



# Timor-Leste: Floods

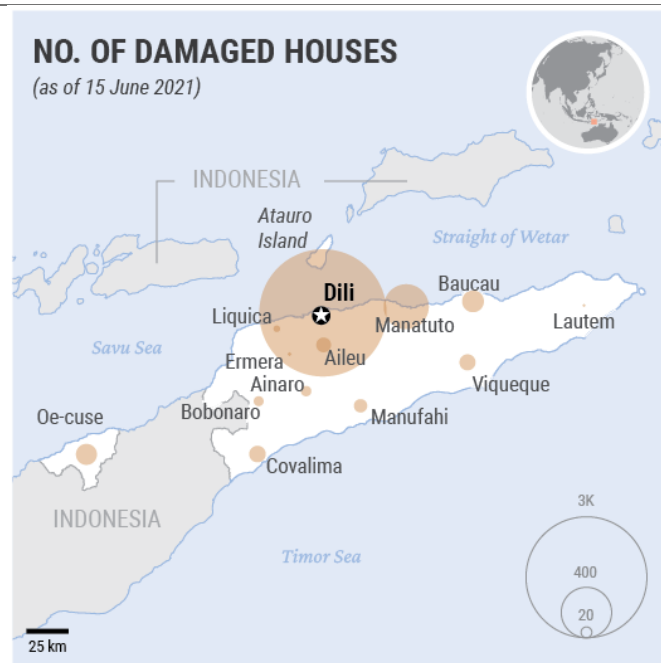
## UN Resident Coordinator's Office (RCO)

Situation Report No. 10 (As of 18 June 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 22 May to 18 June 2021. The next report will be issued on/around 16 July.*

### HIGHLIGHTS

- The Declaration of the State of Calamity in Dili Municipality, originally declared on 8 April, was renewed and extended until 4 August (Government Resolution N.º75/2021 on 31 of May)
- On 16<sup>th</sup> of June, the Government lifted mandatory confinement in Dili and the 'sanitary fence' in the capital. The government also announced that the sanitary fences in three municipalities (Baucau, Bobonaro and Covalima) will be maintained for a further seven days.
- On 2<sup>nd</sup> June, the Government, with support from the UN and humanitarian partners, launched a Floods Response Plan/Joint Appeal seeking additional support to address residual humanitarian needs amounting to USD \$8.8 million and a further USD \$23.9 to kick-start early recovery efforts. All activities to be implemented by December 2021.
- In solidarity with the Government, the humanitarian partners and donors have provided relief assistance worth approximately USD \$15 million to date.
- Information from the Secretariat of State for Civil Protection, confirms that they are receiving urgent requests for assistance for food and non-food items (NFI) from more than 5,106 vulnerable persons in/around Dili.



Source: Gov't. of Timor-Leste  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Map created by UNOCHA

**30,367**

Total affected households across the country

**6**

Evacuation Centers in Dili

**813**

People in Evacuation Centers

**2,660**

Hectares of agricultural area

**48**

Fatalities

### SITUATION OVERVIEW

Heavy rains across the country from 29<sup>th</sup> of March to 4<sup>th</sup> of 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 48 fatalities (including 14 missing, presumed dead) have been recorded, 22 of whom in Dili municipality.

According to the latest official figures as of the 14<sup>th</sup> of June, a total of 30,367 households across the country have been affected; of those, 81% - or 24,674 households – are in Dili municipality. A total of 4,147 houses were damaged in Dili and in the municipalities. There remains a total of 6 evacuation centers in Dili municipality, where 813 people – or 157 households – are temporarily sheltered. This accounts for 6% of the total number of people in evacuation centers during the peak (8 April). The majority of the temporarily displaced have returned home, and the Government and humanitarian partners are supporting their safe return to the communities.

On the 16<sup>th</sup> of June, the Government lifted the mandatory confinement in Dili, and the sanitary fences in Dili and three municipalities (Baucau, Bobonaro and Covalima) will be maintained for another seven days. Under the national COVID-19 vaccination programme – launched on 7 April – to date a total of 110,531 vaccine doses have been administered across all municipalities. Cumulatively, 8,504 cases of COVID-19 have been detected in the country, and 19 deaths.

## GOVERNMENT RESPONSE

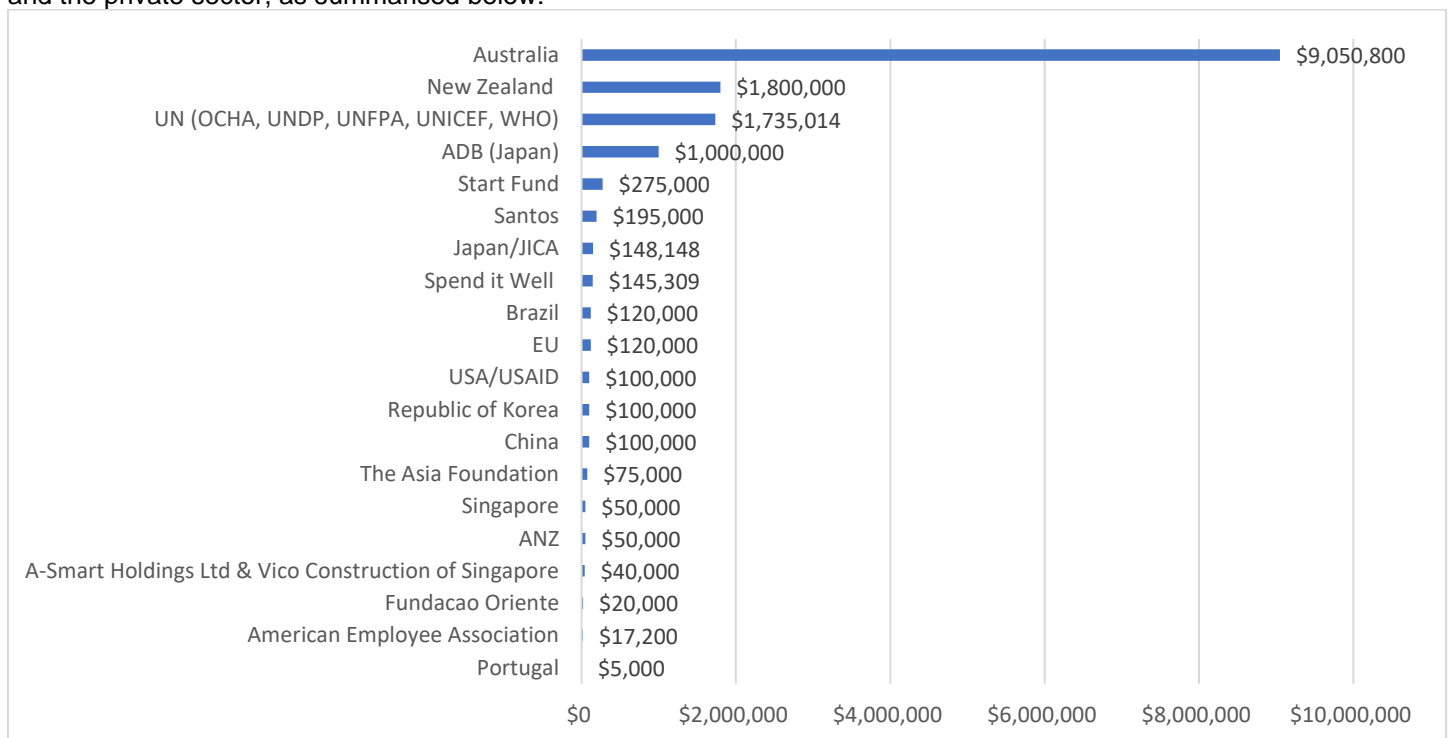
The latest official figures, as of 14<sup>th</sup> of June, show that the Secretariat of State for Civil Protection has distributed food and NFIs to 21,251 flood-affected households across all municipalities. 9,116 households have yet to receive assistance. As of 11<sup>th</sup> of June, 1,083 flood-affected households in Dili municipality had received housing recovery support, constituting 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 2 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 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 rebuild 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 \$15 million of humanitarian funding has been committed by donors, UN agencies, humanitarian partners and the private sector, as summarised below:



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. 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 June 14. The Household and Building Damage Assessment (HBDA) covering building damage and livelihoods impacts of the flooding, has been completed in Dili, Ainaro, Baucau, Liquica and Manatuto municipalities, and preliminary findings are expected to be available before the end of June. 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, food, NFIs, bedding, cooking and WASH equipment, hygiene and sanitary items for women and girls – according to daily monitoring findings conducted in the 6 evacuation centers still operational as per 16 of June.. Ensuring the re-allocation of the families in Hera to new sites is also a pressing need.
- Ensuring safe temporary shelter for people whose houses were partially damaged or totally destroyed.
- Construction and cleaning materials to repair, clean or rebuild houses.
- Support for monitoring and assistance of returns; close evacuation facilities and address needs of those facing protracted displacement in evacuation centers.

#### 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's efforts to provide food assistance to encourage households that are able to do so to return home. Support was provided to 73 households in the re-integration process back to their homes.
- Provided improved temporary shelters to households in urgent need through the installation of 48 tents in 2 locations.
- 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 the main obstacles to households' ability to return home, and to discuss the Government recovery process,
- Sector partners are closely coordinate shelter assistance provided directly to affected communities with Government reconstruction efforts to ensure cohesion in both targeting and 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

# 103+

Water Tanks installed in evacuation centers and in water-stressed 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.

### Response:

- BTL received one unit of mobile Nomad Water purification unit and four Sky Hydrant water purification filters for semi-permanent use and training on how to use both.
- Installed around 103 water tanks in evacuation centers and affected communities. These are monitored and filled daily by a pool of 22 water tanker trucks.
- Installed and regularly monitor 18 portable toilets in evacuation centers and affected communities
- Distributed 100 units of handwashing stations to Canosa Hera, Madre Bebonuk, and Tibar clinic evacuation centers.
- Installed two new toilet units in Manleuwana – Bairo rate Aina. Four toilet units were rehabilitated in Manleuwana evacuation Centre and Metiout
- Distribution and monitorization of 300,000 Aquatabs tablets for water purification to the evacuation centers and affected communities, through MoH with support from WASH Sectors partners.
- Handed over 852 water containers with tap and 1,200 jerricans along with Aquatabs to MoH to help the communities treat their water with Aquatabs before using it.
- Continued monitoring and assessment in flood-affected communities, for distribution of clean water through BTL-EP

### 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 draft outcomes was presented by FAO to partners on 1<sup>st</sup> June. 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).
- Partners continued working with Civil Protection's Operation Centre, Secretariat and Emergency Food and Logistics teams to support the government led response.
- Initial discussions 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, Fundasaun Alola, PHD, TOMAK, World Vision, CRS, Child Fund, WHO, WFP

**195**

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.

**Response:**

- Screened 195 children in 7 evacuation centers 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 27 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.
- 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 17 evacuation centers.
- Support provided to Nutrition Department at MoH to promote, protect and support infant and young child feeding (IYCF) practices in 17 evacuation centers by establishing counseling for and promotion of IYCF practices – with support from UNICEF, WFP, WHO and Fundasaun Alola. 248 mothers (29 pregnant, 101 mothers of children 0-23 months and 118 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.

**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

# 2,567

patients received medical consultations through 26 session mobile clinic services provided by NGO SABEH (5 Apr to 20 May 2021)

### 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).
- Prevention of Acute Respiratory Infection (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%).
- 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.

### 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 HEOC/SNAEM and Dili Municipality Health Services, symbolically at Treatment Centre of Kampung Alor in the presence of Head of CHC Comoro, medical doctors, nurses, midwives, community and youth leaders. These items have been delivered by HEOC/SNAEM to health facilities affected by the flooding.
- Supported Department of Environmental Health to conduct training on disinfection at Dili Municipality Health Services attended by 25 staff of CHCs, national police, and Timor-Leste Red Cross
- 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.
- Mobile health clinics reached 1,111 female and 957 males with outpatient consultation services, including children aged 1 years old (52 F and 40 M) and 1- 4 years old (223 F and 268 M), with support from UNICEF. The most common morbidities are respiratory infection, and skin diseases in children and gastritis in adults.
- The UNFPA Mobile Maternity Clinic visited 6 active evacuation centers and reached 137 families, 682 people, 157 WRA, 16 pregnant women, 27 breastfeeding women. As well as providing the ANC to pregnant mothers, the team shared information on Adolescent Reproductive Health to 19 young people, family planning to 20 women and prevention of transmission of COVID-19 to 32 people.”
- HAI midwives were on stand-by to support with mobile clinics or with health assessments.
- Distribution of 4,000 medical masks to all evacuation centres and Civil Protection staff, through HAI.
- 26 sessions mobile clinic services reaching all evacuation centres were provided by the NGO SABEH. The services covered a total of 2,567 patients with 859 ARI, 438 Gastritis, 406 Dermatitis, 305 Hypertension. 559 patients were presented with other conditions – the majority with diarrheal diseases, conjunctivitis and other illnesses.
- Handing over of foods and NFIs to cover the essential needs of people in evacuation centers, through NGO SABEH, reaching 3,228 families and 15,806 persons.

### 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.

- 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, Fundacao 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 take action 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:

- Distribution of food, sanitary products, hygiene items, blankets and cooking equipment to girls and women (including breastfeeding mothers, pregnant women, and women staying at shelters) through Plan International and women's organizations including Rede Feto, FOKUPERS and CDITL in Bekusi (an organization working with people with disabilities). In addition, Plan International disseminated IEC materials on COVID-19 prevention in local communities.
- Supported Civil Protection team in assisting the affected population returning to their communities, through UNICEF and Plan International volunteers.
- Conducted dialogues with women and girls to understand their needs conducted in Maselidun, Aldeia 12 de Outubro Raihun of Suku Komo, 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 Setembru 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 with support from UNDP, UNICEF, The Asia Foundation and other humanitarian partners.
- 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 MSSI and UNICEF

Members: MSSI, 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, AIFela, Maluk Timor, PRADET, Nabilan Program, Fundacao 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 6 evacuation centers, and 2 communities with support from MSSI, UNICEF and 10 partner CSOs. The CFS reached over 500 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 MSSI 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 Mental Health and Psychosocial Support 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.
- Parenting Education session conducted by UNICEF and an MSSI Child Protection Officer, for 15 parents at one of the evacuations centers in Hera using MSSI Parenting Education Module on Early Stimulation, Child Protection and Non-violence Discipline. This activity was conducted in response to the request from an aid worker and the priest as they reported that most parents in the centers using excessive violence in disciplining their children.
- Children's day celebration was organized at CFS in 3 evacuation centers, through MSSI, the Commissioner of Children's Rights, and Child Rights advocacy group. The Vice Minister of MSSI and Commissioner of Children's Rights delivered key messages to parents and wished children the best.
- Continue to deliver NFIs in response to request from the camps and affected area, through UNICEF, MSSI, and the Commission for Children's Rights.

### **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:**

- 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:**

- GBV case referral coordination meeting organized by SEII to strengthen support of essential service providers and civil society partners (7 June)
- GBV sub-group coordination convened, with support of SEII, DNPCC and UN Women to share the recent response updates and enhance coordination. CODIVA and ARCOIRIS, shared the needs of the LGBTQI persons in the flood response, calling for continued support to take into considering the needs of LGBTQI persons in the disaster and emergency response and recovery.

**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 some of the evacuation centers where the education activities had been conducted, learning activities are continuing in 2 evacuation centers at present.
- Distributed disposable masks and hand sanitizers to replenish, for use by volunteers who are facilitating activities in the evacuation centers, through UNICEF. 80 copies of the School Readiness manual including daily activities were printed and distributed for use by volunteers and supervisors.
- 12 volunteers continue to support the activities through a Small-Scale Funding Agreement signed between UNICEF and the Timor-Leste Coalition for Education
- Learning activities continue to be monitored by a team of supervisors from various partner organizations to ensure that children are wearing masks, are adequately physically distanced, and are actively participating in activities.
- Learning activities are being supported by Plan International in 3 more evacuation centers.

**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, 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, University of Timor-Leste, and the General Directorate of Statistics, which covers building damage and livelihoods impact of the flooding, has been carried

out in Dili, Liquica, Manatuto, Baucau, and Ainaro municipalities. The preliminary data visualization and findings will be available in the upcoming weeks.

- Cash-for-work programme has been launched by UNDP in 10 aldeias in Dili municipality, engaging more than 800 flood-affected individuals in immediate employment opportunities.
- Assessment conducted with Plan International and the Secretary of State for Civil Protection through Diresaun Nasional Prevensaun Konflikto Komunitária (DNPCK) 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 coordinating with BMKG – Meteorological, Climatological, and Geophysical Agency to provide capacity strengthening to the Timor-Leste Met Service.
- 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:

- Humanitarian flights by multiple development partners supporting medical and NFI needs.
- WFP provided transport services to deliver food and NFIs to multiple destinations across the country – some 200 mt during reporting period (predominantly for MSSSI and CP).
- WFP flew its 24<sup>th</sup> (and last) charter flight on the 16/17 June – bringing in 45 humanitarian personnel and 2.6 mt of medical supplies, test kits and HEB's.

#### 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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