

Programme Update

 International Federation
of Red Cross and Red Crescent Societies

Timor-Leste

Appeal No. MAATP001

14 December 2009

This report covers the period
1 July to 31 December 2009



A CVTL volunteer speaks with a young mother in Dili on the prevention of A/H1N1 influenza in October 2009. (Photo: Cruz Vermelha de Timor-Leste)

In brief

Programme purpose:

The framework for the Timor-Leste national society, Cruz Vermelha de Timor-Leste (CVTL) and the International Federation in Timor-Leste are the global agenda goals:

- Reduce the number of deaths, injuries and impact from disasters (through disaster management)
- Reduce the number of deaths, illness and impact from diseases and public health emergencies (through health and care)
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability (through organizational development).

Programme summary:

CVTL's community-based disaster management programmes continue in nine districts with good results. Programme staff members have improved their skills in using the tools, including the vulnerability and capacity assessment (VCA) and in facilitating coordination with health staff. Coordination with the government to advocate on behalf of the community for other priority needs adds further to the impact CVTL achieves for the community.

The national society has made major progress in the review and development of programme design and key documents that will harmonize and improve the quality of its health programmes in this period, particularly the HIV peer education package and adaptation and pilot of the *CBHFA in action* programme. The A/H1N1 awareness campaign also gave the national society an opportunity to demonstrate its capacity and skills in the national interest.

CVTL's draft strategic plan 2010-2014 reflecting national society priorities and experiences is a significant achievement. Branch development addressing resource mobilization capacity, volunteer management and

finance systems development, progressed through a combination of targeted activities. Ongoing growth in service delivery targets demands that capacity development keeps pace; the CVTL approach has demonstrated some success in managing this challenge in the period.

Financial situation: The total 2009 budget has been revised from CHF 1,686,599 (USD 1.6 million or EUR 1.1 million) to CHF 1,482,214 (USD 1.45 million or EUR 980,787). Coverage is 110 per cent while expenditure from January to October 2009 is 71.6 per cent of the total 2009 budget (see [attached financial report](#)). The financial report from January to December 2009 will be issued with the 2009 annual report by April 2010.

A reduction in the 2009 budget reflects under-spending due to limited capacity within the national society to fully absorb planned activities, partners sharing CVTL's funding needs and some over-ambitious planning.

No. of people we help: The number of people benefiting directly from CVTL's interventions in disaster management was approximately: 14,015 people comprising 6,775 women and 7,240 men, according to data sourced during vulnerability and capacity assessments of targeted communities. People benefiting directly from CVTL's health interventions number at approximately 15,750 people with 8,070 women and 7,680 men. This data was collected mostly from information dissemination activities up to September, excluding water and sanitation projects during this reporting period, and the ongoing national A/H1N1 campaign.

Our partners: Generous contributions to the International Federation's plan of support to CVTL for 2009 was received from Australian Red Cross/Australian government, Danish Red Cross/Danish government, Finnish Red Cross/Finnish government, German Red Cross, Japanese Red Cross and New Zealand Red Cross, both in traditional programme areas and in new ones.

CVTL has bilateral partnerships with Australian, Austrian, Japanese and Spanish Red Cross and receives support from the International Committee of the Red Cross (ICRC), the International Federation's SOS fund, Capacity Building Fund (CBF) and other regional funds. CVTL collaborates with non-Movement partners for programme funds such as the government of Timor-Leste, World Health Organization (WHO), International Organization for Migration (IOM), and other international and national non-governmental organizations.

On behalf of Cruz Vermelha de Timor-Leste, the International Federation would like to thank all partners and donors for their valuable contributions to this appeal.

Context

A number of significant national events were commemorated during this reporting period. The ten-year anniversary of the referendum for independence and subsequent massacres, and related events such as the interment in Metinaro of the remains of 400 victims of the 1975-99 violence, passed without serious incident. The release of an ex-militia accused of leading the Suai massacres in 1999 was criticized by UNCHR and caused disruptions in parliament but little other civil response. The trial of 28 people accused of involvement in the attempted assassination of the president in February 2008 is ongoing, and Suco¹ elections in October ran smoothly. Despite the extremely sensitive nature of these events, they took place peacefully, increasing confidence that Timorese people are determined to look more towards development solutions for their future needs.

The government's national priorities are increasingly focused on development and considerable funds are being channelled through international non-governmental organizations and the UN. Progress is being made in human development terms but the country remains one of the poorest nations in Asia. It is behind in its plans to meet the Millennium Development Goals and there remain significant gaps in the government's capacity to take up international development assistance.

CVTL will launch its new five-year Strategic Plan in 2010, re-affirming its vision and making clear statements on its strategic direction and approaches for 2010-2014. The draft plan is going through a final consultation process and will be presented to CVTL's general assembly in December for approval.

¹ village

Progress towards outcomes

Please refer to the [Plan](#) for further information.

Disaster management

Programme purpose: Reduce the number of deaths, injuries and impacts caused by disasters

Programme component 1: Disaster management planning

Expected result: Improved ability of CVTL to predict and plan for disasters, to mitigate their impact on vulnerable communities, and effectively cope with their consequences

Achievements:

CVTL's disaster management programmes continued to develop the community-based approach, learning from repetitive use of assessment and other tools, and exploring new ways to address identified community needs. A number of projects worked in coordination with health staff to create opportunities for the national society to build community resilience across a broader range of skills.

Improved skills and confidence in using coordination and advocacy mechanisms at national and district level have been successful in extending the impact of CVTL's interventions, facilitating support beyond CVTL's scope of immediate services. Two examples of this are coordination with the ministry of agriculture and forestry in Ainaro on landslide protection, and with the ministry of infrastructure in Liquica on large-scale flood control measures.

CVTL's disaster management programmes have reached a point in their development where the different components are well-defined concepts with improved operating procedures and standards which continue to align more closely. These components consist of community-based disaster preparedness, community-based disaster risk reduction, livelihoods and emergency response. This transition will continue over the coming period until disaster management has a single disaster risk reduction programme, in which each component has an integrated role. This will better facilitate scaling up and provide a more flexible model of delivery for individual communities.

Programme component 2: Organizational preparedness

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

Achievements:

Pre-positioning of emergency stocks: Family kits have been pre-positioned in some branches for use in emergencies while buffer stock is stored in Dili. Bilaterally, Spanish Red Cross is purchasing additional stocks, some in metal storage containers, to be pre-positioned in other branches.

Logistics support: An assessment of CVTL's logistics capacity and needs was conducted by two representatives from the regional logistics unit, Kuala Lumpur and a disaster management specialist from Bangkok in October/November. The reports from these assessments will form the basis of a five-year logistics development plan to support CVTL's disaster management and other programmes.

External exposure: The CVTL programme coordinator, the programme manager and Oecussi disaster management staff members attended a regional disaster risk reduction workshop in Phuket, Thailand in September, sharing experiences and participating in group discussions to address the challenges and help guide national programmes on community-based disaster risk reduction. The disaster management coordinator attended regional logistics training in November, and a CVTL water and sanitation manager attended emergency water training in Indonesia in November.

Response capacity building: CVTL conducted a three-day branch disaster response team training session in Lospalos in July with 22 participants (including 12 branch volunteers, police, village volunteers, and

government representatives from the district disaster management committee). The training covered disaster response planning, coordination and reporting, and included a simulation exercise.

Disaster management staff participated in assessment training organized by the district disaster management committee in Viqueque and Covalima, together with local government departments and others. The main objectives of the training were to build relationships between emergency response actors and to gain a better understanding of different hazards, risk mapping, mitigation, reporting during emergencies and clarification on roles and responsibilities.

In September, CVTL was invited to take part in a national disaster risk management exercise organized by the national disaster management directorate with the support of the UNDP disaster risk management project. The objectives of the full-day exercise were to test current coordination arrangements and identify any gaps, further develop preparedness structures within government and support contingency planning.

Programme component 3: Community preparedness/disaster risk reduction

Expected result: Improved self-resilience of individuals and communities to reduce their vulnerabilities to public health emergencies and disasters

Achievements:

Mitigation activities: Community preparedness activities continued in four districts. In Ailembata (Viqueque) and Purugua (Maliana), CVTL supported communities in constructing evacuation sites and shelters with latrines. In Holbolu (Suai) and Purugua, CVTL provided technical assistance and materials for constructing secure storage facilities for emergency stocks. Training in disaster preparedness and emergency simulation exercises were facilitated in all communities. Disaster management staff provided training and distributed posters on protection of the environment to communities in Balibo, Saboria and Motas, reaching up to 90 people per day, and in Genuhan and Oplegul, reaching 40 people.

Risk reduction: Four vulnerability and capacity assessments (VCA) were conducted in new communities: in Damamesa (Ainaro), Manume'e (Baucau) Lepa (Liquica) and Bausiu (Oecussi). According to the priority needs identified by communities, CVTL subsequently supported them with evacuation planning, risk mapping, livelihoods, first aid training and a flood control mitigation project. Branch staff coordinated with the government to advocate on behalf of communities, most notably in the case of Lepa which was identified as particularly vulnerable to natural disasters and inadequate infrastructure. CVTL continued support to other communities, on a flood control project (Pandevou, Liquica), training and support in improved agricultural practices (Teliga, Ainaro) and an evacuation shelter (Buqui, Oecussi).

Programme component 4: Disaster response

Expected result: Improved response assistance to meet the needs of people affected by disasters

Achievements:

Relief supplies (non-food items): CVTL continues to be recognized for its auxiliary role to government in emergency response, as an integral part of district coordination and to conduct training. In November in the aldeia² of Hatudo (Ainaro), CVTL provided family kits to nine households when their houses were destroyed by fire. In Maubesse, the community conducted an assessment, and distributed relief items and food to households whose houses were damaged by fire.

Programme component 5: Recovery

Expected result: Improved assistance to restore or improve pre-disaster living conditions

Achievements:

Both the isolated and vulnerable settlements of Caicasa (52 households, population 252) and Sarabere (47 families, population 190) were assisted with simple options for livelihood improvement with practical advice on agricultural techniques, including composting, seed-beds and use of waste water, and provision of tools and seeds. Communities developed new gardens and all groups garnered their first harvest of vegetables, selling

² hamlet

excess produce and making sufficient income to fulfil everyday needs and put aside some cash savings to buy food for lean periods.

Both communities identified improved access to safe water as a priority need and CVTL provided material and technical support from the project to construct piped water systems, to protect their spring catchments and to build latrines for 46 families in Caicasa and 34 families in Sarabere. Branch health staff provided training in hygiene promotion and health awareness.

The project has empowered the communities and developed self-resilience. They have better access to piped water, sanitary toilets and vegetable gardens, and have gained skills in construction, agriculture, business, health and hygiene, all of which reduce the risks associated with their living conditions. Lessons learned have produced a replicable programme model and continued funding support will guarantee that other vulnerable communities will benefit next year.

Constraints or challenges:

Prepositioning stocks in the districts is imperative for CVTL to have the capacity to respond quickly to disasters. However, CVTL's logistics systems are not yet well prepared enough for decentralization. Funding for the five-year development plan will need to be forthcoming.

An increasing number of communities are identifying the need for structural interventions and there is greater demand on CVTL's disaster management technical manager to support multiple projects. Thus the implementation of some project elements has had to wait in line for others to be carried out first. CVTL looks for government and non-governmental organization partners to provide complementary services to avoid this where possible.

Large-scale structural mitigation projects, while identified by a community as a key priority, are beyond CVTL's capacity to address. The national society is developing advocacy mechanisms to support this but government capacity is limited.

There is limited stock of non-food items in CVTL's warehouse to respond to upcoming wet season needs.

Health and care

Programme purpose: To reduce the deaths, illnesses and impacts from diseases and public health emergencies

Programme component 1: Water and sanitation

Expected result: Access to safe water and sanitation improved in the target area

Achievements:

A 15-day consultancy was completed in October to start the development of CVTL water and sanitation guidelines notes. A participatory process was followed with good input from both technical water and sanitation teams and *CBHFA in action* staff. The aim was to review, standardize and document CVTL's water and sanitation implementation process, from the selection of villages to exiting the project, project management responsibilities, and establishment of clear linkages between hardware construction and hygiene promotion/behaviour change. One team member and other stakeholders were unable to take part and this resulted in only partially realizing the set objectives. However, this has been addressed with a four-month plan starting with a visit by the International Federation's regional water and sanitation delegate in December.

The water and sanitation/*CBHFA in action* project in Gari-Uai experienced further problems with no water in one distribution tank in one location, damage to a water pipe and the collection of household water not in accordance with community agreement. Subsequent meetings with suco and aldeia chiefs resulted in an agreed plan to fix the hardware problems, revitalize the community maintenance group, and conduct modified *CBHFA in action* training in November. The two-day training of 31 Baucau branch and village volunteers (including 24 women) also addressed problems of water contamination during collection and the incidence of malaria. An action plan was agreed, which included distribution of mosquito nets to over 800 families across five aldeias.

Construction of the remaining 42 latrines in Dalerisi, Viqueque, outstanding since the end of the project, was completed in November. A final evaluation visit will be carried out by the regional water and sanitation programme manager in December.

Two CVTL programme managers were invited to be part of a national evaluation team visiting government and other project sites in six districts, evaluating community-led total sanitation (CLTS), subsidy and non-subsidy approaches to latrine construction, as part of the government's national sanitation policy development. The CVTL health coordinator and the health delegate participated in a national workshop in November which reviewed the results and discussed the draft policy. As CLTS is being considered as the preferred approach in Timor-Leste, two CVTL staff members were supported to attend CLTS orientation, even though this is not the approach currently employed by CVTL.

Programme component 2: Community-based health and first aid

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

Achievements:

The *CBHFA in action* pilot project supported by Finnish Red Cross funding continues in five aldeias in Cribas village, Manatuto, working to improve the health status of communities through provision of community-based health and hygiene education and building skills to identify and find solutions to their health challenges. New Zealand Red Cross provided a short-term advisor to inject intensive technical and management support and this had an immediate effect, also boosting the skills and confidence of the programme manager.

Several training sessions were carried out:

- Branch facilitator selection followed by seven-day facilitator training for 15 participants in July
- Two three-day sessions of village volunteer training for a total of 32 participants in Cribas; and,
- A one-day facilitator training session in first aid conducted in August through to October.

CVTL has now finalized a list of 23 village volunteers who have completed the theory and practical activities.

Malaria prevention activities were conducted in November including door-to-door visits by village volunteers for mosquito net distribution to 556 families (318 households, 2,377 beneficiaries), information sharing on malaria prevention measures and the care of nets, and follow-up household visits to assist with hanging the nets and to address any related problems.

A one-day national *CBHFA in action* sensitization workshop was held in Dili for 33 participants from all CVTL departments and bilateral partners to highlight and promote the integrated *CBHFA in action* approach.

Volunteer and facilitator manuals were evaluated, and a simplified training schedule was developed and translated into Tetum. This will also be translated into Bahasa Indonesia by year-end. Topics and activities will be added as they are identified by communities as health priorities. The adaptation of 20 most commonly-taught community tools will be completed by the end of the year. Consultation with non-governmental organizations and the ministry of health ensures consistency of key messages. Local artists created pictures for the local context.

The CVTL health coordinator attended global workshops in Jakarta in October on *CBHFA in action* monitoring and evaluation followed by lessons learned. The workshops developed the monitoring and evaluation aspect of the approach, agreed on global indicators and shared experiences worldwide, with recommendations made to the International Federation secretariat in Geneva on future support.

In a collaborative project with Austrian Red Cross, 10,000 calendars promoting *CBHFA in action* and good hygiene practices were developed and printed. These will be distributed nationally with the *Laefaek* magazine for teachers. An additional 1,000 calendars will be printed and distributed to *CBHFA in action* village volunteers.

Door-to-door education on other topics in non-pilot communities in the four districts of Covalima, Manufahi, Alieu, and Dili, was irregular but a total of 931 households were visited in target villages, covering topics such as malaria and keeping the environment clean.

Up to 1,908 community members and students, including 977 women, received information at community meetings on health and hygiene topics such as malaria, diarrhoea, tuberculosis, breastfeeding, leprosy, dengue fever, toothache, water treatment and storage, and care of persons with fever.

Programme component 3: First aid

Expected result: Improved first aid knowledge and practice through first aid training and services to target populations

Achievements:

International Federation support for CVTL first aid programming did not receive funding in 2009. Bilateral funding from Japanese Red Cross was able to cover planned activities. However, the Federation health delegate provided technical support and coordination as required.

Programme component 4: HIV and AIDS

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

Achievements:

The review and revitalization of CVTL's HIV youth peer education programme and approach was completed in October with the assistance of a part-time consultant, producing a peer education resource package and a new programme design. The former is to be finalized before its roll-out next year.

The HIV youth peer education package was developed in line with International Federation peer education standards and includes the CVTL HIV programme organigramme, roles and responsibilities, volunteer selection criteria, curriculum for trainers and peer educators, facilitator manual, and a peer educator question-and-answer booklet. The regional HIV delegate will review the documents and translation to Tetum is planned by year-end. The monitoring and evaluation framework and tools will also be completed in early 2010.

A second workshop held in August with 13 participants, obtained final comments and consensus on the new programme design and package. Also discussed were problems relating to condom dispensers and it was agreed that monitoring be increased and that CVTL HIV staff would meet with district health services to discuss support for maintenance of the dispensers. Information from regional ART and International Congress on AIDS in Asia and the Pacific (ICAAP) meetings in Bali was also shared.

Other significant gains under this component include:

- Two one-day workshops on HIV in the workplace for national headquarters staff were conducted in October with 33 participants, eight of whom were women.
- Up to 10 condom dispensers were placed at eight branches and to date, approximately 1,980 condoms have been distributed.
- Information dissemination on HIV/STI³ prevention, stigma and discrimination by branch volunteers in 13 districts, reached a total of 1,691 community members and students of whom 801 were women, and 890, men.
- As many as 12 districts will hold World AIDS Day activities on 1 December. CVTL will also hold a national poster competition with the winning pictures to be used for CVTL's HIV resource manual.

Programme component 5: Avian influenza

Expected result:

Information on avian influenza disseminated in 13 districts; greater knowledge of the avian influenza virus, symptoms, transmission among target populations, and communities can take measures to prevent and mitigate an avian influenza A (H5N1) epidemic; increased preparedness in CVTL to mitigate effect of a human pandemic on the organization.

³ sexually transmitted infections

Achievements:

Information on the prevention of avian influenza was disseminated to 8,777 community members and students comprising 4,267 men and 4,511 women, together with 7,664 brochures from May to September.

In October, with CVTL's call to action on influenza A/H1N1, it was decided the avian influenza unit's resources to supporting the influenza campaign should be diverted, for which the programme manager assumed responsibility. With the first A/H1N1 confirmed case in August, CVTL responded to the ministry of health's request to conduct a national information campaign to raise awareness on the virus and provide key messages on prevention to minimize the risk of exposure and spread of the disease. The campaign aimed to reach the maximum number of people, in the most cost-efficient way, targeting the capital Dili and towns and villages along the main roads. Eight branches have implemented campaigns based on an approved plan and budgets to date. One-day A/H1N1 training was provided to all 13 branch health staff and six national headquarters staff in Dili by the ministry of health, assisted by World Health Organization.

Volunteers received a half-day briefing, then met with village chiefs to make more detailed plans to maximize the coverage of people reached in villages through community meetings, visits to schools, markets, church mass or door-to-door visits. Teams also coordinated with the local health services, health posts and other relevant public services.

With International Federation funding, CVTL printed 50,000 A/H1N1 brochures, based on ministry of health brochures, to complement these information dissemination activities.

Constraints or challenges:

The increasing number of CVTL health department projects and partners creates a complex working environment and continues to challenge the management capacity of CVTL staff. The health delegate has provided management coaching to all CVTL health managers on coordination and supported the health coordinator on performance management and review of job descriptions, with the support of the CVTL's human resources volunteer.

The A/H1N1 campaign assumed management of the resources for the avian influenza unit from October, which will limit avian influenza activities to nine months this year. This event will enable evolution of the programme into the broader human pandemic preparedness and its integration into the *CBHFA in action* programme next year.

There have been considerable challenges at all levels of the organization and in the community in implementing the *CBHFA in action* project in Cribas. Competing priorities in the community, the lack of stop-gap help for branch health staff on maternity leave, and limited transport all hindered implementation of activities. The *CBHFA in action* advisor's inputs, together with a meeting in Manatuto, have gone a long way in addressing these issues to get the project back on track. All issues have now been addressed, some with good benefit to CVTL's broader policy development. It is noted that, as a new, complex project, *CBHFA in action* has required intensive support with weekly visits to the branch and the community from the *CBHFA in action* advisor and CVTL programme manager.

Other challenges faced included:

- *CBHFA in action* activities in Gari-Uai and Cribas, including mosquito net distribution, were postponed due to October suco elections, to avoid any perception that these events were part of the election campaigns.
- Heavy workload and competing demands at national headquarters level resulted in insufficient monitoring visits to the districts.

Organizational development/capacity building

Programme purpose: To 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

Expected result: Improved CVTL leadership capacity to develop and implement strategies, to ensure good performance and accountability.

Achievements:

At the second national level strategic planning workshop on 1-2 July, an experienced external facilitator from Australian Red Cross helped guide the process of developing the key issues identified in previous consultations into strategic directions and five-year goals. There were 34 participants from all the branches and programmes, representing governance, management, staff and volunteers. Delegate and partner support was provided in the lead-up to ensure that national and movement frameworks were considered. The resulting draft strategic plan 2010-2014 is realistic, built on CVTL's experience to date, and reflects the national society's policies and working environment, and a realistic understanding of capacities and capacity development needs.

The first draft of the plan was presented by CVTL secretary-general to the Board for comment in November. It was translated into Tetum and distributed to all branches and programme units, and the English version was shared with key partners for their comment. The final draft will be presented for approval to the general assembly on 20 December.

Monthly branch reports show more frequent and regular branch board meetings that are better attended; for example, in six branches where previously only one or two board members were involved in branch activities, meetings now regularly attract four to six members. Reports show greater involvement of board members in periodic monitoring of programme activities, and the institution of regular board meetings in some branches, together with staff and volunteers, for branch planning and reporting.

In the lead-up to branch board elections, a Tetum-language flyer was developed by the organizational development team and distributed by branches to prospective board nominees and others. The flyer outlines the roles and responsibilities of board members in relation to branch management, and is aimed at building awareness and to attract branch board candidates with the desired qualities, skills and commitment.

A membership drive late in the year in advance of branch assemblies recruited 1,138 members over a two-month period. Strengthening ongoing membership recruitment will be an important area for focus next year.

Programme component 2: National management capacity development

Expected result: Ensuring a well-functioning organization with sustainable systems, procedures and staff with a desired level of managerial and technical competence

Achievements:

The draft finance procedures manual in English was approved by the Board for translation into the Indonesian language in December. There will be a final review of the translated draft before printing and distribution in January 2010.

Finance working group meetings in August and November helped sustain momentum and identify ongoing management training needs. Significant progress has been made in finance development following further visits from a consultant and the regional finance development delegate. The CVTL secretary general has identified the need for longer-term in-country support for finance development in 2010. A possible solution is currently being explored through an Austrian Red Cross-funded position.

In coordination with International Federation's support to CVTL's disaster preparedness and response programmes, a logistics assessment was carried out in October-November by a team from the regional logistics unit. The report's recommendations will feed into CVTL's early 2010 operational planning and be the basis for a five-year development plan for logistics which will be shared with potential funding partners.

A communications support visit from International Federation's Southeast Asia regional office in October was rescheduled to early 2010 as a result of commitments to multiple regional emergencies.

Human resource policies and procedures, and related templates covering 13 topics have been drafted and will be translated before year-end, for distribution. Topics include computer use, work hours, discrimination, harassment, media contact, performance review, leave, termination and maternal leave replacement.

Programme Component 3: Resource base development

Expected result: Ensuring financial sustainability

Achievements:

In September 2008, baseline information from branches showed fundraising activity in five branches. By November 2009, this number had doubled with 10 branches active in fundraising. In most districts, fundraising involves renting out equipment or building space. The two districts of Ermera and Dili have initiated additional small income-generation projects, informed by the learning from other branches.

On 27-29 October, branch coordinators and two branch board representatives from eight branches participated in a three-day skills-development workshop on resource mobilization. The workshop focused on best practices in the Red Cross Red Crescent context and developed skills for identifying, assessing opportunities for and planning income-generation activities. This was also a trial in using locally available training adapted for CVTL needs, which proved successful, attracting positive feedback from participants and organizers.

Development of resource mobilization plans has been rescheduled for 2010 to follow approval of the strategic plan 2010-2014.

Programme component 4: Branch structure development

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

Achievements:

Volunteer registration cards were distributed to five branches after an orientation in the use of this new tool, and three branches have begun to use it. A total of 101 volunteers have been registered using the cards so far. Volunteer registration cards (VRC) were developed by CVTL to respond to two needs identified in branch development discussions:

1. As an information management tool for use at branch and national level to improve volunteer management, and
2. To document voluntary service. Volunteers can use a verified copy of the card to support employment applications, and other such requirements.

Volunteers requested this documentary recognition as many regard the experience and training received through CVTL as an important motivator for participation in voluntary service in Timor-Leste, where vocational training and work experience opportunities are limited. This information is based on feedback received through discussions with volunteers during branch monitoring and support visits.

In October, a builder was contracted to carry out the rehabilitation of the Suai branch and Phase 1 will be signed off by the end of the year. The assessment and plans for rehabilitation of the Baucau branch are complete; the contract is out for tender and scheduled to be signed before year-end. At Viqueque branch, a plan for initial works including demolition and erecting a perimeter fence, has been agreed upon and will be carried out by the branch prior to commencement of the main building rehabilitation in 2010.

Branch development has been effected through addressing individual branch issues:

- Assisting with an action plan to address problems in the Manatuto branch with the *CBHFA in action* pilot;
- Input to discussions on targeted branch development in Baucau;
- Addressing differences of opinion within the Viqueque branch and the community relating to recruitment of a new branch coordinator.

At the Dili branch, a volunteer/researcher is working on volunteering development; and the Maliana branch coordinator together with a CVTL Youth Red Cross coordinator, recently participated in a study visit to Australia to learn more about volunteer mobilization, and in particular, Youth Red Cross.

Programme component 5: Programming development

Expected result: Increasing capacity for programme development and management

Achievements:

Improved inter-programme communication around planning has continued, to ensure consultation is broader than single project or programme areas. One example is bringing disaster management, dissemination, youth and organizational development into water and sanitation guidelines discussions.

Staff attended training workshops in budget management and other aspects of finance development. Managers have also provided input to drafts of human resource policies and procedures, and a trial of the performance appraisal system was carried out in the health programme. Other areas of management training remain in the plan for next year, including time management, people management, delegation of work and reporting.

Constraints or challenges:

Conflicting demands on CVTL staff to implement activities and address needs for capacity development highlighted in previous reports continue. Although this has been addressed to some degree by scheduling planning activity more clearly into work plans, this continues to constrain the pace of management training in particular.

The continuing vacancy in CVTL's human resources/administration coordinator role has hindered development in this area, and placed a heavy impact on staff workloads in other areas, most notably logistics and organizational development.

Progress has been made this year on a performance appraisal system but this has not yet been practiced across the entire organization, making it difficult to manage staff performance where improvements need to be made, as well as to recognize and encourage good performance.

The CVTL board requirement for branch rehabilitation to be carried out locally seeks to assist in local capacity development. This, however, has proven a constraint to progress as not all branches are able to locate the necessary technical expertise locally. Some CVTL staff members supporting the rehabilitation projects have heavy workloads which limit the speed with which tasks can be followed up. With partner support, CVTL is considering options to bring in more dedicated local staff support to the projects next year.

Working in partnerships

The CVTL strategic planning process was well supported through coordinated financial and technical input from Movement partners: International Federation, Australian Red Cross, Finnish Red Cross, Japanese Red Cross, and International Committee of the Red Cross (ICRC).

CVTL has made effective use of international volunteers under a variety of programmes and arrangements. In the last six months, five volunteers have carried out assignments of between one and 18 months, contributing significantly to the progress of the national society. These contributions include capacity building in areas of branch building rehabilitation, human resource management, youth, communications and branch volunteer development.

There has been a good level of cooperation between CVTL, International Federation and Red Cross partners in-country, and with regional representatives. This increases the efficiency of Movement support to CVTL and enhances the effectiveness of available technical expertise. Support from the Federation Southeast Asia regional office in the areas of disaster management and health has been significant, particularly where there has been a need for specialist expertise.

CVTL is establishing solid working relationships with government ministries at national and district level, and is receiving support and respect for the role they play in community development and emergency response. The CVTL health department provided direct support to the ministry of health in the social mobilization of an immunization campaign and the A/H1N1 campaign. CVTL is recognized as a valued member of the government's national disaster management committee and contributes actively in the emergency response clusters for health, relief and logistics.

Contributing to longer-term impact

The involvement of board members at strategic level activities such as strategic planning workshops and regional workshops has proven more effective in its focus rather than bringing top-level management such as presidents together in Dili for regular meetings with more general focus.

An organization's ability to incorporate a review of activities and lessons learned into planning is critical to sustaining organizational development. Regular discussion of learning from implementation of activities and integration into future planning is starting to strengthen CVTL management capacity in this area and embedding a 'learning culture'.

CVTL's community-based approach, while relatively slow compared to other top-down programme delivery models, is starting to produce results and appears to be demonstrating good signs of sustainability including community ownership. An evaluation of the *CBHFA in action* pilot will be conducted next year and utilization of successful elements of the disaster management programme will help to inform and develop the approach. Health will also work closely with disaster management to standardize the three core modules of *CBHFA in action* to develop a common tool and thus work towards a more integrated approach.

The CVTL network of volunteers throughout all 13 districts has put the national society in a unique position to assist with social mobilization components of campaigns this year. In the A/H1N1 campaign, volunteers are able to use their training and interpersonal skills to provide detailed explanations and answers to questions. Direct contact with people helps to reduce misconceptions and potential panic surrounding the disease.

CVTL is starting to use an integrated approach to risk reduction, engaging other programme elements including water and sanitation and preventative health and care and, as such, enables the community to develop their resilience across a broader range of competencies and more sustainably, although resource constraints already limit this and an integrated approach is yet to be fully developed.

Looking ahead

- Strategic plan 2010-2014 approval at the general assembly will provide a basis for harmonized operational planning and developing partner relationships in 2010.
- A participatory evaluation of the *CBHFA in action* pilot project will be conducted at the beginning of next year to look at lessons learned and to improve the project design and implementation for roll-out to other villages.
- Gari-Uai village activities, mosquito net distribution and the handover ceremony of the water system will take place next January at the request of the community.

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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International Federation of Red Cross and Red Crescent Societies

MAATP001 - Timor-Leste

Interim Financial Report Jan-Oct 2009

Selected Parameters	
Reporting Timeframe	2009/1-2009/10
Budget Timeframe	2009/1-2009/12
Appeal	MAATP001
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
A. Budget	553,517	357,971	300,057		270,670	1,482,214
B. Opening Balance	615,143	264,701	170,799		11,361	1,062,005
Income						
<u>Cash contributions</u>						
Australian Red Cross	98,009	28,764	-3			126,770
Australian Red Cross (from Australian Government)					120,148	120,148
Capacity Building Fund			30,923			30,923
Danish Red Cross					1,246	1,246
Danish Red Cross (from Danish Government)					17,927	17,927
Finnish Red Cross	0	5,235	5,235			10,470
Finnish Red Cross (from Finnish Government)		29,665	29,665			59,329
Germany Red Cross		14,818				14,818
Japanese Red Cross		2,283	21,947			24,230
New Zealand Red Cross		60,943	66,011			126,954
C1. Cash contributions	98,009	141,708	153,778		139,321	532,816
<u>Outstanding pledges (Revalued)</u>						
Australian Red Cross	-94,927	-30,980				-125,907
Finnish Red Cross					7,343	7,343
Finnish Red Cross (from Finnish Government)					41,608	41,608
New Zealand Red Cross		-43,124	18,475			-24,649
C2. Outstanding pledges (Revalued)	-94,927	-74,103	18,475		48,950	-101,605
<u>Inkind Personnel</u>						
Australian Red Cross					34,000	34,000
Finnish Red Cross					22,440	22,440
New Zealand Red Cross		44,000	44,000			88,000
C4. Inkind Personnel		44,000	44,000		56,440	144,440
C. Total Income = SUM(C1..C5)	3,082	111,604	216,253		244,711	575,651
D. Total Funding = B + C	618,226	376,306	387,052		256,073	1,637,656
Appeal Coverage	112%	105%	129%		95%	110%

II. Balance of Funds

	Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination	TOTAL
B. Opening Balance	615,143	264,701	170,799		11,361	1,062,005
C. Income	3,082	111,604	216,253		244,711	575,651
E. Expenditure	-444,060	-279,894	-232,412		-105,505	-1,061,871
F. Closing Balance = (B + C + E)	174,166	96,412	154,640		150,567	575,785

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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance A - B
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		553,517	357,971	300,057		270,670	1,482,214	
Supplies								
Shelter - Relief		895					895	-895
Construction Materials	49,816	18,402	701				19,103	30,713
Clothing & textiles	7,789	2,220	1,776				3,995	3,794
Food	4,414							4,414
Seeds,Plants	4,671	4,704					4,704	-33
Water & Sanitation	10,226	4,705	5,223				9,928	298
Medical & First Aid		80	480				560	-560
Teaching Materials	1,418			120			120	1,298
Other Supplies & Services	94,444	94,244					94,244	200
Total Supplies	172,779	125,249	8,180	120			133,549	39,230
Land, vehicles & equipment								
Vehicles	22,163	12,074					12,074	10,090
Computers & Telecom	7,835	6,150		1,607		813	8,570	-735
Office/Household Furniture & Equipm.	6,030	5,079	1,135			972	7,186	-1,156
Medical Equipment	480							480
Others Machinery & Equipment	2,733							2,733
Total Land, vehicles & equipment	39,242	23,303	1,135	1,607		1,784	27,830	11,412
Transport & Storage								
Storage	111	132	228				360	-250
Distribution & Monitoring		528					528	-528
Transport & Vehicle Costs	70,645	16,451	15,306	7,978		640	40,375	30,270
Total Transport & Storage	70,756	17,111	15,534	7,978		640	41,263	29,493
Personnel								
International Staff	445,792	91,830	83,077	79,543		99,733	354,182	91,610
Regionally Deployed Staff	186		186				186	0
National Staff	53,689	15,234	10,872	10,872		-12,580	24,398	29,291
National Society Staff	202,931	61,350	44,154	44,467		76	150,047	52,884
Consultants	33,827	8,762	12,614			511	21,887	11,940
Total Personnel	736,426	177,177	150,903	134,881		87,739	550,701	185,725
Workshops & Training								
Workshops & Training	60,572	7,430	15,870	7,851		277	31,428	29,144
Total Workshops & Training	60,572	7,430	15,870	7,851		277	31,428	29,144
General Expenditure								
Travel	28,925	20,441	20,562	21,586		-35,076	27,514	1,411
Information & Public Relation	27,391	804	3,255	1,040		587	5,685	21,706
Office Costs	165,788	9,164	3,615	8,331		16,174	37,283	128,505
Communications	51,429	8,613	5,926	4,957		18,945	38,441	12,989
Professional Fees	554		34				34	520
Financial Charges	932	123	192	8		10,859	11,181	-10,250
Other General Expenses	31,077	11,491	5,994	3,609		592	21,685	9,392
Total General Expenditure	306,096	50,636	39,577	39,530		12,080	141,823	164,273
Programme Support								
Program Support	96,344	30,774	16,564	12,858		3,591	63,787	32,557
Total Programme Support	96,344	30,774	16,564	12,858		3,591	63,787	32,557
Services								
Services & Recoveries		199	24				223	-223
Total Services		199	24				223	-223
Operational Provisions								
Operational Provisions		12,181	32,107	27,587		-606	71,268	-71,268
Total Operational Provisions		12,181	32,107	27,587		-606	71,268	-71,268

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Account Groups	Budget	Expenditure					TOTAL	Variance
		Goal 1: Disaster Management	Goal 2: Health and Care	Goal 3: Capacity Building	Goal 4: Principles and Values	Coordination		
A							B	A - B
BUDGET (C)		553,517	357,971	300,057		270,670	1,482,214	
TOTAL EXPENDITURE (D)	1,482,214	444,060	279,894	232,412		105,505	1,061,871	420,343
VARIANCE (C - D)		109,457	78,078	67,645		165,164	420,343	