



Timor-Leste: Floods

UN Resident Coordinator's Office (RCO)

Situation Report No. 11 (As of 16 July 2021)

This report is produced by UN RCO Timor-Leste in collaboration with Government and humanitarian partners. It is issued by UN Timor-Leste. It covers the period from 18 June to 16 July 2021. The next report will be issued on/around 18 August.

HIGHLIGHTS

The Declaration of the State of Calamity in Dili Municipality has been extended until 4th of August (Government Resolution N.º75/2021 on 31 of May).

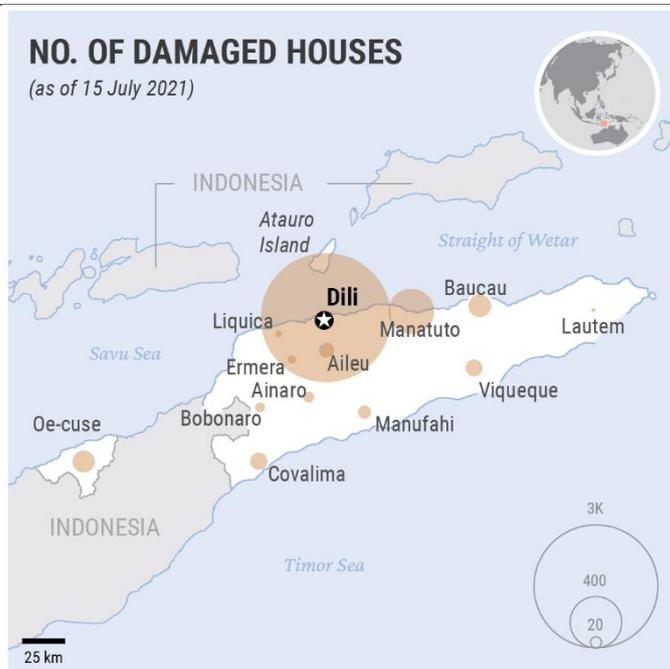
The State of Emergency has been renewed and will expire on 31st of July 2021 (Decree no. 39/2021, 30 June).

Sanitary fencing has been renewed for Dili only and current measure will expire on 29th of July (Government Resolution No. 97/2021, 14 July).

On 2nd June, the Government, with support from the UN and humanitarian partners, launched a USD \$32 million Floods Response Plan/Joint Appeal seeking additional support to address residual humanitarian needs (USD \$8.8 million for short-term response and USD \$23.9 million for early recovery efforts).

In solidarity with the Government, the humanitarian partners and donors have provided assistance worth approximately USD \$19.4 million to date.

The Secretariat of State for Civil Protection confirms that 26,186 affected families across the country have received emergency support. More than 4,132 families are yet to receive assistance.



US\$19.4

Contributions

30,322

Total affected households across the country

6

Evacuation Centers in Dili

730

People in Evacuation Centers

2,660

Hectares of agricultural area

34

Fatalities

SITUATION OVERVIEW

Heavy rains across the country from 29th of March to 4th of April resulted in flash floods and landslides affecting all 13 municipalities to varying degrees, with the capital Dili and the surrounding low-lying areas the worst affected. A total of 34 fatalities (including 14 missing people, presumed dead) have been recorded, 22 of whom were in Dili.

According to latest official figures, as of 15th of July, a total of 30,322 households across the country have been affected; of those, 82% - or 24,816 households – are in Dili municipality. A total of 4,212 houses were damaged throughout the country. There are 6 evacuation centres in Dili municipality, where 731 people – or 140 households – are temporarily sheltered. This accounts for 6% of the total number of people in evacuation centres at peak (recorded on 8th of April). The majority of the temporarily displaced have returned home, and the Government and humanitarian partners are continuing to support their safe return to their communities.

On 30th of June, the President of Timor-Leste renewed the State of Emergency covering the entire national territory. On 14th of July, the Government renewed sanitary fencing in the municipality of Dili for a further 14 becoming the only municipality under this measure. Individuals who have received their full immunization (two doses) against COVID-19, and children under six, are free to move throughout the territory.

Government announced on 12th of July that the Delta variant of SARS-CoV-2 has been detected on a quarantined individual on 22nd of April. This individual had arrived from overseas and remained in isolation until release according to health protocols. Government also informed that there is no indication at this stage of other infection resulting from this case.

Under the national COVID-19 vaccination programme – launched on 7th of April – to date, a total of 241,906 vaccine doses have been administered across all municipalities and 46,302 people have received a second dose. Cumulatively, 9,997 cases of COVID-19 have been detected in the country including 25 fatalities.

GOVERNMENT RESPONSE

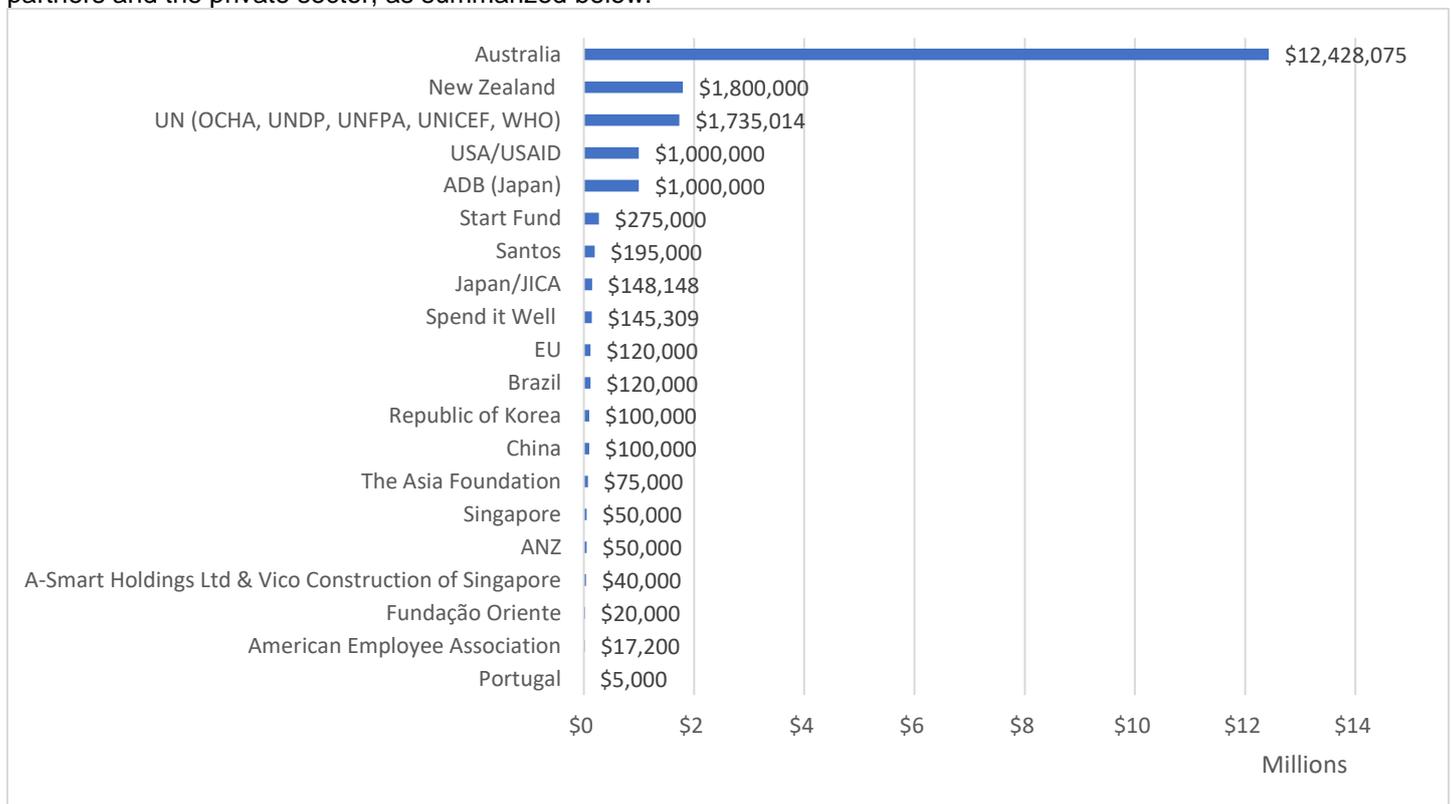
The latest official figures show that the Secretariat of State for Civil Protection (SSCP) has distributed food and NFIs to 26,177 out of 30,322 flood-affected households across all municipalities. In Dili, 1,083 flood-affected households have received housing recovery support, consisting of construction materials and cash.

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, launched the Floods Response Plan/Joint Appeal on 2nd of June. Since the launch of the Joint Appeal, a number of humanitarian partners have announced additional support, including some support measures that were in the pipeline prior to the launch of the Joint Appeal. Partners are continuing to repurpose existing programs and resources to support the priority activities identified in the Floods Response Plan. The residual humanitarian needs, however, continue to remain an urgent priority to (i) ensure undisrupted delivery of essential services for hard to reach locations; (ii) protect the most vulnerable groups, including ensuring access to assistance and protection from violence; (iii) support people affected to re-build their lives and livelihoods in a safe and sustained manner (including those families who have had to re-locate); and (iv) support the rehabilitation of critical public infrastructure to restore public services.

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 \$19.42 million of humanitarian funding has been committed by donors, UN agencies, humanitarian partners and the private sector, as summarized below:



The Australian Government has provided another USD \$3 million to support Bee Timor-Leste rebuild major water piping infrastructure destroyed by the landslide and flooding. The USA has also provided an additional USD \$900,000 funding to help affected people recover from the devastating floods in Timor-Leste, channelled through USAID partner, World Vision.

In addition to new/additional humanitarian funding, many partners and donors have repurposed existing funding, including Australia (over USD \$2.2 million) and the UN (over USD \$0.5 million). Many partners have also provided in-kind contributions, including from 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. The Joint Appeal enables donations to be committed via the Ministry of Finance's account, as well as via any of the implementing partners, listed in the Appeal. The Appeal seeks additional support to address residual humanitarian needs (USD \$8.8 million for short-term response and USD \$23.9 million for early recovery efforts).

All partners agreed to ensure regular and systematic monitoring of all resources received in response to the Appeal. The Ministry of Finance with support from the UN RCO aims to track all donations ensure that all proceeds from the appeal are used in a transparent, efficient and coordinated manner to support an effective humanitarian response.

HUMANITARIAN RESPONSE

In support of the Government efforts, the humanitarian partners continue 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 – have returned home, the humanitarian partners are supporting the affected communities – both in Dili municipality and in municipalities outside of Dili - with essential food and NFIs, temporary rehabilitation and reconstruction of houses and other public infrastructures, as well as support to ensure that essential services are undisrupted in these communities.

Support to livelihoods and early recovery has scaled up over the past month, including emergency cash-for-work initiatives, inputs schemes, and infrastructure rehabilitation and reconstruction. The Secretariat of State for Civil Protection completed the Multi-Sectoral Rapid Assessment and Household on 14th of June. The Household and Building Damage Assessment (HBDA) covering building damage and livelihoods impacts of the flooding, has been completed in Dili, Ainaro, Baucau, Liquiça and Manatuto municipalities, and findings will be presented on the 15th of July followed by a report later in the same month. Support for the Post-Disaster Needs Assessment (PNDA) was officially requested by the Ministry of State Administration and Territorial Planning, and preparations are ongoing.

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

- The most pressing needs remain access to water and food (based on daily monitoring of 6 existing evacuation centers (Dom Bosco, Asrama Canosiana Hera, EBC Acanuno Hera, Sede Suco Manleuana, Eis Restorante Metiaut and Rate Ain) involving 140 families and 730 individuals).
- Temporary shelter required for 140 families whose houses were partially damaged or totally destroyed. The families currently live in evacuation centers and will require assistance when they return to their communities to rebuild their homes.
- Tarpaulins to protect families currently living in evacuation centers from sunlight.
- Cleaning and construction materials to clean, repair or rebuild houses needed, and recommended, to facilitate families remaining in evacuation centers to return home immediately.

Response:

- The CCCM/Emergency Shelter Sector continued to distribute NFIs and supplies to people in the evacuation centers. This assistance has been delivered in close coordination with Civil Protection to encourage households that are able to do so to return home. Support was provided to 73 households in the re-integration process to return to their homes.

- CCCM/Emergency Shelter cluster drafted safer housing guidelines to guide affected families to rebuild their homes. The guideline is awaiting final approval from Secretary of State for Civil Protection.
- 219 DFAT shelter tool kits were distributed in Hera and improved temporary shelters were provided to households in urgent need through the installation of 48 tents in 2 locations.
- IOM distributed 37 shelter and cleaning kits in Balibar.
- Under Civil Protection's leadership, AHP Consortium installed 27 tents in Igreja Paroquia Hera evacuation center; 27 tents and 27 tarpaulins in Asrama Canosiana, Hera evacuation center; and 39 tarpaulins on the roof of tents in Sede Suco Manleuana evacuation center to protect families from sunlight.
- Fixed 25 light bulbs in EBC Acanuno Hera evacuation center.
- Provided repair and cleaning kits to households upon leaving evacuation centers, to help restore their damaged houses.
- Conducted community dialogues at the evacuation centers, through Civil Protection and partners, to support safe return, to identify main obstacles to households' ability to return home, and to discuss the Government recovery process.
- Sector partners closely coordinate shelter assistance and provide directly to affected communities, through Government reconstruction efforts, to ensure cohesion in both targeting and means of assistance (material and/or cash assistance).

Gaps & Constraints:

- Dialogue mechanism with Government to facilitate return
- Safety risks in areas where evacuees are planning to return to
- Clearer assessment of their properties to identify extent of damage to facilitate access assistance

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

36,600

water purification tablets distributed in the flood-affected communities

Needs:

- Map the restoration of the piped water supply system and continue delivery and provision of water in Dili, and flood-affected communities in other municipalities, until a sustainable water supply is established.
- Continue regular monitoring and review delivery activity within the cluster response team.
- Strengthen sectoral coordination and information sharing in the cluster
- Plan interim and permanent solutions for household sanitation and hygiene facilities damaged by the floods.
- Need to strengthening sharing updates information from all shelters/IPD's to all partners

Response:

- Procured 11 units of portable toilets to install in 4 evacuation centres in Dili; Sede Suco Manleuana (44 people), Don Bosco (39 people), Ex Restaurante Metiaut (14 people) and Hera Kapela Bedik (35 people).
- The Ministry of Health (MoH) with support from WASH sector partners continued the distribution of water purification tablets "Aquatabs" in the communities. About 36,600 tablets have been distributed to suco Lahane Ocidental (150 households), aldeia Terus Nain, suco Vila Verde (115 households), aldeia Suhu Rama (196 households), aldeia 12 de Outubru (425 households), and aldeia Frecat, Bairro Pite (42 households).
- MoH also distributed 936 jerrycans to the communities along with the water purification tablets to help them treat their water with Aquatabs.

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 – including lack of disaggregated data – and information on the affected population, particularly those in remote, hard-to-reach areas.
- Limited availability of required WASH supplies in the local market and high cost of those that are available.
- Distribution of Water Quality issues through water truck delivery.
- Limited capacity to monitor water quality being distributed through water trucks.
- Need to conduct hygiene promotion in the evacuation centers.

Food Security

Sector Lead & Members:

Ministry of Agriculture, Secretariat of State for Civil Protection, WFP, FAO, UNDP, UNICEF, World Bank, Mercy Corps, CRS, World Fish, Care International, TOMAK, Oxfam, World Vision, Plan International, Blue Ventures, AVANSA, Child Fund, Caritas, CCT, The Asia Foundation, ADRA, MDF, AI-Com, SAPIP, NLC, Embassy of New Zealand, Embassy of Australia, JICA, USAID, Embassy of Portugal, GIZ, EU, ADB, Embassy of Japan, KOICA, Embassy of China

Needs:

- Further strengthen coordination between Food Security, Nutrition, Protection and Early Recovery/Livelihood Sectors in terms of food assistance to affected communities.
- Need for ongoing food security assessments to be conducted (this will be partly addressed by the upcoming SEIA2.)

Response:

- Crop and Food Supply Assessment Mission (CFSAM) draft outcomes were presented by FAO to partners on 1st of June and the report published on the 26th of the same month. WFP's contribution on Food Security and Nutrition data is pending (given the change of modality – to remote interviews – due to impacts of COVID-19 and travel restrictions, draft report expected at the end July).
- Partners continued working with Civil Protection's Operation Centre, Secretariat and Emergency Food and Logistics teams to support the Government led response.
- Discussions continuing with partners and CP management on the possibility/feasibility of transitioning (partially) to cash for future transfers.
- WFP and partners continue working with CP and relevant government entities on the re-design of a more nutritious standard food basket.

Gaps & Constraints:

- Stockouts/limitations of commodities within CP standard food basket.
- Volume of need/response compared to CP usual/planned operations.

Nutrition

Sector Lead & Members:

Ministry of Health (MOH), Ministry of Agriculture and Fisheries (MAF), UNICEF, Maluku Timor, Fundsaun Alola, PHD, TOMAK, World Vision, CRS, Child Fund, WHO, WFP

170

Under-5 children
screened for malnutrition

Needs:

- Priority need to provide access to quality curative nutrition services through the most appropriate modalities, ensuring systematic identification, referral, and treatment of acutely malnourished cases in collaboration with the Health Sector.
- Strengthen the quality and scale of preventative nutrition services for most vulnerable groups through the promotion of appropriate infant and young child feeding practices, micronutrient supplementation and optimal maternal nutrition.
- With cases of diarrhea 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.
- Nutrition intervention focusing on pregnant and lactating women (PLW).

Response:

- Screened 170 children in 6 evacuation centres for malnutrition - no new cases were found. All 9 children being treated in the previous reporting period continue treatment through respective Community Health Centers. The sector followed up on the children under treatment to ensure completion and adherence to treatment regime.
- Screened 22 pregnant women for malnutrition - no new cases were found. The 6 pregnant women found to be acutely malnourished in the previous report continue their treatment through the respective health centers while 2 continued receiving treatment from evacuation centres.

- Continued to support the Nutrition Department at MOH to replenish local food stuff from the MAF 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 6 evacuation centers.
- Support provided to Nutrition Department at MoH to promote, protect and support infant and young child feeding (IYCF) practices in 6 evacuation centers by establishing counseling for, and promotion of, IYCF practices – with support from UNICEF, WFP, WHO and Fundasaun Alola. 200 mothers (25 pregnant, 72 mothers of children 0-23 months and 103 mothers of children 24 – 59 months) received counselling for recommended IYCF from the members of MSG.
- Supported 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.
- WFP approached New Zealand Embassy to procure High Energy biscuit targeted at PLW for emergency response
- WFP, together with MoH distributed 2 MT of high energy biscuits in evacuation centers in Dili through Community Health Centers.
- WFP, together with MoH developed and distributed HEB IEC materials to beneficiaries and health facilities.

Gaps & Constraints:

- Concern over private donations of bottles, breastmilk substitutes and highly processed food items that are high in 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).
- As the number of evacuation centers reduced from 53 to 6 by June 2021, the number of patients receiving integrated medical consultations also significantly dropped. However, SSM Dili continued to provide integrated medical consultations. It reached 323 patients through 24 mobile clinic services compared to 4,342 medical consultations through 73 sessions in April 2021. Out of these 24 sessions, there were 12 sessions of mobile clinic implemented by CHC Becora at Lenuk Hun (6) and Namalai (6). The remaining 12 sessions were implemented by CHC Comoro. From 4th to 9th of June 2021, it covered Maslilidun (3), Lagua 1 Kapela, Lagua 1 Grupo 4, and Lagua 1 Grupo 5, with each session. From 10th to 19th of June 2021, the remaining six mobile clinics were organized at Suco Manleuana (2) and one session each at EBF 12 Outubru, Lagua 1 Kapela, Masilidun and Sede Suco Bebonuk.
- From 24 mobile clinic sessions that were conducted in June 2021, it reached a total of 323 consultations: Males, 177 consultations (55%), and females, 146 consultations (45%). In comparison to April 2021, the diseases reported remain similar to the month of June 2021. Out of these, 152 (47%) with acute respiratory infections, 14 (4%) bronchial asthma, 13 (4%) each for hypertension and skin diseases, 12 (4%) acute gastritis, 4 (1%) watery diarrhea and 111 (34%) with other health conditions/diseases. In addition, during the same period, out of 323 consultations, 143 were identified from high risk groups: 84 (59%) females and 59 (41%) male, consisting of children under five: 122 (85%); lactating mothers: 7 (5%); persons with disabilities and elderly: 5 (3%) each; and pregnant mothers: 4 (3%).
- The mobile clinic services reported 6 children received routine vaccinations. No family planning service was reported.
- Urgent need to prevent the spread of COVID-19 in evacuation centers and among other temporary displaced people. There is a need to provide COVID-19 vaccinations in the flood-affected communities including the evacuation centers.

661

patients received integrated medical consultations through 29 session mobile clinic services provided by Community Health Centres of Becora, Comoro and SABEH

Response:

- Continue to provide essential health services – through HEOC/SNAEM and Dili Municipality Health Services with support of Health Sector partners – to the affected population through healthcare facilities and mobile health clinics including health education and referral services.
- Support by WHO to SSM Dili and the Surveillance Epidemiological Department in strengthening disease surveillance of outbreak-prone diseases and investigations of the deaths and related health events.

- Based on the rapid health facility assessment after the disasters, WHO continued to hand over Infection Prevention and Control (IPC) equipment, COVID-19 prevention materials and medical waste management kits to health facilities affected by the floods in Dili. Other municipalities are being planned.
- In June 2021, the Department of Sanitary Vigilance & Environmental Health (DVSSA) continued to conduct training on disinfection, after Dili Municipality, for other municipalities: Baucau, Manatuto, Viqueque and Lautem. The trainings were attended by more than 100 staff of CHCs, national police, and Timor-Leste Red Cross and national NGOs.
- On 2nd June 2021, the Department of Sanitary Vigilance & Environmental Health received 8 pallets of Pedialyte – 500 ml bottles (Oral Rehydration Solutions), and 4 pallets of jerrycan (10l collapsible water containers from New Zealand Embassy). These items have been distributed to communities affected by floods including delivering of health promotion messages related to safe drinking water, waste management and personal hygiene and safe sanitation. In June, DVSSA distributed a total of 5,900 aquatabs packs (131,450 tablets) and 9,647 buckets reaching 847 households in communities affected by disasters: Dili, Manatuto and Bobonaro. In May, the distribution consisted of 750 aquatabs (25,750 tablets) and 103 buckets reaching 100 household families at Masilidun, tasi-tolu, in the presence of HE dr Odete Maria Belo, MPH, Minister of Health, Timor-Leste.
- WHO supported MoH to recruit 60 community health inspectors to support the implementation of COVID-19 protocols in all public places, including evacuation centers in Dili municipality. They were assigned to each village (suco). One day briefing session was organized on 1st of July 2021 to the participants. It is expected that similar community health inspectors will be rolled out into other municipalities.
- WHO handed over to SNAEM, I.P. (Ministry of Health) 80 packages of Emergency Tent's (Multipurpose tents 24m² and 42m² sizes) for supporting health services.
- UNICEF continued to provide operational support to Dili Municipality Health Services (DHS)'s operation of mobile clinics in existing evacuation centres. UNICEF provided transportation support in order for DHS to visit each evacuation centre for health check-ups and distribution of essential supplies, as well as monitoring and supervision of service delivery.
- In June, UNICEF supported Mobile clinics in the evacuation centers continues to provide clinical consultation and referral services. In total 127 girls and 133 boys under the age of five years received clinical consultations and medications. In addition, the outpatient services through mobile clinics reached out to the adult population; 362 females and 314 males. The most common morbidities are respiratory tract infection and skin diseases in children, and gastritis in adults.
- The UNFPA Mobile Maternity Clinic visited 6 active evacuation centers and reached women of reproductive age, pregnant mothers, and breastfeeding women. As well as providing the ANC to pregnant mothers, the team shared information on Adolescent Reproductive Health to young people, family planning and prevention of transmission of COVID-19
- HAI midwives were on stand-by to support with mobile clinics or with health assessments.
- SABEH continued to provide mobile clinic services, reaching active evacuation centres as well as communities affected by Cyclone Seroja. It reached 338 patients through sessions at Aldeia Alto 01, Balide 64 (19%); Aldeia Rate Ain 17 (5%), Aldeia Lemokari 86 (25%), Aldeia 30 de Agostu 64 (19%) and Aldeia Hali-Dolar 107 (32%). It consisted of high number of age groups: 18 to 49 years old, 164 (49%); and 6 to 17 years old, 87 (26%); 0 to 5 years old, 71 (21%); and 50+ years old, 25 (7%). The common diseases observed were ARI, diarrheal diseases, conjunctivitis, dermatitis, gastritis, hypertension and other health conditions such as sacrolumbalgia, myalgia and pityriasis versicolor.

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 and 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 risk to beneficiaries and emergency response teams.
- People reluctant to receive COVID-19 vaccinations due false rumors and hoaxes.
- Lack of safe drinking water and improper handling of sanitation and waste management triggering increase in water-borne diseases, vector borne diseases, ARI and skin diseases.
- Lack of information on children and mothers who have returned home from evacuation centers.
- Limited data and information from flood-affected municipalities outside Dili.
- Funding gaps in priority areas.

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, Fundação Oriente, The Asia Foundation (Nabilan), TLPDP, Maluk Timor, PRADET, Health Alliance International, ALFeLa, JSMP, ADTL, Belun, CRS

500+

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

Needs:

- 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 act from the earliest stages of the emergency to adequately mitigate all forms of violence and safely respond to the needs of potential survivors.
- Ensure disaggregated data is collected through needs assessments, including data on (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). Data privacy in assessments must be ensured, as well as safe information sharing to inform needs and responses.
- Ensure that diverse needs of children, women and other vulnerable groups are taken into consideration in emergency response, healthcare support, as well as in the recovery planning. Gender inequality can limit 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 on vulnerable groups.
- Ensure facilities at evacuation centers are safe and easily accessible by all individuals including girls, women, elderly and PwDs. 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. 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. Provide separate and sufficient sleeping and rest space for women and children at some evacuation centers, as reported by Oxfam's assessment.
- Provide basic sanitation facilities at evacuation centers.

Response:

- In the MSSI's workshop on 22nd of June, UNICEF, UN Women and UNFPA provided a training on minimum standards for child protection and GBV prevention and response in humanitarian actions, and reviewed the needs of women, girls and the other most marginalized groups and the challenges they encountered in the 2021 April Flash Floods Response, as well as the lessons learnt in the response.
- Humanitarian partners including UNICEF and The Asia Foundation Conducted dialogues with women and girls to understand their needs conducted in Maselidun, Aldeia 12 de Outubro Raihun of Suku Komoro, through DNPCC and Plan International
- Distributed posters with key messages on child protection and GBV prevention and response at evacuation sites through MSSI and UNICEF. Posters included phone numbers of essential services, referral numbers, mental health support hotlines and the COVID-19 hotline.
- Distributed 100 posters with information on GBV referral services to local communities in Viqueque Municipality, Aldeia Welaco and Watalitua, Suco Bahalarawain, reaching 100 households. Posters also reached 323 people in Welaco and 140 people in Watalitua, with support from CARE International through the START Project
- Distributed dignity kits to meet basic hygiene and safety needs of 56 women and girls; and distributed of dignity kits in the UNTL campus in Hera and two other evacuation centers to support 140 women and girls, through UNFPA.
- Delivered 250 hygiene kits for children in Lahane, SMA 4 Setembre and community around TecVoc Hera, with support from UNICEF and the Commission of the Rights of the Child. 26 hygiene kits for children and 52 Minyak Telon were delivered to children at Padre Canosiana Hera. Cleaning kits, mosquito repellents and infant kits were also delivered to affected communities, reaching pregnant mothers, through UNICEF and MSSI.
- Session on non-violence discipline and early stimulation using a parenting education module delivered by UNICEF and MSSI, reaching 15 parents in Igreja Paroquia Hera.

- Continued to conduct lighting needs assessments and provided portable lighting devices and essential relief supplies at some evacuation centers.
- Support provided to MoH to operate the national hotline for mental health, through UNICEF. A series of trainings for the operators (MoH staff and external staff contracted by MoH) continue to be conducted.

Child Protection Sub-Sector

Led by MSSSI and UNICEF

Members: MSSSI, 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, Maluku Timor, PRADET, Nabilan Program, Fundação Oriente, Scouts, group of volunteers Black Angels, Alumni of Youth Parliament

Needs:

- Adequately mitigate all forms of violence and safely respond to the needs of potential survivors. 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 Mental Health & Psychosocial Support (MHPSS) needs that must be referred to specialized service and case management. A referral system needs to be functioning in the evacuation centers.

Response:

- Child-Friendly Spaces (CFS) activities continued in 3 evacuation centers, and 2 communities with support from MSSSI, UNICEF and 10 partner CSOs. The CFS reached over 304 affected children living in the evacuation centers as well as children from the surrounding communities. The CFS provides children with opportunities to access free and structured play, recreation, and leisure packages to support children's mental health during situations of crisis or instability.
- To establish the CFS model as part of community-based MHPSS in the affected communities, UNICEF and MSSSI continue to support the transition. Training of Trainer materials are in the finalization process, and 81 volunteers from 10 partners will be trained to implement community-based MHPSS toolbox.
- Recruiting of volunteers, by ChildFund Timor-Leste, to expand the CFS model as part of community based MHPSS in 10 communities in Dom Aleixo Administrative Post of Dili Municipality.
- As part of the transition of CFS into the community-based, UNICEF has signed a Cooperation Agreement with a Local NGO called Ba Futuru to implement the CFS in the flood-affected community. Ba Futuru will be responsible for coordinating with volunteers from 10 partner NGOs, UNICEF and MSSSI. With the support of UNICEF, Ba Futuru will develop training/mentoring programme for the volunteers.
- MSSSI with support from UNICEF conducted a workshop to review the CFS activities and discuss transition to community based MHPSS. MSSSI also took chance to present certificate of recognition to 63 volunteers and 55 Camp Volunteers who have implemented psychosocial support activity to children in Evacuation centers.
- UNICEF was invited by the spouse of Prime Minister of Timor-Leste to deliver a parenting education session on Early Stimulation and Positive Discipline at her foundation Centro Quesadhip Ruak Timor-Leste. 42 parents (21 couples) affected by the floods, who are the beneficiaries of the foundation's initiative, participated in the session.
- MSSSI with support from UNICEF conducted a day workshop to review the Child Protection in emergency coordination mechanism. The workshop was led by MSSSI Director General and 13 municipality level MSSSI directors and 20 persons from CBOs and NGOs working in child protection and GBV prevention area participated. UNICEF through its partner Alumni Association of Youth Parliament (APFTL) concluded the second round of life-skills based education (LSBE) in evacuation centers. This brings the total number of LSBE participants to 299 adolescents and youth (ages 10-24) since the start of the flood response, including adolescents and youth sheltered in evacuation facilities and participants from neighbouring communities. Planning of another round of LSBE in the flood affected communities is currently undergoing.

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, Maluku Timor, Health Alliance International, ALFeLa, JSMP, ADTL

Needs:

- Provide separate toilets (with locks from the inside, clear signs at the entrance) and adequate lighting at evacuation facilities to address safety concerns.

- Provide separate rest spaces for women and men at evacuation centers.
- Advocacy on ending GBV is needed, with messages on support and available referral services. Referral of essential services for survivors of violence and information on relevant services hotlines is needed and shared widely.

Response:

- On 13 July, the GBV Sub-Group chaired by UNFPA held a coordination meeting to share programmatic updates, identify needs at the evacuation centers and the needs of women and children returning to the communities. The representatives from SEII, UN Women, UNICEF and IOM, as well as international humanitarian partners and civil society partners including World Vision, PRADET and FOKUPERS shared recent updates. PRADET presented a new online referral tool and collected feedback from the members during the meeting. The Sub-group has rolled out an online survey to collect feedback from the members including the lessons learnt from the April Floods Response and for future preparedness planning for GBV in humanitarian response.

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:

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

Response:

- Following the closure of 2 evacuation centres where the education activities had been conducted, remaining learning activities at evacuation centres were ended.
- UNICEF started supporting one community in Tasi Tolu, which could not be accessed before due to the flooded lake, by providing training for one community volunteer on learning activities. 8 volunteers from UNICEF are also supporting learning activities to around 70 to 80 children aged 3 to 9. The training will continue until 21st of July, then the programme will be handed over to the community. UNICEF provided 1 ECD kit as well as disposable masks and hand sanitizer for children and volunteers.
- Plan International distributed 95 packages of school in box and nutritious snacks to 95 children in an evacuation centres in Dili.
- Plan International is running learning activities at two evacuation centres three times a week. Learning activities at one evacuation centre in Hera, run by Plan International, has been handed over to centre's staff.

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 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, Secretary of State for Environment, UNDP, UN Women, JICA, Plan International, Oxfam, Mercy Corps, Catholic Relief Services, Child Fund Australia, Adventist Development and Relief Agency, CARE, UNESCO, ILO

Needs:

- Support households whose livelihoods have been affected, including houses either partially or totally destroyed.
- Conduct further assessments on livelihoods needs to support the Government's recovery planning.

Response:

- Support for a Post-Disaster Needs Assessment (PDNA) was officially requested by Government. The coordination of the assessment with stakeholders will start soon following guidance from the Government.
- The HBDA, led by UNDP in partnership with the Ministry of State Administration, National University of Timor-Leste (UNTL), and the General Directorate of Statistics, which covers building damage and livelihoods impact of the flooding, has been carried out in Dili, Liquiça, Manatuto, Baucau, and Ainaro municipalities. The preliminary data visualization and findings are available with final report expected to be released towards the end of July. A total of 860 households including commercial buildings were surveyed for livelihoods and 928 buildings assessed.
- Cash-for-work programme has been launched by UNDP in 12 aldeias in Dili municipality, engaging more than 1700 flood-affected individuals in immediate employment opportunities.
- Assessment conducted with Plan International and the Secretary of State for Civil Protection through Diresaun Nasional Prevensaun Konflitu Komunitária (DNPKK) to identify business/livelihoods lost and possible support mechanisms. So far, the assessment has covered 1,137 houses in Madohi Suco and 563 households in Lahane Suco. More assessments are planned, and results will be shared once completed.
- ADRA continue to implement existing projects on value chains and kitchen gardens in Viqueque, benefiting the flood-affected households in the municipality.
- UNESCO is continuously coordinating with National Directorate of Meteorology and Geophysics and other relevant government department for the number of staff including gender balance to be involved in strengthening the capacity and performance of hydrometeorological observation and warning dissemination. The activity is expected to start in August 2021.
- Other recovery initiatives, such as the provision of building materials to help re-build homes most severely damaged by the floods by Oxfam, are under development.

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.

🚚 Logistics**Sector Lead & Members:**

Secretariat of State for Civil Protection, MSSSI, WFP, CARE, World Vision, Oxfam, Plan International, UNICEF, UNFPA, IOM

Response:

- Transportation support provided by WFP to Civil Protection to deliver 29.8 MT of building material to Atauro island
- Transportation support provided by WFP to CVTL to deliver 5.4 MT of rice to Viqueque municipality
- Transportation support provided by WFP to MSSSI to deliver 33.8 MT of rice to Maliana municipality

Gaps & Constraints:

- No major gaps or constraints during reporting period.

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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