

Appeal 2005



International Federation
of Red Cross and Red Crescent Societies

TIMOR-LESTE

Appeal no. 05AA053

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

This document reflects a range of programmes, objectives, and related activities to be implemented in 2005, and the corresponding funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text¹, or can be requested through the respective regional department. For further information please contact: In Geneva: Charles Evans/Sabine Feuglet, Southeast Asia Desk; Phone: +41.22.730.4320/4456, Fax: +41.22.733.0395; email: charles.evans@ifrc.org or sabine.feuglet@ifrc.org; or please also access the Federation website at <http://www.ifrc.org>.

Click on the programme title to go to the relevant text, and the budget figure to go to the country programme budget.

	2004
Programme title	in CHF
Strengthening the national society	
Health and care	243,750
Disaster management	229,974
Organisational development	441,720
Total	915,443²

¹ Identified by blue in the text.

² USD 762,551 or EUR 598,524.

National Context

According to the UNDP 2003 Human Development Report, Timor-Leste is officially Asia's poorest country, with more than 40 percent of the population living below the poverty line. According to figures just released from a census conducted in 2004, there are some 942,000 people living in Timor-Leste, a rise of 17.4 percent since a survey in 2001, equating to an average annual increase of 5.7 percent and perhaps the fastest growing population in the world. The census also confirmed a seemingly inexorable migration from country to urban living: the capital Dili has seen its complement expand by nearly 40 percent since 2001, to nearly 168,000. Even so, almost 80 percent of inhabitants still live in rural communities characterised by small, dispersed villages in mountainous areas, existing on subsistence agriculture with rice and coffee the main crops. Villagers are faced with the likelihood of seasonal food shortages and have little or no comparative advantages in agricultural commodities.

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

Access to health services and information is poor, with barely half the population able to obtain safe drinking water and sanitary facilities. The infant mortality rate is among the highest in the world, while maternal mortality is considered to be one of the greatest problems in the country, with estimates of more than 660 women dying per 100,000 live births.

A Portuguese colony for nearly 400 years until 1975, Timor-Leste was governed by neighbouring Indonesia from 1976 to 1999. In 1999, the United Nations Transitional Administration in East Timor (UNTAET) was established to govern the territory and oversee its transition to self-government. Timor-Leste became an independent country in May 2002 and in 2003 officially became the 191st state party to the Geneva Conventions. Most of the UN forces withdrew in May 2004, but a one-year mandate extension meant that 310 troops, 42 military officers, 157 police advisors, 58 civilian advisors and a 125-person international response unit would stay. There has been no paramilitary activity in the border areas since the UN reduction.

The country's first national development plan had two main goals: to reduce poverty and promote economic growth, and in particular develop the health and education sectors. The overall economic perspectives are, however, not bright. Timor-Leste's total state budget for 2004 is USD 74.6 million, of which 45 percent is funded by foreign aid. There has, however, been a strong and steady decline in foreign aid, from USD 300 per capita in 2000 to USD 175 per capita in 2003. The only improvement in the country's economy relates to natural gas. Production in one gas field, where Timor-Leste is entitled to 90 percent and Australia 10 percent of the revenues, has picked up and is likely to bring between more than USD 40 million in 2004. Utilisation of oil reserves in the sea are, however, still pending, while Timor-Leste is seeking an agreement with Australia on rights and maritime boundaries.

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

Red Cross and Red Crescent Priorities

Movement Context

Although the country is new, a strong Red Cross and Red Crescent Movement presence has existed in Timor-Leste for many years. Prior to the country's independence, a range of activities, including the dissemination of international humanitarian law (IHL), first aid training, family care, and disaster management were carried out by the Indonesian Red Cross Society – Palang Merah Indonesia (PMI).

The ICRC has also been a major player in the country, working since 1979 in the fields of detention, missing persons, health, and IHL training for armed and security forces. Since independence, ICRC has scaled down its activities and now works with the Federation to support the formation of a Red Cross society in Timor-Leste, re-establishing its delegation during 2004. The Committee's main focus now is tracing and the establishment of a 'Missing Commission'.

In December 2003 a joint Federation/ICRC team visited Timor-Leste to work with CVTL in developing a plan of action towards recognition by the ICRC and admission to the Federation in 2005. The pursuit of this ambitious goal implied extensive efforts in 2004 and represents a comprehensive undertaking through 2005.

Another major challenge for the Red Cross and Red Crescent is to support the development of adequate and effective programmes in accordance with CVTL's priorities and the Movement's strategies, a process that was successful in 2004. An overall long-term goal is to help CVTL reach a level of proficiency where the society can implement programme activities independently.

Until recently, the Federation maintained its presence through the deployment of in-country representatives. In mid-2004 however, with the assignment of an Australian Red Cross sponsored organisational development delegate – charged primarily with anchoring support for the CVTL recognition and admission process – and, almost simultaneously, the deployment of a Japanese Red Cross health delegate, a Federation delegation was established in Dili, an initiative warmly welcomed by the fledgling national society.

<i>Red Cross and Red Crescent partners – activities/support in 2004*</i>	
Australia	Health, organisational development, delegate support
Britain	Disaster management, health, coordination
China (Hong Kong)	Disaster management
ICRC	Tracing, dissemination, organisational development (plan of action)
Indonesia	Human resource training support/materials (health and disaster management)
Japan	Health, delegate support
Korea (Rep)	Health, coordination
New Zealand	Health, disaster management, organisational development
Norway	Disaster management, organisational development, delegate support
Singapore	Dialogue/follow-up on previous support in health and disaster management
Sweden	Organisational development, resource mobilisation

* Including: 1. Direct with CVTL; 2. Government/agency

National society strategy

CVTL's overall strategy is targeted at providing vulnerable people with quality services and to become a full member of the Red Cross and Red Crescent Movement – its current status is a 'society seeking recognition and admission'. To this end, the society's organisational development progressed well in 2004 and now aims at building on the achievements. Development of a four-year strategy started in 2004, with completion planned in 2005. CVTL remains committed to realising the goal of recognition and membership in 2005.

The plan of action implies completion of the following ambitious tasks in 2005:

- Establishment of membership.
- Completion of CVTL statutes.
- Completion of a four-year strategy.
- Development of an adequate organisational structure in branches and headquarters, including national and local governance.
- Recognition by the Timor-Leste government, through Red Cross laws.
- Local elections and general assembly.

A long-term goal for CVTL is to engage all 1,000 volunteers in Timor-Leste's 13 districts in meaningful programme activities. Eleven district volunteer representatives and one branch coordinator were appointed for this purpose in 2004. The need to offer activities to the volunteers will, however, remain a challenge for some time.

Although the capacity of the national society at headquarters level has increased, similar development at the branches is a challenging long-term goal. There are indications that this is a viable objective however, with young

people forming the bulk of the volunteer complement, ready and increasingly trained to participate in disaster reduction/alleviation activities.

CVTL also aims at aligning its programmes with the Timor-Leste government's priorities and develop practical programme cooperation, also with international organisations.

Strengthening the National Society

During 2004, CVTL built a significant momentum across the broad spectrum of activities, especially in organisational development, which led to a notable increase in donor interest and support. The organisational development and capacity building imperative runs through all programmes, which are also very much aligned with the UN Millennium Development Goals, especially poverty eradication, HIV/AIDS and the promotion of gender equality and diversity.

Health, including water-sanitation, remains a high priority programme area. CVTL's health department was particularly active in 2004 and the enhanced competencies constitute a good basis for the 2005 programme, including first aid, water-sanitation, health education in the communities, and HIV/AIDS prevention. Long-term support is needed for the combined water-sanitation/community-based first aid programme, where CVTL stands out as one of the country's few professional service providers.

Disaster management, a new programme in 2004, underwent rapid development and will progress further in 2005, with the strengthening of the newly identified national disaster team and two pilot projects within community-based disaster preparedness.

Dissemination of humanitarian values is not shown as a separate programme in this appeal, but prioritised as an integrated part of all CVTL programme activities. Tracing remains a priority, but former partner UNHCR will not continue the family reunification programme in 2005 and much of the ICRC led tracing activities will be channelled through CVTL, working with a new public tracing commission.

In summary, programmes undertaken with Federation Secretariat support comprise:

Health and care: the Federation will seek to strengthen capacity of the CVTL health department, including its first aid and health education projects, with support from the Federation's Southeast Asia regional health unit, with particular emphasis on water-sanitation and HIV/AIDS.

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

Organisational development: the Federation will assist CVTL create appropriate branch structures, including governance and management, help develop statutes, and arrange a General Assembly and elections. Given that the capacity building of CVTL programme departments cannot be sustained unless overall organisational capacity is addressed, the Federation will continue to assist CVTL meet its overall needs through the programme. Humanitarian values activities are also included within the organisational development programme.

1. Health and Care [<click here for logframe>](#)

Background

Inadequate access to health services and the lack of a basic regulatory framework, added to the public's poor knowledge of basic health and hygiene, have serious implications for the country's general health situation. Communicable diseases such as malaria, diarrhoeal diseases, respiratory tract infections and dengue, count for some 60 percent of deaths, particularly in children. Leprosy is still widespread. Active tuberculosis cases are estimated at about one percent of the total population. The lack of waste disposal systems and poor access to safe drinking water sources among half the population exacerbate the health problems.

Though HIV rates are still relatively low, research in late 2003 showed that HIV prevalence totalled three percent in some exposed groups. More importantly, research indicated a high prevalence of sexually transmitted infections (STI), which precludes the spread of HIV. Survey results of associated risk behaviours among high risk groups (sex workers, soldiers and taxi drivers) point to a clear need for the provision of prevention services. General knowledge of STI and HIV/AIDS issues is also very limited, especially in remote areas.

The CVTL focuses on the provision of safe water and adequate water facilities, basic treatment and prevention of common injuries and diseases, health promotion and hygiene education, as well as nationwide dissemination on HIV/AIDS prevention and anti-discrimination issues. Significant progress was made in 2004 in first aid, water-sanitation, community-based first aid and HIV/AIDS projects. A four-year health strategic plan for 2005-08 was developed and disseminated at the end of 2004. The society is increasingly recognised as an important partner to other major international/national government and non-governmental health organisations.

To develop its position as key health actor in the country and to duplicate successful pilot projects implemented in 2004, CVTL needs to continue developing its programme capacity, both at headquarters and in the branches.

Overall goal

The general health condition of target population groups in Timor-Leste is improved.

Programme objective

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

Expected results

1. *Capacity building in health*: Capacity building of CVTL staff and volunteers, especially at branch levels to manage and monitor health activities is enhanced.
2. *Water-sanitation and community-based first aid*: There is provision of safe water and adequate sanitation facilities; also hygiene education and health promotion in remote areas.
3. *First aid*: Empowerment of target communities in treatment and prevention of common diseases and injuries moves ahead.
4. *HIV/AIDS*: There is increased awareness and knowledge on STI and HIV/AIDS among CVTL staff/volunteers and targeted high-risk groups.

2. Disaster Management [<click here for logframe>](#)

Background

Timor-Leste is highly prone to disasters and conflicts. The main hazards are earthquakes, tsunamis, floods, landslides, storms, droughts, fires and epidemics. Parts of the country are subject to social unrest and potential conflict risk due to social factors, including high unemployment rates and an estimated half of the population living below the poverty line. Overpopulation in some areas has resulted in pollution, exploitation of natural resources, deforestation and a lack of adequate waste management: all factors that add to the impact of disasters. The repatriation of refugees from Indonesia is slow and is currently in abeyance.

The government has prepared a contingency plan covering major disaster scenarios, but the National Disaster Management Office (NDMO) needs capacity development to manage and take the lead in coordination during emergencies in the country.

CVTL has prioritised disaster response and is the sole external agency member of the NDMO. The society invites NDMO staff to training events and works to support the body's capacity building and coordination initiatives, in close cooperation with other disaster management agencies.

The disaster management programme for CVTL was given fresh impetus in 2004 and has progressed effectively. Supported by staff and volunteers from the PMI's Bali branch, and the Federation's regional disaster risk management unit, CVTL organised workshops on general disaster management, strategic planning and community-based disaster preparedness, developed a four-year disaster management strategy and held emergency team training events. The emergency stock was replenished, after much of it was used during CVTL's first significant disaster response operation following a flood in Maliana's Bobonaro district.

The long-term objectives for CVTL as defined in the strategic plan are:

- Adequate capacity to respond to disasters.
- Help provided to communities to better prepare for and respond to disasters through community-based disaster management.
- Continued support and effective cooperation with the NDMO.
- Capacity to develop and implement environmental protection, particularly reforestation, involving the community as a long-term mitigation project.
- Capacity to develop and implement safer access projects in cooperation with ICRC.

The objectives are all reflected in the programme for 2005, apart from safer access (objective 5), which will be part of the 2006 programme. A planned completion of CVTL's overall strategic plan in 2005 could lead to adjustments of the disaster management objectives.

The CVTL's main objectives for 2005 are to make a disaster management response team fully operational, to implement two pilot projects within community-based disaster preparedness and to help strengthen the coordination capacity of the NDMO.

Overall goal

The impact of natural and technological disasters on the most vulnerable people in Timor-Leste is reduced.

Programme objective

The capacity of CVTL to respond effectively to and prepare for natural and technological disasters, and to deliver quality services to the most vulnerable in the communities is enhanced.

Expected results

1. *Disaster response*: The capacity of the national society to respond to disasters is enhanced.
2. *Community-based disaster management*: Community-based disaster management is developed.
3. *Environment*: Community-based environmental projects (reforestation) are initiated.
4. *Coordination*: Support and assistance in coordination are provided to NDMO.

3. Organisational Development [<click here for logframe>](#)

Background and achievements/lessons to date

Since its establishment in 2000, CVTL has strived to develop and consolidate as an organisation and has also managed to gain acceptance and credibility with the authorities and the general public. During the years 2000-2003, the main achievement of the organisational development programme was the creation of an extensive volunteer base throughout the country. The volunteer activities, most notable in health, have primarily helped build up the society's positive image and reputation throughout the country.

The Federation/ICRC joint planning mission at the end of 2003 delineated a two-year process with a detailed plan of action towards Movement recognition and admission. The recommendations formed the core of the Federation organisational development support to CVTL in 2004.

This clear focus has resulted in CVTL making significant organisational development progress in 2004, with notable outcomes during the year including:

- Restructuring of the national headquarters.
- Introduction of a compensation management system, with revised staff regulations and job contracts.
- Expansion of the national board and adoption of governance regulations.
- Training for board members on governance and core staff on management.
- Staging a national fundraising workshop and district fundraising projects.
- Undertaking a financial audit and appointing district volunteer representatives to strengthen branches.

In addition to this focus on improving governance and management mechanisms, the first constituent assembly of CVTL was held. This national meeting in August 2004 identified three working groups – designated Statutes, Strategic Planning and Implementation – responsible for membership introduction, local assembly elections and the general assembly.

The tasks of the three working groups are expected to be completed in 2005. Meanwhile the process of developing the CVTL constitution, strategies and programmes is ongoing.

The challenge of decreased funding in 2005 (including the restructuring of ICRC's tracing project and the termination of UNHCR's family reunification programme) will require continued streamlining within CVTL. The 2005 programme presented takes into account such hurdles and proposes a continuation of current organisational development efforts through the year to help build a sustainable CVTL.

While there is no separate humanitarian values programme in the 2005 appeal for Timor-Leste, the key precepts of this critical imperative run through all CVTL projects and activities, funded through the organisational development and the health budgets.

Overall goal

CVTL has become a volunteer-based grassroots organisation delivering targeted services to the country's vulnerable communities.

Programme objective

CVTL is recognised as the Red Cross society of Timor-Leste with sound foundations and the basic capacity to provide services through its national structure.

Expected results

1. *Constitution*: The necessary foundation for a relevant and effective Red Cross society (legal base, constitution, membership recruitment, district elections and a general assembly) are in place.
2. *Resource Development*: Basic human (policy and regulations), financial (fundraising projects) and material resource (national headquarters and branch buildings) capacities have been created to sustain the organisation.
3. *Management*: CVTL has appropriate management structures, systems and procedures.
4. *Strategy*: A four-year strategic plan has been adopted by CVTL and the development of a cooperation agreement strategy (CAS) is underway.

4. Implementation and Management

Coordination, cooperation and strategic partnerships

During 2004, CVTL expanded its partnership base significantly, through an increased level of activities and initiatives to assist vulnerable communities. The Australian Red Cross is a long established CVTL partner, supporting the society's health (water-sanitation) and disaster management programmes and also sponsoring the Federation's regionally recruited organisational development delegate. A general cooperation agreement between CVTL and the Australian Red Cross is being developed, facilitated by the Federation.

Similarly the Federation delegation has assisted CVTL in its relationships with the Australian organisation responsible for the Community Water Supply and Sanitation Project (CWSSP) and helped broker an arrangement with the Japanese Red Cross for direct and multi-lateral support on the health programme, including the assignment of a Japanese health delegate. Dialogue has also taken place with the Austrian, Singaporean and Spanish societies on possible future cooperation.

The Federation delegation assisted CVTL during contract negotiations with UNHCR on extending the family reunification programme for 2004. The task of coordinating such support is expected to increase with growing numbers of donors. The CAS process planned for 2005 will be a major step forward in coordination among CVTL partners.

In 2004 the Federation delegation and CVTL offered both the health ministry and the NDMO assistance with the establishment of coordination groups involving all actors in the fields of health and disaster management. These efforts will be followed up in 2005.

Effective representation and advocacy

The Federation delegation remains committed to promoting the work of CVTL and to enhance its profile both nationally and abroad. In national contexts support has been rendered in connection with the Red Cross and Red Crescent Day, the World AIDS Day and other public events. Comprehensive media coverage was ensured when CVTL conducted its first disaster operation in Maliana district in 2004. Internationally, CVTL is encouraged to participate in regional networks on health and disaster management.

Delegation management

The delegation now consists of three international and three local staff, with technical and management support drawn from the regional delegation in Bangkok and from the Federation's Indonesia team. The current goal for CVTL, to achieve Movement recognition and admission, will be the major driving force of the delegation in the year ahead. With only months remaining to achieve this goal, the related challenges in expanding CVTL activities, especially health, will not only require a concerted effort from the CVTL, but also further strategic and day-to-day support from the Federation.

For further information please contact:

- *In Dili: Dr. Benjamin Corte Real, CVTL Chairman/Francisco Ximenes, CVTL Secretary-General; Phone: +670.3321.688 or Olav Ofstad, Head of Delegation; Phone: +670.3322.778, Fax: +670.332.1688, email: ifrc_east_timor01@ifrc.org*
- *In Bangkok: Bekele Geleta, Head of Regional Delegation; Phone: +662.661.6933, Fax: +662.661.6937, email: ifrc_th23@ifrc.org*
- *In Geneva: Charles Evans/Sabine Feuglet, Southeast Asia Desk; Phone: +41.22.730.4320/4456, Fax: +41.22.733.0395; email: charles.evans@ifrc.org or sabine.feuglet@ifrc.org*

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BUDGET 2005

PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA053

Name: EAST TIMOR

PROGRAMME:

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	10,000	0	0	0	0	0	10,000
Clothing & textiles	0	6,393	0	0	0	0	6,393
Food	0	0	0	0	0	0	0
Seeds & plants	0	7,672	0	0	0	0	7,672
Water & Sanitation	0	0	0	0	0	0	0
Medical & first aid	0	0	0	0	0	0	0
Teaching materials	1,500	0	0	0	0	0	1,500
Utensils & tools	0	5,114	0	0	0	0	5,114
Other relief supplies	0	21,736	0	0	0	0	21,736
SUPPLIES	11,500	40,915	0	0	0	0	52,415
Land & Buildings	0	0	0	32,554	0	0	32,554
Vehicles	3,000	0	0	0	0	0	3,000
Computers & telecom	1,500	5,114	0	2,557	0	0	9,171
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	3,900	0	0	0	0	0	3,900
CAPITAL EXPENSES	8,400	5,114	0	35,111	0	0	48,625
Warehouse & Distribution	1,500	0	0	0	0	0	1,500
Transport & Vehicules	500	0	0	6,137	0	0	6,637
TRANSPORT & STORAGE	2,000	0	0	6,137	0	0	8,137
Programme Support	15,844	14,948	0	28,712	0	0	59,503
PROGRAMME SUPPORT	15,844	14,948	0	28,712	0	0	59,503
Personnel-delegates	87,156	43,200	0	204,277	0	0	334,633
Personnel-national staff	28,531	25,834	0	43,588	0	0	97,953
Consultants	1,500	0	0	5,754	0	0	7,254
PERSONNEL	117,187	69,034	0	253,619	0	0	439,840
W/shops & Training	45,536	72,881	0	71,796	0	0	190,213
WORKSHOPS & TRAINING	45,536	72,881	0	71,796	0	0	190,213
Travel & related expenses	12,991	11,182	0	15,178	0	0	39,351
Information	12,048	11,508	0	15,215	0	0	38,771
Other General costs	18,244	4,392	0	15,952	0	0	38,588
GENERAL EXPENSES	43,283	27,082	0	46,345	0	0	116,710
TOTAL BUDGET:	243,750	229,974	0	441,720	0	0	915,443