



Timor-Leste: Floods

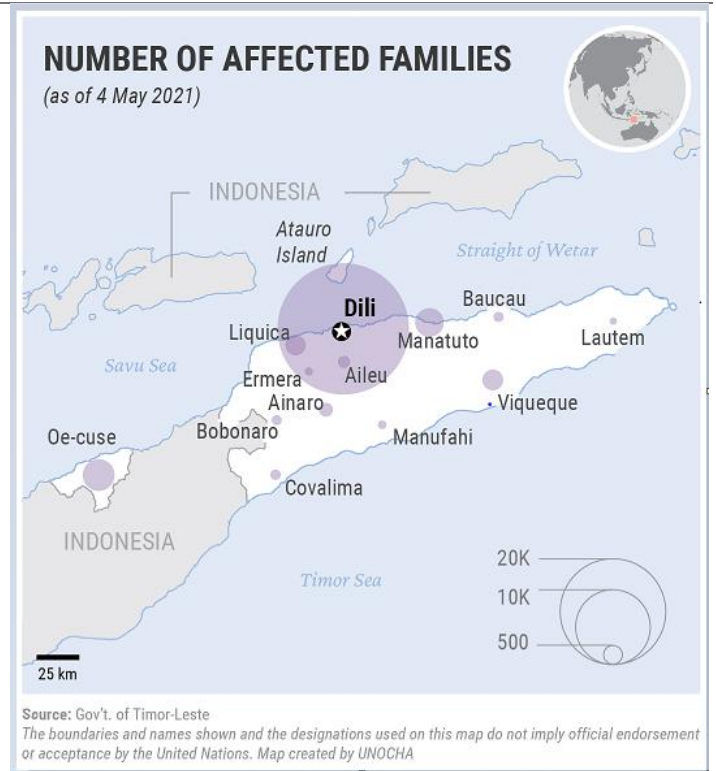
UN Resident Coordinator's Office (RCO)

Situation Report No. 9 (As of 21 May 2021)

This report is produced by UN RCO Timor-Leste in collaboration with humanitarian partners. It is issued by UN Timor-Leste. It covers the period from 7 to 21 May 2021.

HIGHLIGHTS

- Latest official figures (19 May) showed that a total of 33,835 households have been affected by the floods across the country.
- Since the declaration of a state of calamity in Dili on 8 April, the Government continues to lead the flood response.
- To date, the Secretariat of State for Civil Protection has provided food and non-food items to 12,197 flood-affected households across all 13 municipalities.
- In solidarity with the Government, the humanitarian partners and donors have provided relief assistance worth over USD 10.73 million to date.
- According to the Secretariat of State for Civil Protection, 1,743 people remain temporarily displaced in 13 evacuation centers across Dili.
- For the affected communities to be able to transition to recovery, the residual humanitarian needs – particularly of those who continue to be temporarily displaced and other vulnerable groups – need to be addressed as a matter of priority.
- To this end, the Government, with support from the UN and other humanitarian partners, is finalizing a Floods Response Plan/Joint Appeal, which is expected to be launched next week.



33,835

Total affected households across the country

13

Evacuation Centers in Dili

1,743

People in Evacuation Centers

44

Fatalities

SITUATION OVERVIEW

Heavy rains across the country from 29 March to 4 April resulted in flash floods and landslides affecting all 13 municipalities in Timor-Leste to varying degrees, with the capital Dili and the surrounding low-lying areas the worst affected. A total of 44 fatalities (including 14 missing, presumed dead) have been recorded, 20 of whom in Dili municipality.

According to official figures, a total of 33,835 households across the country have been affected; of those, 81.6% - or 27,622 households – are in Dili municipality. A total of 2,163 hectares of agricultural areas have been affected by the flooding, which would negatively impact food security during the next lean season.

The latest official figures compiled by the Secretariat of State for Civil Protection, there remain a total of 13 evacuation centers in Dili municipality, where 1,743 people – or 394 households – are temporarily sheltered. This is 1,269 people less compared to two weeks ago, and it accounts for 11% of the total number of people in evacuation centers during the peak (8 April). Majority of the temporarily displaced have returned home, and the Government and humanitarian partners are supporting their safe return to the communities.

As COVID-19 cases continue to increase daily, particularly in Dili, the Government extended the general home confinement in Dili municipality until 27 May, and extended the sanitary fence around Dili municipality, as well as around municipalities of Baucau and Covalima until 30 May. As of 20 May, there are 2,398 active cases of COVID-19, including amongst the temporarily displaced. The risk of further spread of COVID-19 remains high, particularly amongst the temporarily displaced. Under the national COVID-19 vaccination programme – launched on 7 April – to date a total of 53,312 doses have been administered across all municipalities.

According to the latest WFP Market Monitor Report (26 April to 9 May 2021), the FAO All Rice Index (2014-2016) averaged 110.5 points in April 2021, representing a five-month low. As the Government is considering to re-stock the strategic rice reserve as a preparedness measure for future disasters, this may signify a good moment for rice import as key rice exporters are experiencing price decreases due to the arrival of new supplies and a subdued export demand.

GOVERNMENT RESPONSE

According to official figures, the Secretariat of State for Civil Protection has to date distributed food and non-food items to 12,197 flood-affected households across all municipalities. These include: 317.5 MT of rice, 104 MT of other food items and over 18 MT worth of non-food items.

As a tool to strengthen response coordination and to mobilize additional resource to fill critical funding gaps, the Government, with support from the UN and other humanitarian partners, is finalizing a Floods Response Plan/Joint Appeal, which is expected to be launched during the week of 24 May.

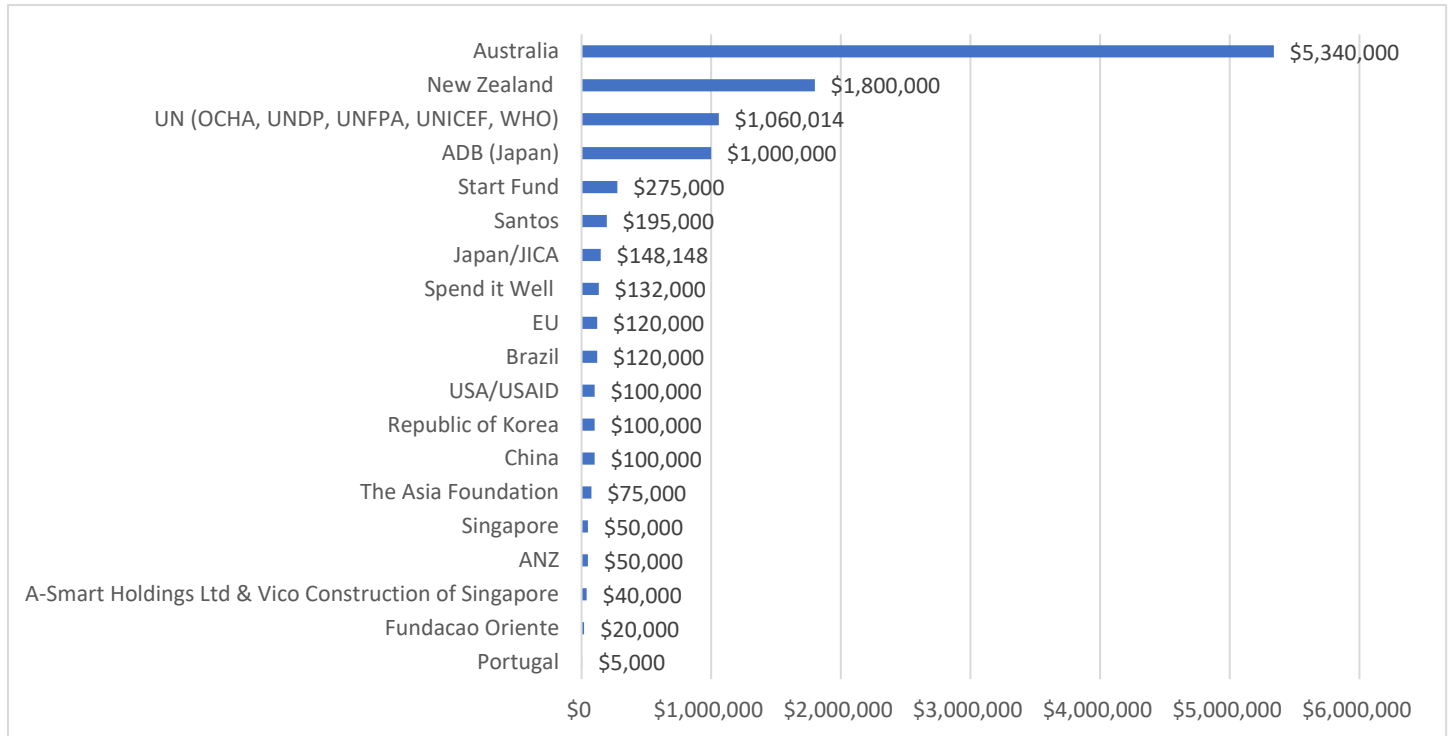
The Secretariat of State for Civil Protection and humanitarian partners conducted a joint monitoring visit to the high-risk flood-affected areas in Masilidun, Tasi Tolu, which included spot checks to assess the affected population's health needs. The findings and recommendations from the visit are being followed up.

To address the COVID-19 situation amongst the temporarily displaced including those in the evacuation centers, the Government and humanitarian partners are imposing stricter adherence to COVID-19 protocol. A targeted campaign on COVID-19 prevention as well as on COVID-19 vaccination in the evacuation centers is being considered.

FUNDING

Many humanitarian partners and donors have been supporting the flood response through humanitarian funding and/or repurposing existing resources. In solidarity with the affected people of Timor-Leste, more donors, including the private sector, have been mobilizing resources in support of the flood-affected people.

To date, over USD 10.73 million of additional humanitarian funding has been mobilized by donors, UN agencies, humanitarian partners and the private sector, as shown below:



Many more have provided in-kind contributions, including the private sector. Regular and systematic monitoring of humanitarian funding and information sharing with the Government of Timor-Leste is important to ensure a transparent, efficient, and coordinated humanitarian response.

HUMANITARIAN RESPONSE

In support of the Government efforts, the humanitarian partners continued to assist with addressing the immediate needs of the affected people in Dili municipality and other parts of the country. As the majority of the temporarily displaced people in the evacuation centers – which was 15,876 at its peak – are returning home, the focus of the humanitarian response has shifted from support to those in the evacuation centers to supporting people to return safely to their homes. Humanitarian partners are also supporting the affected communities – both in Dili municipality and in municipalities outside of Dili - with essential food and non-food items, temporary rehabilitation and reconstruction of houses and other public infrastructures, as well as support to ensure that essential services are undisrupted in these communities.

The second phase of the humanitarian response, namely support to livelihoods and early recovery, has started, including emergency cash-for-work initiatives, inputs schemes, and infrastructure rehabilitation and reconstruction. At the request of the Government, partners are preparing to support the Government with longer-term recovery planning through a Household and Building Damage Assessment (HBDA), a Post-Disaster Needs Assessment (PNDA), and a Crop and Food Security Assessment Mission (CFSAM). These assessments aim to provide more comprehensive country-wide information to inform longer-term recovery and reconstruction of flood-affected households, communities, and agricultural lands.

Humanitarian partners are cognizant that for the affected communities to be able to transition to recovery, the residual humanitarian needs – particularly of those who continue to be temporarily displaced and other vulnerable groups – need to be prioritized and addressed.

CCCM / Emergency Shelter

Sector Lead & Members:

Secretariat of State for Civil Protection, Ministry of Social Solidarity and Inclusion, IOM, CVTL, IFRC, Mercy Corps, CARE, Caritas, Plan International, Oxfam, UNICEF, UNFPA, Catholic Relief Services, The Asia Foundation, World Vision

Needs:

- Based on the findings of the assessments conducted in the 13 evacuation centers still operational and the daily communication with camp managers, the most pressing needs remain access to water, food, bedding, cooking and WASH equipment, and hygiene and sanitary items for women and girls.
- There is a need for supplies including non-food items for safe temporary shelter, for people whose houses were partially damaged or totally destroyed.
- Construction and cleaning materials are needed to repair, clean or rebuild houses.
- There is a need for support to monitor and assist the returns; close evacuation facilities; and, address the living conditions and needs of those facing protracted displacement in evacuation centers.

Response:

- CCCM/Emergency Shelter Sector partners continued to distribute non-food items and supplies to people in the evacuation centers. The assistance has been delivered in close coordination with Civil Protection's efforts to provide food assistance to encourage households that are able to do so to return home.
- Of the 220 tents that arrived in Dili on 8 May, 71 have been installed in four locations, providing improved temporary shelter to households in most urgent need.
- Partners have also provided repair and cleaning kits to households upon leaving the evacuation centers to help restore their damaged houses.
- To support a safe return and identify the main obstacles to households' ability to return home, Civil Protection and partners are currently conducting a community dialogue at the evacuation centers.
- Sector partners are closely coordinating the shelter assistance provided directly to the affected communities with the Government reconstruction efforts to ensure cohesion in both targeting and the means of assistance (material and/or cash assistance).

Gaps & Constraints:

- Absence of gender and age disaggregated data.
- Women not always included in the administration structures of the evacuation facilities.

Water, Sanitation and Hygiene

Sector Lead & Members:

Ministry of Public Works/BEE Timor-Leste, Ministry of Health, Dili Municipality, UNICEF, CVTL, Mercy Corps, Plan International, Partisipa, UNDP, WFP, WHO, Private Sector, WaterAid, JICA, ADRA, FHTL, EWB

Needs:

- There is a need re-normalize all water supply systems in Dili and other municipalities affected by the disaster.
- There is a need to continue to delivery and provide water to the flood-affected communities to ensure access to water supply.
- There is a need to continue to provide water points to flood-affected communities that are still without water.
- There is a need to strengthen sectoral coordination and information sharing among the sector members.
- There is a need to continue regular monitoring and review of activities implemented by the sector members.

Response:

- WASH Sector partners started distribution of 300,000 Aquatabs tablets to the evacuation centers and affected communities for water purification. 200,000 Aquatabs were handed over to the Environmental Health Department, Ministry of Health (MoH).

108+

Water Tanks installed in evacuation centers and in water-stressed affected communities

- Along with Aquatabs, 100 water containers with tap were also handed over to the MoH to help the communities to treat their water with Aquatabs before they use it. 500 more water containers will be distributed in the coming days. 1,000 Aquatabs flyers were also handed over to the MoH to support promotion of Aquatabs and disseminate information on how to use them.
- UNICEF assessed one private borehole in Masilidun in Tasi Tolu. Once the assessment result is available, WASH Sector partners will decide whether the water from the borehole can be distributed to the community.
- WASH Sector partners continued monitoring and assessment of distribution of clean water in the affected communities through BTL-EP.
- WASH Sector partners installed 4 units of 5,200 liters Rotomould tanks with four parallel taps.
- WASH Sector partners distributed 2 units of 95 liters trash bins in evacuation centers.
- WASH Sector partners distributed 8 units of disinfected spray container and installed 70 handwashing stations and 4 units of bathrooms for girls and boys in evacuation centers. The 18 portable toilets that have been installed in the evacuation centers and in affected communities are being regularly monitored.
- About 108 water tanks have been installed in the evacuation centers and in affected communities and are being regularly monitored. Clean water is distributed daily to these 108 tanks, through 22 water trucks (5,000 L). Monitoring and maintenance of the tanks continue. Necessary repairs were made, and extra taps were added to outlets in crowded areas to minimize congestion.

Gaps & Constraints:

- One of the major water tank suppliers in Dili is out of stock and waiting for new shipment, delaying work scheduled in several locations.
- Insufficient data and information on the affected population, particularly those in remote hard-to-reach areas, including lack of disaggregated data.
- Limited availability of required WASH supplies in the local market and high cost of those that are available.
- Limited capacity to monitor water quality being distributed through water trucks.

Nutrition

Sector Lead & Members:

Ministry of Health, Ministry of Agriculture, UNICEF, Maluku Timor, Fundsaun Alola, PHD, TOMAK, World Vision, CRS, Child Fund, WHO, WFP

464

Under-5 children
screened for malnutrition

Needs:

- The priority need is to provide access to quality curative nutrition services through the most appropriate modalities, systematic identification, referral, and treatment of acutely malnourished cases in collaboration with the Health sector.
- There is a need to strengthen the quality and scale of preventative nutrition services for most vulnerable groups through promotion of appropriate infant and young child feeding practices, micronutrient supplementation and optimal maternal nutrition.
- With cases of diarrhea starting to be reported in the evacuation facilities and the impact of temporary displacement on food and nutrition security, there is an immediate need to establish a referral system for severe/critical cases of malnutrition.

Response:

- During the reporting period, a total of 464 children in 17 evacuation centers were screened for malnutrition, and no new cases were found. Of the 11 children who were on treatment in the previous reporting period, 2 were discharged as cured and 9 continue with the treatment. Treatment is being provided by the relevant Community Health Centers. In addition, a total of 50 pregnant women were screened for malnutrition, and no new cases were found. The 6 pregnant women who were found to be acutely malnourished in the previous report continue their treatment through the respective health centers. The Nutrition Sector partners continued to follow up on those children under treatment to ensure completion and adherence to treatment regime.
- Nutrition Sector partners continued to support the Nutrition Department/MoH to replenish local food stuff from the Ministry of Agriculture and Fisheries for preparation of diversified complementary food for children 6-59 months, and for pregnant and lactating women in the evacuation centers. Food items were replenished in 17 evacuation centers.
- UNICEF, WFP, WHO and Fundasaun Alola continued to support the Nutrition Department/MoH to promote, protect and support infant and young child feeding (IYCF) practices in 17 evacuation centers through establishing counseling for

and promotion of IYCF practices. A total of 504 mothers (81 pregnant, 202 mothers of children 0-23 months and 221 mothers of children 24 – 59 months) received counselling for recommended IYCF from the members of MSG.

- Nutrition Sector partners continued to support MoH to monitor adherence to the statement on appropriate support for IYCF during emergency signed by DGPS MoH in the evacuation centers and take necessary actions including onsite counseling.

Gaps & Constraints:

- Concern over private donations of bottles, breastmilk substitute and highly processed food items that are high sugar, salt and fat content).

Health

Sector Lead & Members:

Ministry of Health (SNAEM, I.P. and SSM Dili), WHO, UNICEF, UNFPA, IOM, Maluku Timor, PRADET, HAI, CVTL, MSTL, SABEH (Saude Ba Ema Hotu), DFAT, EU

Needs:

- The water testing at the high-risk flood-affected residential areas at Masilidun, Tasi Tolu, revealed no contamination of E. coli and total coliform. However, the water contained high level of manganese and total dissolved solutions (TDS).
- There is a need for prevention of ARI, water-borne diseases, vector-borne diseases (in particular dengue) and skin diseases. SSM Dili conducted clinical consultations from 5 to 28 April. A total of 73 sessions were undertaken in 32 evacuation centers in Administrative Posts of Dom Aleixo (16); Nain Feto (3); Cristo Rei (9); and, Vera Cruz (4). Out of the total 4,342 consultations conducted, the most common were: ARI (23%); skin diseases (15%); acute gastritis (6%); diarrheal diseases (4%); and, hypertension (2%). A total of 2,145 patients from high-risk groups received medical assistance: children (1,746 or 81%); pregnant women (175 or 8%); lactating women (73 or 4%); persons with disabilities (10 or 0.7%); and the elderly (136 or 6%).
- There is an urgent need to prevent the spread of COVID-19 in evacuation centers and amongst other temporary displaced people. There is also a need for sensitization on COVID-19 vaccination in the flood-affected communities.

300,000

Chlorine tablets handed over by AHP and UNICEF to MoH. Of these, 5,000 aquatabs have been distributed for treatment of drinking water, targeting 620 flood-affected families in Masilidun

Response:

- On the occasion of the commemoration of the 19th Restoration of Independence Day on 20 May, the Minister of Health, MoH senior officials, including the Health Emergency Operations Center (HEOC) of the National Services of Ambulance and Medical Emergency (SNAEM), and Health Sector partners visited the flood-affected areas in Masilidun, Tasi Tolu, to provide medical assistance, distribute of 200 buckets, conduct health promotion, install public toilets, treat drinking water using 5,000 aquatabs, undertake COVID-19 vaccinations and monitor the Health Sector response.
- On the same day, WHO handed over humanitarian relief materials including for the flood response to the Minister and Vice Minister of Health. These included: emergency cum diarrheal kits; 100 hospital beds; essential medical and surgical equipment; health equipment for strengthening Health Emergency Operation Centers (HEOC) and e-Health to be installed in all 12 municipalities and RAEOA.
- The HEOC/SNAEM conducted a training on safe patient handling during patient transfer, targeting ambulance's nurses, midwives and drivers in Dili Municipality.
- The HEOC/SNAEM and Dili Municipality Health Services, with support of Health Sector partners, continue to provide essential health services to the affected population through healthcare facilities and mobile health clinics including health education and referral services.
- WHO continued to support SSM Dili and the Surveillance Epidemiological Department in strengthening disease surveillance of outbreak-prone diseases and investigations of the deaths and related health events.
- WHO continued to provide one rental vehicle and one boat to facilitate mobile clinic services at the high-risk flood affected areas in Tasi Tolu.
- UNICEF continued to provide operational support to Dili Municipality Health Services (DHS) to operate mobile clinics in existing evacuation centers, distribution of essential supplies and monitoring and support supervision.
- UNFPA provided dignity kits to 100 female students in UNTL Faculty of Science and Technology in Hera.
- UNFPA supported to strengthen the Maternity Isolation Center at Vera Cruz through provision of one OBGYN Specialist as medical team to provide SRH essential services including C-section, procurement of medical equipment and supplies and provision of 30 maternity kits for pregnant mothers and post-partum mothers with COVID-19.

- HAI delivered nine maternity kits and five baby kits to a flood-affected community in Masilidun on 17 May.
- HAI delivered hygiene items to 12 babies at EBF 12 de Otubru evacuation center in Tasi Tolu on 18 May.
- HAI midwives were on stand-by to support with mobile clinics or with health assessments.
- Health Sector meeting was held virtually on 11 May.

Gaps & Constraints:

- Lack of medicines, supplies, reagents and equipment to maintain essential services.
- Number of COVID-19 positive pregnant women at health facilities, pointing to the need to increase COVID-19 testing coverage in hotspot *sucos*/communities in Dili.
- Lack of COVID prevention information in the evacuation centers and affected communities, and non-adherence to COVID-19 pandemic protocols.
- Increasing number of new COVID-19 cases in Dili, resulting in added risk to beneficiaries and emergency response teams.
- Lack of safe drinking water and improper handling of sanitation and waste management that trigger increased number of water-borne diseases, vector borne diseases, acute respiratory infections and skin diseases.
- Funding gaps in priority areas.
- Information on children and mothers who have returned home from evacuation centers.
- Limited data and information from flood-affected municipalities outside Dili.

Gender & Protection

Sector Lead & Members:

MSSI, SEII, DNPCC, PNTL, UNICEF, UN Women, UNFPA, UNDP, IOM, UNESCO, Rede Feto, CARE International, Mercy Corps, Plan International, Arcoiris, Oxfam, Commission on the Rights of the Child, Alola Foundation, Ba Futuru, FOKUPERS, World Vision, ChildFund, Scouts, Black Angels, Alumni of Youth Parliament, Fundacao Oriente, The Asia Foundation (Nabilan), TLPDP, Maluk Timor, PRADET, Health Alliance International, ALFeLa, JSMP, ADTL, Belun, CRS

800+

Children in evacuation centers and surrounding communities benefited from activities in Child Friendly Spaces

Needs:

- There is a need to ensure that disaggregated data is collected through the needs assessment, including data on children, women, men, pregnant mothers, elderly people, and persons with disabilities (PwDs). Data privacy in assessments must be ensured, as well as safe information sharing to inform needs and responses.
- There is a need to ensure that the diverse needs of children, women and other vulnerable groups (e.g. women and girls with disabilities, pregnant women & lactating women, single-parent mothers, survivors of gender-based violence, persons living in shelters/ institutional facilities, LGBTIQ persons) are taken into consideration in the emergency response, e.g. relief supplies distribution, accessibility and safety of the evacuation centers and healthcare support, as well as in the recovery planning. The floods affected women, men, girls and boys of all ages in different ways. Gender inequalities increase vulnerability of women, girls and vulnerable groups as they limit the equal access to information and resources including clean water, food, menstrual hygiene products, healthcare services, etc. The response and recovery planning should consider the impacts of COVID-19 and the relevant COVID-19 prevention measures.
- There is a need to provide basic sanitation facilities at evacuation centers.
- There is a need to ensure that facilities at evacuation centers are safe and easily accessible by all individuals including girls, women, elderly and PwDs. For example, there is a need to provide separate bathrooms and toilets for women and men, with clear signs at the entrance and adequate lighting (particularly at night). Some evacuation centers are not equipped with lighting devices or with adequate lighting. Oxfam's assessment of evacuation centers found that safe and easily accessible toilet facilities are needed for pregnant women at SMA 4 Setembru Evacuation Center. Privacy protection is essential, and each bathroom or toilet should be able to be locked from the inside. There is also a need to provide a breastfeeding area with adequate privacy at evacuation centers. There is a need to provide separate and sufficient sleeping and rest space for women and children at some evacuation centers, as reported by Oxfam's assessment.

Response:

- UNICEF and MSSI printed posters with key messages on child protection and GBV prevention and response, as well as with phone numbers of essential services and referral numbers, mental health support hotline and COVID-19 hotline. The posters were distributed to the evacuation centers.

- During the reporting period, UNDP, UNICEF, The Asia Foundation and other humanitarian partners continued to conduct lighting needs assessment and provide lighting devices at some evacuation centers.
- UNICEF has been supporting the MoH on the operation of the national hotline for mental health. A series of trainings for the operators (MoH staff and external staff contracted by MoH) continue to be conducted.
- From 7 May to 21 May, UNFPA distributed 140 dignity kits in the UNTL campus in Hera and two other evacuation centers to support 140 women and girls.
- In collaboration with Commission on the Rights of the Child, Belun distributed books, food, mats and some hygiene items at Aldeia Lemorana in Dare, Masalidun in Tasi Tolu and Aldeia Mota Ki'ik in Hera. Prior to the distribution, Belun organized a session with girls and women to share their experience and feeling during and after the flooding. These activities have reached 141 women and girls, including pregnant women.
- On 19 May, CRS distributed food, flashlight, sanitary products and other hygiene items to 59 households at Ailok-laran in Hera, reaching 43 women in total.
- UNICEF provided cleaning kits for 100 women students affected by the floods in Hera, and UNICEF and MSSl distributed 37 family kits to vulnerable families in Metiaut who are returning home.
- Oxfam collaborated with Asosiasasaun Jornalista Timor Leste to identify and share information to advocate for gender-sensitive and inclusive humanitarian response and COVID-19 response.
- UNICEF, UN Women, UNFPA and RCO had a coordination meeting with MSSl, SEll and DNPCC's focal points on 10 May, to discuss the ways moving forward and how the sector can strengthen the support to the relevant line ministries to continue leading the gender and protection area in the response.
- MSSl conducted national child protection and GBV referral network meeting on 18 May to reflect and review the situation of children and women in emergency and coordinate responses child and women's survivor of violence and abused. UNICEF and MSSl are also planning to conduct online meetings for child abuse and GBV referral network in municipalities.

Child Protection Sub-Sector

Led by MSSl and UNICEF

Members: MSSl, UNICEF, UN Women, UNFPA, UNESCO, CARE, Commission on the Rights of the Child, Plan International, Arcoiris, Oxfam, Alola Foundation, Ba Futuru, FOKUPERS, World Vision, ChildFund, AlFela, Maluk Timor, PRADET, Nabilan Program, Fundacao Oriente, Scouts, group of volunteers Black Angels, Alumni of Youth Parliament

Needs:

- There is a need to take actions from the earliest stages of the emergency to adequately mitigate all forms of violence and safely respond to the needs of potential survivors. Evidence shows that violence is exacerbated in emergencies due to disruption of services and community life, destruction of infrastructure, separation of families and displacement, and limited access referral services. Disasters can have devastating effects on children's lives, and there is a need to ensure that the response takes into consideration the specific needs of children.
- Based on the assessment made in the evacuation centers, there are several cases of violence against children and MHPSS needs that must be referred to specialized service and case management. A referral system needs to be functioning in the evacuation centers.

Response:

- MSSl, UNICEF and 10 partner CSOs continued Child-Friendly Spaces (CFS) activities in 11 evacuation centers, reaching over 800 affected children living in the evacuation centres as well as children from the surrounding communities. The CFS provides children with opportunities to access free and structured play, recreation, and leisure package to support children's mental health during situations of crisis or instability.
- As more families in evacuation centers are returning home, a closure activity was held in one of the evaluation centers, in the presence of the Vice Minister of MSSl and UNICEF Representative, to prepare children to cope with changes in post-floods life and COVID-19 lockdown, and to reflect on their identity, improve self-awareness, build confidence, and nurture resilience to confront challenges.
- MSSl, UNICEF and 10 partner CSOs have started the transition of CFS to community-based Mental Health and Psychosocial Support (MHPSS), and handover of CFS activities has been initiated. 61 volunteers identified from the evacuation centers will receive weekly virtual support for the next 4 weeks and will be responsible for CFS activities in evaluation centers.
- Preparations to implement community-based MHPSS are also ongoing including training and mentoring for volunteers identified from the communities, procurement of goods, mapping of specialized services, and identifying referral pathways.
- UNICEF and MSSl continued to distribute key child protection messages and referral contact information to evacuation centers and communities.

- UNICEF through its partner Alumni Association of Youth Parliament (APFTL) is continuing implementing life-skills based education (LSBE) for about 200 adolescents in 10 evacuation centers and nearby communities. A second round has started, with 70 adolescents in 4 locations.
- UNICEF provided support to Child Protection Officers (CPOs) in 13 municipalities to coordinate response to children affected by floods. CPOs are currently supporting children virtually or by phone to ensure that the COVID-19 prevention measures are followed.

Gender-Based Violence Sub-Sector

Led by UNFPA and UN Women

Members: SEII, DNPCC, PNTL, UNFPA, UN Women, UNICEF, UNDP, IOM, Rede Feto, The Asia Foundation (Nabilan), World Vision, Plan International, Arcoiris, FOKUPERS, Alola Foundation, TLPDP, Maluk Timor, Health Alliance International, ALFeLa, JSMP, ADTL

Needs:

- There is a need to provide separate toilets (with locks from the inside, clear signs at the entrance) and adequate lighting at evacuation facilities to address safety concerns.
- There is a need to provide separate rest spaces for women and men at evacuation centers.
- Evidence shows that violence is exacerbated in emergencies due to disruption of services and community life, destruction of infrastructure, separation of families and displacement, and limited access referral services. There is a need to take actions from the earliest stages of the emergency to adequately mitigate all forms of violence and safely respond to the needs of potential survivors. The advocacy on ending gender-based violence is needed, with messages on support or referral services available. The referral of essential services for survivors of violence and the information on relevant services hotlines is needed and should be shared widely.

Response:

- UNFPA developed IEC materials with contact information and hotline numbers of referral services. The posters have been shared widely with the Gender & Protection Sector members and in social media platforms, and they are displayed in the evacuation facilities and in the communities. UN Women, UNFPA, IOM and UNDP, through the Joint UN-KOICA Project *Together for Equality*, jointly developed a set of posters with key messages on GBV prevention and response and hotline numbers of referral services. The posters have been distributed to all evacuation centers by IOM.
- ALFeLa and JSMP have been visiting evacuation centers and sharing information on GBV prevention and response and referral phone numbers. They are supporting to monitor security situation in some evacuation centers.
- The PNTL Vulnerable Persons Unit (VPU) are staffed with specialized investigators who are trained to investigate sexual assault, child abuse and domestic violence incidents. There is a VPU in every district. The PNTL VPU investigators are visiting the evacuation centers and provide information and brochures advising how to report GBV cases to the police.

Education

Sector Lead & Members:

Ministry of Education, Youth and Sport, UNICEF (co-lead), Plan International (co-lead), Child Fund, Care International, HANDS, Portuguese Embassy, Oxfam, World Vision, Timor-Leste Coalition for Education (TLCE)

Needs:

- There is an immediate need to address the psychosocial and learning needs of affected children.
- There is an immediate need to provide learning materials, WASH materials and safe drinking water to schools affected by the flooding.
- In the longer term, there is a need to reconstruct and renovate affected schools.

Response:

- Following the closure of some of the evacuation centers where the education activities had been conducted, learning activities are continuing in 5 evacuation centers at present.
- UNICEF distributed 18 boxes of disposable masks and 18 bottles of hand sanitizers to replenish for use by volunteers, who are facilitating activities in the evacuation centers. In addition, 80 copies of the School Readiness manual including daily activities were printed and distributed for use by volunteers and supervisors.
- UNICEF has signed a Small-Scale Funding Agreement with the Timor-Leste Coalition for Education to support the work of the volunteers and ensure continuity of activities in the evacuation centers.

- The learning activities continue to be monitored by a team of supervisors from various partner organizations to ensure that the children are wearing masks, are adequately physically distanced, and are actively participating in activities.
- Education Sector partners had, in their last sector meeting on 4 May, agreed that three more evacuation centers need support with learning activities. While the activities were supposed to be extended to these three centers starting 10 May, this has not yet happened due to various logistical challenges.

Gaps & Constraints:

- Data gaps on the numbers of school-aged children and teachers affected.
- Detailed information on damages and losses in schools not yet available.
- Funding gap for immediate response and for reconstruction and renovation of school buildings and materials.
- Difficulties to mobilize teachers to support flood response interventions in schools due to the ongoing COVID-19 situation.
- Difficult access to some schools in the outskirts of or outside of Dili, due to damaged roads and the sanitary fence.

Early Recovery & Livelihoods

Sector Lead & Members:

Secretariat of State for Civil Protection, Ministry of Finance, Ministry of State Administration, SEFOPE, Ministry of Agriculture and Fisheries, UNDP, UN Women, JICA, Plan International, Oxfam, Mercy Corps, Catholic Relief Services, Child Fund Australia, Adventist Development and Relief Agency, CARE, UNESCO, ILO

Needs:

- There is a need to support the households whose livelihoods have been affected, including houses that were either partially or totally destroyed.
- There is a need to conduct further assessments on livelihoods needs to support the Government's recovery planning.

Response:

- UNDP is leading the coordination and preparation of the Household and Building Damage Assessment, which covers not only infrastructure damage but also socio-economic impact of the recent disaster. The questionnaire has been completed, in coordination with the Government and development partners, and training/data-collection is set to start as soon as possible.
- UNDP has rolled out the cash-for-work programme in Dili municipality, which aims to provide flood-affected populations with immediate employment opportunities, stimulating local recovery and resulting in cleaned up and livable *aldeias*.
- Plan International continues to provide vegetable seeds in Hera, in addition to seed provision, horticulture training, and savings and loans training to flood-affected households in Aileu and Ainaro. Plan International is also conducting assessment with the Secretary of State for Civil Protection through Diresaun Nasional Prevençãun Konfliktu Komunitária (DNPCK) to identify business/livelihoods lost and possible support mechanisms.
- Other recovery initiatives, such as provision of building materials to help re-build homes most severely damaged by the floods by Oxfam, are under development.
- ADRA continues to implement its existing projects on value chains and kitchen gardens in Viqueque, benefiting the flood-affected households in the municipality.
- World Vision is developing agriculture training and recovery activities including the provision of seed kits, seed containers, etc. in Bobonaro and Baucau, in addition to rehabilitating water points in the two municipalities.
- UNESCO is developing a project to support to the Timor-Leste Met Service to monitor hydrometeorological hazards and issue early warnings for future disasters.

Gaps & Constraints:

- Lack of comprehensive data related to livelihoods, such as data on the impact of affected agricultural areas on the livelihoods of farmers and damage on households/individuals.

GENERAL COORDINATION

The operational coordination of the flood response is led by the Secretariat of State for Civil Protection, who holds weekly operational coordination meetings. The UN (IOM, RCO & WFP), AHP partners, and Mercy Corps are supporting the operational coordination role of the Secretariat of State for Civil Protection.

Sector coordination is led/co-led by the Government line ministries, often with UN and NGO sector focal points. Sector coordination meetings are being held regularly. Humanitarian partners are encouraged to contact the Sector Leads/Focal Points, should they wish to be engaged in the sector coordination mechanism.

The UN Resident Coordinator is providing strategic coordination of the UN humanitarian response to the floods, as well as high-level engagement with the Government senior leadership, diplomatic community including humanitarian donors, civil society and the media.

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