized areas, reducing the price increase to about 50 per cent.

National Society priorities and current work with partners

The priorities in CVTL's strategic plan 2006-2009 are:

- **Improvement of preventive health and care**, including maternal and child health, water and sanitation, primary health care in the communities, and prevention and control of HIV/AIDS
- **Disaster management**, including improved capacity to deliver relief, a wider spread of awareness about the causes of disasters, improved preparedness and activities aimed at preventing disasters.

² WHO World Health Statistics 2008

³ FAO and WFP Comprehensive Food Security and Vulnerability analyses

⁴ United Nations Development Assistance Framework (UNDAF) – working group on Poverty Reduction

- **Organizational development**, through strengthening the national society's capacity building to enhance its value to stakeholders and beneficiaries.
- **Community mobilization and empowerment**, to help youth and women overcome social and economic constraints by improving their skills and promoting basic entrepreneurship.
- **Promotion of humanitarian values**, i.e. champion values that encourage respect for others, make more people aware of the principles of the Red Cross Red Crescent Movement and International Humanitarian Law.

Development of the strategic plan for 2010-2014 is to begin late 2008. Development of a cooperation agreement strategy (CAS) is a priority for CVTL and will be directly supported by the secretariat through the organizational development programme during 2009.

Through many years of work with the ICRC, a number of CVTL staff have a strong water and sanitation implementation capacity. With technical assistance and support from the International Federation and other partner national societies, CVTL has been able to develop parts of the health and care, and disaster management programmes into initiatives. These initiatives have helped promote CVTL as a respected humanitarian organization with important service delivery to communities.

During the past year, CVTL has increased its cooperation directly with several national society partners. Major water and sanitation programmes are now being supported bilaterally through the Austrian, Australian and Spanish Red Cross societies.

An ongoing concern for CVTL with respect to partner support is the need to balance support for programme implementation with the capacity development and administrative support needed to support programme growth. As CVTL is still a young organization, and growing at a fast pace in order to meet the needs of the many vulnerable people in Timor-Leste, finding this balance is a central concern with respect to achieving results for the beneficiaries.

CVTL is increasing its priority of using an integrated approach with different activities in the same community, according to needs determined during assessments. At the same time, more effort will be made to establish Red Cross committees in the communities supported by CVTL. Youth activities will be included into the programmes to attract youth to the Red Cross as members and volunteers, and generally, more effort will be made to recruit community members into the national society.

Secretariat-supported programmes in 2009-2010

Logical frameworks are available on FedNet⁵ or [upon request](#).

Disaster Management

a) The purpose and components of the programme

Disaster Management (Global Agenda Goal 1): with focus on disaster planning, organizational preparedness, community preparedness/disaster risk reduction, disaster response and recovery.

The disaster management programme budget for 2009 is CHF 635,401, and for 2010 is CHF 598,596.

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| Programme purpose |
| To contribute to the reduction of injuries and deaths caused by disasters. |
| Programme component 1: Disaster Management Planning |
| <p>Outcome: Improved ability of CVTL to predict and plan for disasters, to mitigate their impact on vulnerable communities and effectively cope with their consequences.</p> <ul style="list-style-type: none"> • Strengthening CVTL staff in using risk analysis tools • Standard operating procedures • Integrated planning for disaster management, health, organizational development and other activities • Improved programme management capacity of CVTL staff |
| Programme component 2: Organizational Preparedness |
| <p>Outcome: Improved capacity in skilled human resources, and financial and material capacity for effective disaster management.</p> |

⁵ FedNet is an intranet and available to Movement members only

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| <ul style="list-style-type: none"> • Training and capacity building • Pre-positioning of emergency equipment and stock coordination |
| <p>Programme component 3: Community Preparedness/Disaster Risk Reduction</p> <p>Outcome: Improved self-resilience of individuals and communities to reduce their vulnerabilities to public health emergencies and disasters.</p> <ul style="list-style-type: none"> • Vulnerability capacity assessments • Structural and non-structural risk mitigation activities • Awareness of environment protection • Capacity building of CVTL staff, volunteers and village council members |
| <p>Programme component 4: Disaster Response</p> <p>Outcome: Improved response assistance to meet the needs of people affected by disasters.</p> <ul style="list-style-type: none"> • Disaster needs analysis • Relief supplies (non-food items) |
| <p>Programme component 5: Recovery</p> <p>Outcome: Improved assistance to restore or improve pre-disaster living conditions.</p> <ul style="list-style-type: none"> • Livelihoods analysis • Development of agricultural skills • Distribution of agricultural tools |

b) Profile of target beneficiaries

The programme will work with vulnerable communities; thus, disadvantaged communities living in isolated villages will be the main beneficiaries from this plan. As the feeling of 'East' and 'West' is very strongly rooted in the country, a relevant balance will be maintained while distributing the resources. The total number of beneficiaries for two years is estimated to be 11,120.

This programme will deliver both tangible and intangible support to the communities, such as:

- Disaster relief support (non-food items)
- Structural risk mitigation (e.g. flood control)
- Non-structural risk mitigation (e.g. awareness on disaster preparedness, environmental protection, etc.)
- Livelihood support (e.g. farming skills and shelter)

The community level coordination mechanism will strengthen capacity of local structures (e.g. village councils) in advocating their needs and aspirations to other agencies.

c) Potential risks and challenges

The potential political change in the country, the occurrence of disasters, turnover of staff and volunteers, and funding constraints are the major risks and challenges facing this programme.

- **Political situation may not improve:** the situation is unpredictable and circumstances could emerge to shift government focus from its development agenda, which would impact this programme.
- **Big disasters may shift focus at any time:** Timor-Leste is a disaster-prone country; government resources are hardly enough to address developmental needs. In the case of a major natural disaster, CVTL would be engaged heavily in disaster response, which would impede progress of this plan.
- **Staff and volunteer turnover:** A great demand for skilled human resources exists in Timor-Leste. Many other humanitarian organizations offer better salaries and benefits than the national society, and so, losing good CVTL staff is a risk. Similarly, the turnover of volunteers is another concern.
- **Funding:** The five programme components are inter-dependent. Funding, therefore, needs to be balanced for all these components for the most effective results.

The programme will adapt the following strategies to address these risks and challenges:

- Fine-tune programme implementation in line with the changing political situation to minimize disruption. Contingency strategies will help adapt to any new scenarios.
- CVTL will assign full-time dedicated staff and volunteers for disaster response to limit the effect on ongoing community-based programme components in the event of an emergency.
- The programme will continue to develop staff skills for improved effectiveness and staff retention. It is expected that with a new human resource policy in place by early 2009, staff will be better motivated to

continue working with CVTL. An integrated approach will be helpful in providing adequate and engaging work to volunteers so that they continue with CVTL.

- A resource mobilization plan will be developed to ensure different partners support this plan. Local non-traditional partners, who are interested in supporting this plan, will also be contacted.

What is new?

- Vulnerability and capacity assessment is considered a major planning tool for community-based programmes.
- Synergy building through an integrated approach: health and disaster management, organizational development, dissemination, and tracing initiatives working together for a common purpose.
- More emphasis on cross-cutting issues of programme implementation.
- Re-definition of the role of volunteers:
 - Community-based volunteers for community preparedness and risk reduction, and
 - National-level and district-level emergency response volunteer team for emergency response.
- A move towards a beneficiary contact monitoring system with a focus on a result-based approach.

What is continued?

- Capacity building of staff and volunteers
- Disaster response through a national and branch level volunteer network
- A community-based approach

Health and Care

a) The purpose and components of the programme

Health and Care (Global Agenda Goal 2): with focus on access to safe water and sanitation service, improved knowledge and practice of health promoting behaviours, first aid knowledge and practice, and knowledge of HIV/sexually transmitted infection prevention and reduction.

The health and care programme budget 2009 is CHF 603,865 and for 2010 is CHF 716,308.

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| <p>Programme purpose</p> <p>Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.</p> |
| <p>Programme component 1: Water and sanitation</p> <p>Outcome: Access to safe water and sanitation service improved in the target area.</p> <ul style="list-style-type: none"> • Rehabilitation of one spring gravity-fed water system and community-based first aid in Gari-uai, April 2008-April 2009 • Construction of a spring-fed water distribution system in Bone-Ufe and community wells in Lifau, Oecusse, beginning 2009, combined with community based first aid education • Construction of a new and rehabilitated water system, latrine construction and community-based first aid education in Caraubalu, Viqueque, beginning 2010 |
| <p>Programme component 2: Community-based health and first aid</p> <p>Outcome: Improved knowledge and practice of health-promoting behaviours provided through community-based first aid services.</p> <ul style="list-style-type: none"> • Community-based first aid pilot project (including core group) continues in Cribas, Manatuto • In Aileu, Ainaro, Baucau, Covalima, Dili, Manufahi, Oecusse, Losparlos, and Viqueque: one vulnerable village is chosen for targeted interventions • Community-based first aid, behavioural change, and maternal and child health training • Community-based first aid door-to-door education • Information, education and communication material development and radio programmes in 13 districts • Distribution of mosquito nets |
| <p>Programme component 3: First aid</p> <p>Outcome: Improved first aid knowledge and practice through first aid training and services to target populations.</p> <ul style="list-style-type: none"> • First aid training, including master training • Provision and improvement of first aid service at national events and emergencies |

- Annual first aider camp
- World First Aid Day celebrations
- Development of memorandum of understanding with ministry of health as the official first aid agency in Timor-Leste
- Support of commercial first aid development

Programme component 4: HIV and AIDS

Outcome: Increased knowledge of HIV/sexually transmitted infection prevention and reduction in discrimination and stigma among target population (i.e. youth, peer educators and general public).

- Peer education training
- Commemoration of World AIDS Day
- Life skills training in collaboration with the Youth programme
- CVTL workplace HIV prevention awareness and installation of condom distribution machine
- Information, education and communication material development

b) Profile of target beneficiaries

Health in 2009-10 will reach approximately 40,000 beneficiaries (more than half women and children under five). It will cover all 13 districts in Timor-Leste and will be largely based in rural communities where subsistence farming is the main source of income. Beneficiaries in district towns and the capital Dili will also receive information, and be the major intended audience for events such as World AIDS Day and World First Aid Day. Both primary and secondary children will receive information on community-based first aid, first aid and HIV prevention.

International Federation-supported water and sanitation projects will be in the three districts of Baucau, Viqueque and Oecusse. One project commenced in April 2008 while another project in Oecusse will begin in early 2009; and one more is planned for the Viqueque district in 2010.

These water and sanitation projects will particularly benefit the women and children who are primarily responsible for collecting water for households in Timor-Leste. All three water and sanitation projects will include health and hygiene education through a network of trained, community-based volunteers who conduct door-to-door visits on basic health promotion and prevention of common diseases.

The community-based first aid pilot study that commenced in 2008 will continue in one village with five sub-villages in Manatuto district. The aim is to revitalize the community-based first aid programme establishing a stronger link between the community and branch and national headquarters. Additionally, this pilot project will also have an increased focus on maternal and child health issues, particularly children under five.

In the nine non-pilot districts (Aileu, Ainaro, Baucau, Covalima, Dili, Manufahi, Oecusse, Losparlos, and Viqueque), one village assessed as vulnerable will be a focus for activities to improve the health status of residents.

A move towards an integrated approach is a central theme in CVTL 2009-10 health plans. Disaster management and health teams will work together in new communities or communities that have received CVTL health or disaster management support in the last few years. This is with the aim of providing a 'complete package' of health, disaster management, *suco* (village) development and eventually water and sanitation, and youth programmes. Embracing an integrated approach will encourage maximizing the use of limited resources, the sharing of technical skills and the development of common tools.

All CVTL staff at national headquarters and branch staff including water and sanitation teams will also receive HIV prevention education, and an HIV prevention pack including condoms. Information education and communication material will be distributed to new staff, and a condom distribution machine will be placed in the national headquarters after staff education has been initiated.

c) Potential risks and challenges

- **Internally**

One huge challenge faced by the national society is the lack of a committed long-term funding partner for 2009-10 programmes supported by the International Federation. These include HIV, community-based first aid and first aid programmes. Efforts are being made to diversify the donor base, so that CVTL is less dependent on International Federation funding. Development of a sound resource mobilization plan will support this.

The CVTL health department has faced several challenges in 2008 with a marked increase in bilateral donors. While this has brought about opportunities, it has also overstretched current human resources particularly in relation to community-based first aid, and water and sanitation.

Most of the health staff (excluding water and sanitation) at both national and branch level have been in their job for one year or less, with few staff coming from a professional health background. A key area for the health programme is to continue to build specific health technical knowledge and managerial skills related to monitoring and evaluation, and the project cycle. This aspect will also be supported by the organizational development programme.

Water and sanitation is technically strong; many of its staff worked extensively with ICRC prior to the formation of CVTL. There is, however, an identified weakness in the national headquarters water and sanitation management, and additional support within CVTL is required. A water and sanitation manager/deputy coordinator has been recruited while national headquarters senior managers have been given further training to enhance project management capacity.

In 2009, there are several CVTL organizational development processes/events that could take considerable time. These include strategic planning for 2010-14, possible planning for intensified capacity building fund support, CVTL's general assembly held every four years, a better programme initiative and an ongoing CAS process. With these, there is a risk that technical programmes related to health could be neglected. Through coordination in planning, ways have been identified to minimize the diversion of resources, particularly human resources, to these processes.

- **Externally**

The possibility of renewed and more intense civil unrest could prevent implementation and travel to target districts (such as in 2008).

Globally there is a food shortage, particularly rice, which could exacerbate ongoing food shortages and increase levels of malnutrition that many people, particularly women and children, in Timor-Leste already suffer. Other risks include non-seasonal weather and impassable roads due to washed-out bridges and other damages to infrastructure.

Initiatives by the ministry of health such as the training of family health volunteers (*Promotor de Saude de Familia - PSF*) in the *sucos* and the plan to reinstitute the *Servisu Inegradu Sude Comunita (Sisca)*⁶ scheme in all 13 districts by the end of 2008 are likely to affect the health programme to some extent. However, this has yet to be determined.

Organizational Development/Capacity Building

a) The purpose and components of the programme

Organizational Development/Capacity Building (Global Agenda Goal 3): with focus on leadership capacity and management training, development of sustainable systems and procedures, ensuring financial sustainability, and further development of grassroots units and services. Staff and volunteers will benefit from increased knowledge and skill in all areas of the project management cycle.

The organizational development/capacity building budget for 2009 is CHF 519,621 and for 2010 is CHF 430,658.

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| Programme purpose |
| Increase capacities of local community, civil society and CVTL as a member of the Red Cross Red Crescent Movement to address the most urgent situations of vulnerability. |
| Programme component 1: Leadership and governance |
| <p>Outcome: Improved CVTL leadership capacity to develop and implement strategies, to ensure good performance and accountability.</p> <ul style="list-style-type: none"> • Strategic Plan 2010-2014 development process • Partnership management and development of the cooperation agreement strategy (CAS) • Leadership workshops and governance orientation course (national board elections at general assembly 2009) |

⁶ An outreach programme with a major focus on maternal and child health

- Translation and distribution of key documents (policies, strategic plan, annual report to general assembly) – co-funded with CVTL core-cost budget

Programme component 2: National management capacity development

Outcome: Ensuring a well-functioning organization with sustainable systems, procedures and staff with a desired level of managerial and technical competencies.

- Management training modules addressing priority capacity-building needs
- Logistics systems development (particularly, a newly centralized fleet management system)
- Support roll-out and maintenance of performance appraisals and staff development plans, in concert with development of other staff retention strategies
- Ongoing development of policies and procedures

Programme component 3: Resource base development

Outcome: Ensuring financial sustainability.

- Support to CVTL leadership in development of resource base strengthening strategies and action plan
- Branch-generated projects' matching fund pilot, in conjunction with fundraising training and mentoring to develop branch-based resource mobilization
- Finance system development maintenance and regular review support (bilaterally funded finance advisor support until end 2008 or early 2009) and targeted finance staff training

Programme component 4: Branch structure development

Outcome: Developing a nationwide coverage of grassroots units and services, with the capacity to play their key role in achieving the CVTL mandate.

- Branch development coordinators salaries 2009 (in part of 2010, these will begin to be covered from CVTL core costs and branch-generated funds)
- Volunteer registration card system and volunteer management training for branch staff and volunteer coordinators/facilitators
- Branch staff action-based learning programme – focus on monitoring and evaluation, volunteer management, resource mobilization
- Final phase of branch rehabilitation project

Programme component 5: Programming development

Outcome: Increasing capacity for programme development and management.

- Monitoring, evaluation and reporting systems development (participatory model, integrated framework) in conjunction with staff and volunteer training
- Capacity development in integrated planning (strategic, operational). Continued 'push out' of planning responsibility by increasing planning capacity

b) Profile of target beneficiaries

The programme will directly benefit more than 1,100 people⁷ including all staff and board members, volunteers and members. The ratio of men to women is estimated at this time to be 60:40 respectively. Improved results for target beneficiary communities are the focus of all organizational development/capacity building programming, meaning that the programme serves many more beneficiaries indirectly.

Staff and volunteers targeted by organizational development/capacity building programming focusing mainly on capacity building will benefit from increased knowledge and skills in all areas of the project management cycle.

Staff in support departments (finance, logistics, human resources/administration) will also benefit from focused technical training relevant to their roles. Board members, staff, volunteers and CVTL members targeted will be part of an increasingly effective organization while benefits to CVTL's target beneficiaries will also be augmented as gains are made in efficiency, and effectiveness of programming. Principles and values in action, and leadership will be components of all training.

Beneficiary participation in programme design, implementation and evaluation will be improved as a result of targeted support to (1) community-based volunteer resource development and support; (2) an organizational development/capacity building focus on developing participatory monitoring and evaluation across all programming, and (3) the strategic planning process to be supported in 2009.

⁷ Staff approximately 150; board members 210; volunteers approximately 800 active mid-2008, likely to increase significantly by and during 2009-2010

c) Potential risks and challenges

Conflict and emergencies: Humanitarian organizations working in Timor-Leste face challenges and risks to programming inherent in a post-conflict, developing, and high disaster risk environment.

Past CVTL operations have suffered the impact of several factors linked to conflict and emergencies. These include the possibility of renewed conflict, the implementation challenges resulting directly from a history of limited access for most citizens of Timor-Leste to education and learning opportunities, and the likelihood of resources being diverted from regular programming to emergency needs. One of the areas widely affected is organizational development and capacity building. Unfortunately, these factors are not easily resolved and their impact is likely to continue over time.

Volunteer and staff turnover: High volunteer turnover (and to a lesser extent, staff turnover) is a factor affecting CVTL programmes to date. The organizational development/capacity building programme, integrating health and disaster management programming for technical capacity building directly addresses these issues in several ways. These include volunteer management training (including mobilization and retention); support for training for and recognition of volunteers; and investment in the systems and structural capacity needed for branch support of community-based volunteers.

Working with limited management experience: An organizational development/building capacity programme focus on developing management capacity underpinned by an action-learning philosophy addresses the significant need in this area with direct reference and applicability to current and emerging roles.

The development of a 'building blocks' set of training modules, addressing priority areas identified by CVTL staff and volunteers, is an investment in a resource for CVTL to be used in ongoing staff development. This allows for flexibility in the timing, and combination of training elements to meet needs and limitations. The approach directly addresses high management capacity building needs while minimizing time and resources expended in training management staff. Unanticipated interruptions to and adjustments of plans can be more effectively absorbed than with more conventional training programmes.

Balancing service growth with capacity development for effective use of resources: A real risk to effective organizational development and capacity building is the potential for growth in programming to outpace that of organizational and personnel capacity to effectively implement these programmes. Continued rapid growth in programming is both anticipated and desirable in light of the need that exists in this new nation. Programming is being designed and implemented with this continued rapid pace of growth in mind; it is particularly vital to ensure that adequate resources are allocated to accompanying capacity development (e.g. capacity development support for all programmes) and that realistic expectations are set for the rate of capacity development. Finding this balance is essential if CVTL is to be supported in achieving best results for the most vulnerable communities. Support of CVTL's strategic planning process and parallel development of a cooperation agreement strategy (CAS) seeks to enhance CVTL's capacity to manage this risk.

Organizational development/capacity building to support service delivery programming: CVTL systems must meet current operational commitments while preparing for continuing effectiveness. As such, cooperation with service and support departments is an organizational development priority to ensure that several important CVTL processes and events planned for 2009-2010⁸ are implemented in a way that minimizes diversion of organizational resources from programming, while ensuring participation from concerned stakeholders. Similarly, a holistic, sustainable approach to support systems development is being pursued through incremental capacity building.

Principles and Values

Principles and values are considered as a cross-cutting area for CVTL, and are therefore included in all programmes of the national society.

In the future, dissemination about the Red Cross, the seven Fundamental Principles and what they mean will be included as an important subject in all staff and volunteer training sessions. Encouragement will be given to staff and volunteers to include these subjects when working with communities in programmes, with the purpose to influence behavioural change within society, inspire tolerance and respect for diversity.

⁸ Particularly Strategic Planning for 2010-2014 (and coordinated development of ICB plan), occurring during 2008-2009, the ongoing development of a Cooperation Agreement Strategy,

Better Programming Initiative (BPI) training will be one method used to obtain increased understanding of principles and values among staff and volunteers.

Role of the secretariat

a) Technical programme support

The disaster management programme has the support of a delegate in-country, who will: strengthen the planning capacity through standardizing the vulnerability and capacity assessment (VCA) tools; continue to support improvement of the monitoring systems; and provide technical support through programme training. The International Federation VCA guidelines, the training module for disaster preparedness, risk reduction, needs assessment for emergency response, contingency planning guidelines, IDRL guidelines (Guidelines for the Domestic Facilitation and Regulation of International Relief and Initial Recovery Assistance) and the SPHERE standards are all used to improve implementation. Further technical support is offered through the regional disaster management delegate.

The health and care programme has the support of a health delegate and a water and sanitation delegate in-country. Manuals for HIV/AIDS, community-based first aid and first aid continue to be developed, based on tools from the ministry of health and the International Federation. Training is offered to key CVTL staff through regional health, and water and sanitation workshops. Vulnerability capacity assessment guidelines, the "community-based first aid in action" manual, International Federation standards for peer education, and the Federation water and sanitation guidelines are used to improve implementation. Further technical support is offered through the regional HIV delegate, the regional health delegate and the regional water and sanitation delegate.

The organizational development/capacity building programme is also supported by a delegate in-country. The International Federation guidelines for volunteer mobilization, monitoring and evaluation, better programming initiative and strategic planning guidelines are used to improve branch development, capacity development of CVTL management, as well as bolster technical support for finance, fleet and assets.

Apart from the support outlined above of the International Federation's country office in Timor-Leste, further technical support is provided in all programme areas from the International Federation's Southeast Asia regional office in Bangkok and the Asia Pacific zone office in Kuala Lumpur.

b) Partnership development and coordination

The disaster management programme is strengthened through coordination within the national disaster risk reduction group, the national disaster management directorate, partnership developed with NGOs (such as CONCERN, PLAN international, CARE international), and through stakeholder meetings at branch level.

The health and care programme participates in the sector working groups for health promotion, health coordination and sanitation.

Coordination and cooperation takes place with the Aloia Foundation and with UNICEF on life skills training and other relevant activities, based upon the memorandum of understanding between the International Federation and UNICEF.

CVTL also coordinates bilaterally with Red Cross partners in-country on the joint development of information, education and communication materials and the implementation of programmes. Cooperation is maintained with the ministry of health in providing first aid at public events, and with the ministry of education for the inclusion of Red Cross messages in the magazine LAFAEK, distributed to schools nationwide. There is also coordination with DNSAS (the national water and sanitation department), and RWSSP (rural water and sanitation working group) in promoting methods of sanitation and advocacy to government. CVTL works in cooperation with the local NGO, NATILES on water and sanitation projects.

The organizational development/capacity building programme works with the CVTL to develop policy and guidelines for CVTL partnership and cooperation, and supports branch level partnership development. Cooperation is maintained with ICRC on dissemination/principles and values, communication strategy, and disaster management/conflict preparedness,

Movement coordination meetings are held fortnightly between CVTL, the International Federation and the ICRC. These meetings also include bilateral partners when they are in the country. Partner national societies include the Austrian Red Cross, Australian Red Cross, Japanese Red Cross, New Zealand Red Cross, Norwegian Red Cross and Spanish Red Cross. An international Red Cross Red Crescent partners meeting is planned for early 2009.

c) Representation and advocacy

Through the strong representation of the CVTL and the International Federation in coordination with national and international institutions and organizations, the Red Cross is a well-known, important and respected humanitarian organization in Timor-Leste.

Advocacy in favour of those affected by disasters and promotion of sanitation methods is regularly made to the government and other organizations.

The following organizational issues should be highlighted:

- An external communications policy for CVTL is being developed, with support of the International Federation and ICRC.
- Case studies will be developed to focus on the special conditions in Timor-Leste.
- Key documents will be printed and translated, so they are available both in English and the local Tetun languages.

Promoting gender equity and diversity

Gender will be one of the cross-cutting themes in all International Federation-supported programmes. These programmes will continue to emphasize gender equality when recruiting staff, organizing training courses, delivering relief support and mobilizing volunteers. In community mobilization processes, attention will be given to ensure participation of both women and youth.

Both the health and disaster management programmes will expand the promotion and protection of rights of children, women and senior citizens within their own technical programme goals. The organizational development department will assist with development of a human resource policy, which will incorporate the promotion of gender equity and diversity.

Quality, accountability and learning

The programmes will follow processes for quality, accountability and learning.

The health and care programme follows an incremental capacity development model for volunteers, starting with basic health training, then monthly topics for training, the actual delivery of health messages in the local communities followed by reflection, and finally, with follow-up on the results of the campaigns.

Pilot districts are selected for various types of health training. After experience has been achieved and documented, guidelines are issued for the specific type of training. Based on this, similar training is held in other districts.

Organizational development colleagues will continue to work with the International Federation’s Southeast Asia regional office to publish ‘lessons learnt’ documents from the recent development of branches.

As structures and procedures are developed to expand the quantity and quality of community-based volunteers and activities, all programmes supported by the International Federation are expected to develop and adopt a common and consistent monitoring and evaluation framework. This framework will involve head office, branch and community participation.

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

| 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. |

Contact Information

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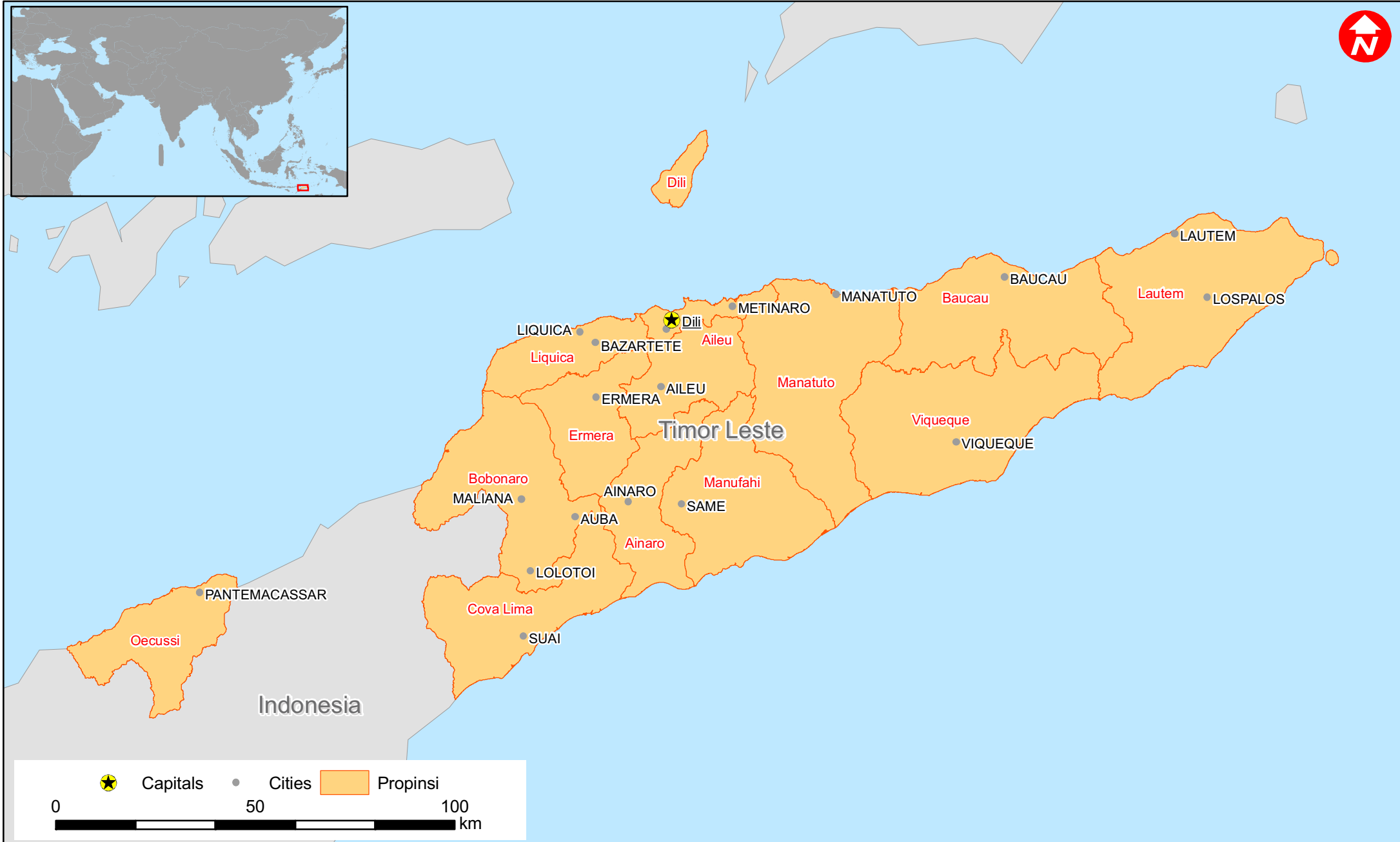
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Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

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