



Timor-Leste: Floods

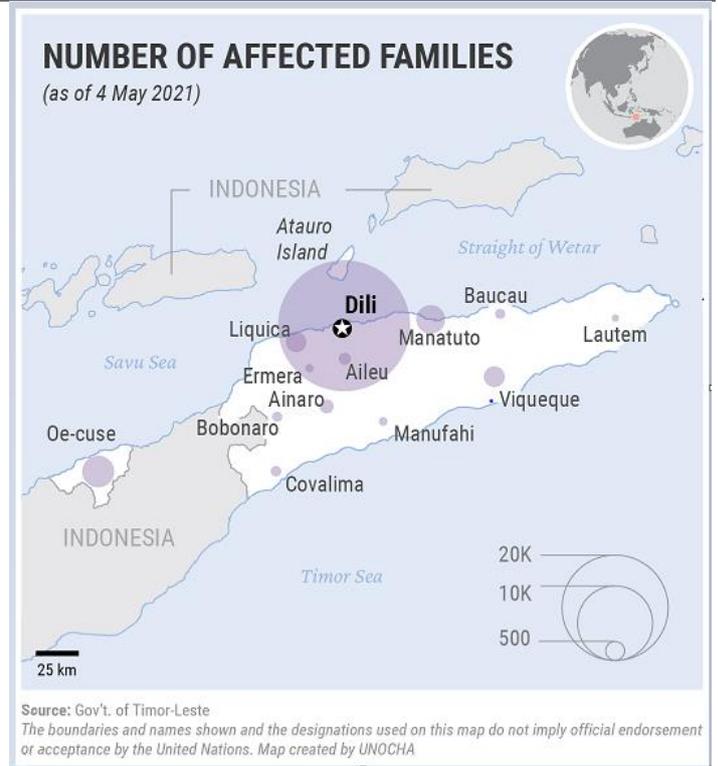
UN Resident Coordinator's Office (RCO)

Situation Report No. 8 (As of 6 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 29 April to 6 May 2021. The next report will be issued on or around 20 May 2021.

HIGHLIGHTS

- Since the declaration of a state of calamity in Dili on 8 April, the Government continues to lead the flood response. On 4 May, the President promulgated the amendment of the 2021 General State Budget, with an increased allocation to the Contingency Fund from USD 23.8 million to USD 65.2 million.
- In solidarity with the Government, the humanitarian partners have provided relief assistance worth over USD 10.7 million to-date.
- Latest official figures (4 May) showed that a total of 33,177 households have been affected across all 13 municipalities. A total of 2,163 ha of agricultural area has been reportedly affected by the flooding.
- According to the Secretariat of State for Civil Protection, 3,012 people remain temporary displaced in 17 evacuation centers across Dili.
- The preliminary findings of the Multi-Sectoral Rapid Needs Assessment and the Household Damage and Needs Assessment suggest that more than 550 residential houses have been completely destroyed, about 900 badly damaged, and another 1,900 sustained minor damages in Dili municipality.



33,177

Total affected households across the country

2,163

Hectares of agricultural areas affected across the country

17

Evacuation Centers in Dili

3,012

People in Evacuation Centers

41

Fatalities

SITUATION OVERVIEW

Heavy rains across the country from 29 March to 4 April have 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 41 fatalities (including 9 missing, presumed dead) have been recorded.

According to official figures, a total of 33,177 households across the country have been affected; of those, 81% - 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 indicate a total of 17 evacuation facilities in Dili municipality, where 3,012 people – or 611 households – are temporary sheltered. This is 913 people less compared to one week ago. Majority of the temporary displaced are returning home, and there is need to support the affected people's safe return to the communities.

Following the renewal of the State of Emergency for additional 30 days to 1 June 2021, the Government also reinstated the general home confinement in Dili municipality until 13 May, and extended the sanitary fence around Dili municipality, as

well as around municipalities of Ainaro, Baucau, Covalima, Ermera, Lautem, Liquica, Manufahi and Viqueque, until 16 May. As of 6 May, there are 1,315 active cases of COVID-19. The risk of further spread of COVID-19 remains high. Under the national COVID-19 vaccination programme – launched on 7 April – a total of 28,598 doses have been administered across all municipalities to-date.

GOVERNMENT RESPONSE

On 8 April, the Government declared a state of calamity in Dili for a period of 30 days and requested for international assistance.

On 4 May, the President promulgated the amendment to the 2021 General State Budget to respond to the impact of COVID-19 and the flooding. The allocation to the COVID-19 Fund increased from USD 31 million to USD 287.6 million, while the Contingency Fund allocation increased from USD 23.8 million to USD 65.2 million. The latter would allow for the Government to respond to the priority needs of the flood-affected communities.

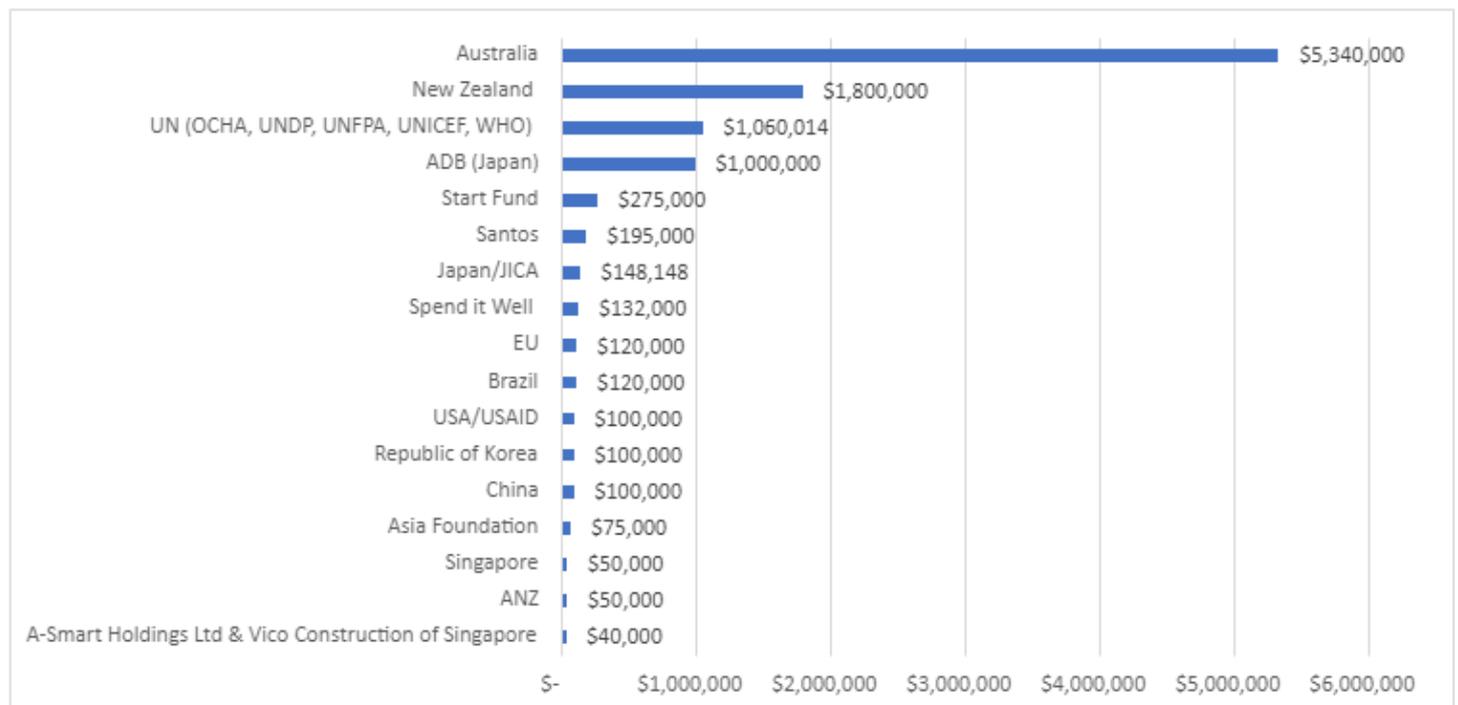
As a tool to strengthen response coordination and to mobilize additional resource to fill critical funding gaps, the Government, with support from the UN and other humanitarian partners, is finalizing a Floods Response Plan/Joint Appeal, which is expected to be launched shortly.

The Secretariat of State for Civil Protection is currently developing a national framework for disaster response including standard setting.

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 10.7 million of additional humanitarian funding has been mobilized by donors, UN agencies, the humanitarian community and the private sector, as shown below:



Many more have provided in-kind contributions, including the private sector such as East Timor Trading. 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 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 expanded from support to those in the evacuation centers to supporting people to return safely to their homes (where possible). Humanitarian partners are also supporting 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 next phase of the humanitarian response will be support to livelihoods and early recovery, 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.

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 17 evacuation centers still active, 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.
- 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.
- Some 220 tents will arrive in Dili on 8 May and will be erected immediately at selected evacuation centers where the shelter needs are the greatest.
- The Secretariat of State of Youth and Sports (SSYS), in partnership with the Alumni Association of the Youth Parliament (APFTL) and other youth organizations, has set up a Youth Action Posku that has mobilized adolescents and youth to clean the streets and help families clean their houses. Both UNICEF and UNFPA have provided support (including cleaning kits, masks and sanitizer, as well as other non-food items for vulnerable families in affected communities).
- While still being finalized, the preliminary findings of the Multi-Sectoral Rapid Needs Assessment and the Household Damage and Needs Assessment suggest that more than 550 residential houses have been completely destroyed, about 900 badly damaged, and another 1,900 sustained minor damages in Dili.

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

86+

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

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

Needs:

- Temporary water scarcity brings heightened risk of water-borne disease, requiring water treatment measures at community and/or household levels.
- There is a need to continuously review the need for water tanks, toilets and washing areas at evacuation centers as they emerge and/or their population sizes change.
- There is a need to continue to provide emergency water supply points in communities with damaged water supply.
- There is need for improved sanitation and hygiene by ensuring the displaced population have access to proper toilet facilities and sensitization on good hygiene practices.
- There is a need to intensify monitoring of the WASH resources provided.
- There is a need to strengthen sectoral coordination and information sharing.
- There is a need to mobilize additional resources to support WASH sector response in municipalities outside of Dili.
- In the longer-term, there is a need to maintain the flood-affected people's access to routine WASH services.

Response:

- Over 86 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 86+ trucks through 13 water trucks (5,000 L).
- A total of 18 portable toilets have been installed in the evacuation centers and in affected communities, which are being regularly monitored.
- A portable water filter, which was procured from Australia with a capacity to filter up to 136,800 litres of water per day, was handed over to BEE TL.

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.
- Need to respond quickly to fast changing needs.
- Limited availability of required WASH supplies in the local market and high cost of those that are available.
- Funding gap for both immediate and longer-term response, including for disaster mitigation measures.

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:

- There is need to strengthen coordination between Food Security and Nutrition Sectors in terms of food assistance to evacuation centers to avoid under-distribution in some evacuation centers.
- There is a need for food security assessment to be conducted.

Response:

- Upon request of the Ministry of Agriculture and Fisheries (MAF), FAO and WFP are undertaking a Crop and Food Security Assessment Mission (CFSAM) to provide an accurate picture of the extent and severity of the floods, Fall Army Worm (FAW) and African Swine Fever (ASF) on agriculture production and food security in the country so that timely and appropriate actions can be taken by the Government and the international community to minimize the impact of these shocks on affected population.
- The assessment is led by the FAO and WFP Country Offices. Six teams (three teams on agriculture and three teams on food security), composed of national experts and staff from MAF, were trained on 22 and 23 April. The three

agriculture teams have been undertaking data collection in the field since 27 April. The data collection by the food security teams has been delayed.

- To date, the three agriculture teams completed field work in 8 municipalities (Manatuto, Baucau, Manufahi, Ainaro, Ailieu, Ermera, Bobonaro and Liquica). FAO/WFP and MAF are working closely with the Integrated Crisis Management Center to obtain the required authorization to conduct field work in other municipalities (Covalima, Viqueque, Lautem and Oecussi) in the coming days.
- Mercy Corps and Tomak/DFAT joined the CFSAM teams as observers.

Gaps & Constraints:

- Limited sea transport between Dili-Oecusse has affected food availability and food prices in Oecusse.
- Instances of duplication of food distribution in the evacuation centers due to private donors providing food items directly to the evacuation centers rather than through the Civil Protection.
- Shortage of food amongst some affected households, particularly in the communities.

Nutrition

Sector Lead & Members:

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

557

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 557 children in 22 evacuation centers were screened, of whom 11 children were identified to suffer from severe acute malnutrition (SAM). Treatment was provided by the relevant Community Health Centers. In addition, a total of 61 pregnant women were screened of whom 6 were found to be acutely malnourished and were referred to the respective health centers. The Nutrition team continued to follow up on those children under treatment to ensure completion 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 22 evacuation centers, consisting of 480 kg of rice, 480 kg of mung beans, and 5,760 eggs.
- 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 22 evacuation centers through establishing counseling for and promotion of IYCF practices. A total of 629 mothers (67 pregnant, 236 mothers of children 0-23 months and 326 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

4,342

Medical consultations
provided through mobile
clinics

Needs:

- Three deaths of children under 5 were reported between 27 April and 3 May. The latest death was of a baby (1.5 months), who died on 3 May due to diarrheal diseases, adding to the previous two deaths from 27 and 28 April of a baby (8 months) and a child (aged 4), who died due to suspected diarrheal diseases and acute respiratory infection (ARI) in the flood-affected community in Masilidun, Tasi-Tolu. The MoH Rapid Response carried out investigations, including laboratory testing of water quality in the affected areas. The water testing revealed no contamination of E. coli and total coliform. However, the water contained high level of manganese and total dissolved solutions (TDS). The treatment of drinking water is being organized by the MoH Environmental Health Department in close coordination with the WASH Sector. The three deaths were not linked.
- 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 (PAs) 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 facilities and amongst other temporary displaced people.
- With loss of medicine and medical supplies due to the floods, there is a need to replenish emergency medical supplies.

Response:

- WHO and the Health Emergency Operations Center (HEOC) of the National Services of Ambulance and Medical Emergency (SNAEM) together with the National Health Laboratory, the Department of Environmental Health/MoH, UNICEF, AHP, HAI and PARTISIPA to conducted water testing in the flood-affected areas. Treatment of drinking water and water purification are being conducted at high-risk evacuation centers, health facilities and flood-affected communities.
- 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 together with other Health sector partners continued to conduct rapid health facility assessments in 30 healthcare facilities (government and private) in Dili. The same assessments were completed via phone calls in all hospitals and community health centers in Timor-Leste.
- 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 support Dili Municipality Health Services and other flood-affected municipalities with assessment data and report analysis, and to provide technical and logistical assistance to deliver essential health services to flood-affected children and mothers.
- UNICEF continued to provide two rental vehicles to Dili Municipality Health Services for mobile clinics, distribution of essential supplies, monitoring and supervision.
- UNICEF provided backup generator to SAMES warehouse to ensure power supply to cold room and freezer.
- UNICEF continued to support MCH department at Ministry of Health to print COVID-19 guidelines for ANC, delivery and PNC.
- UNFPA continued to provide dignity kits to evacuation centers and communities in Dili and in rural areas.
- UNFPA in collaboration with Community Health Centers and Fundasaun Alola continued to provide essential SRH and child health services such antenatal care, post-natal care, family planning counseling and breastfeeding counseling.
- HAI continued to distribute maternity packs to pregnant and breastfeeding women in evacuation centers.
- HAI midwives were on stand-by to support with mobile clinics or with health assessments.

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

2,440

People in evacuation centers benefited from 502 dignity kits

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 affect 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.
- 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. 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 sites.

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.
- Plan International, together with the Cabinet of First Lady, distributed NFIs to affected communities.
- As of 6 May 2021, UNFPA has distributed 502 dignity kits and reached 2,440 people from evacuation centers and Government institutions including MoH, Civil Protection and SYSS.
- PNTL is increasing its patrol around the evacuation centers.

Child Protection Sub-Sector

Led by MSSI 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, AIFela, 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 often 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 12 evacuation centers, so reaching over 1,000 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 package to support children's mental health during situations of crisis or instability. However, as some evacuation centers started to be closed as more people returned home, MSSl, UNICEF and Plan International conducted a closure activity in one of the CFS, while supporting the community to continue the activities by providing them with tools. Preparations for the closure of other CFS and their transition to 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 delivered 1,000 hygiene kits for children in affected communities in collaboration with the Commission on the Rights of the Child. UNICEF and MSSl continued to deliver cleaning kits, portable lamps, mother and infant kits to a total of 47 affected households. Plan International and ChildFund also delivered food and non-food items to the affected communities.
- National child protection officers (CPOs) under the MSSl, with technical assistance from UNICEF, have been supporting bereaved families and vulnerable women and children. MSSl and UNICEF plan to conduct a virtual meeting with the CPOs and GBV focal points of all municipalities to understand the situation better and discuss further actions needed.
- The Child Protection sub-sector initiated a task force for the Mental Health Psychosocial Support and specialized services, to which MSSl, UNICEF, WHO, National Hospital, PRADET, AIFela, Maluk Timor, and Nabilan program are participating.
- 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 implementing life-skills based education (LSBE) for about 200 adolescents in 10 evacuation facilities.

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:

- The EU-UN Spotlight Initiative repurposed USD 100,000 to respond to the floods through activities to be implemented by 15 CSO partners and 1 government partner. The focus of this initial assistance is on basic needs, monitoring and psychosocial support to temporary displaced people in evacuation centers and in the communities, with a particular focus on women and girls and other vulnerable groups. Assessments have taken place or are ongoing, in collaboration with local authorities. The repurposed programming will support over 4,022 people.
- 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.
- On 3 May, the GBV Sub-Sector held its second coordination meeting. DNPCC, SEII, PNTL, TLPDP and over 20 civil society partners joined the meeting and shared the response updates and identified needs for further coordination.

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:

- Despite the lockdown in Dili, volunteers continued the learning and play activities in the 8 evacuation centers. While the activities were planned for 360 children in the 8 centers, in some evacuation centers children from the surrounding, affected communities also joined the activities. The total number of children participating in the learning and play activities have therefore increased to 450.
- The learning activities are 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.
- UNICEF convened a virtual meeting of Education sector partners on 4 May to discuss challenges and next steps. It was agreed that three more evacuation centers need support with learning activities. The learning activities in the additional evacuation centers will begin the Week of 10 May.

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

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 Housing and Building Damage Assessment, which covers not only infrastructure damage but also socio-economic impact of the recent disaster.
- UNDP is preparing to roll-out the cash-for-work programme in Dili municipality, which will aim 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 Prevensaun Konflitu Komunitária (DNPKK) 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.

🚚 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 Australia brought in flood relief items such as family and hygiene kits.
- WFP organized supplementary humanitarian flight on 28 April to respond to the high demand for passenger and cargo transport during this period.
- To date, WFP has transported 246.4 MT, or 502 cubic meters, of flood relief items on behalf of Government, NGOs, and UN humanitarian partners.
- WFP provided transport services to deliver food and NFIs to evacuation centers in Dili as well as transporting food and NFIs to Viqueque.
- WFP also provided IT and other office equipment along with short-term warehouse management training to the Civil Protection warehouse staff.
- The helicopter operations coordinated by the Secretariat of State for Civil Protection continued during the reporting period to transport relief items to affected municipalities.

Gaps & Constraints:

- Information on access constraints outside of Dili.

GENERAL COORDINATION

The operational coordination of the flood response is led by the Secretariat of State for Civil Protection, who holds daily 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.

Humanitarian coordination is undertaken through the following sectors, often led/co-led by the Government line ministries, with UN and NGO sector focal points as follows:

<i>Sector</i>	<i>Sector Lead / Focal Point</i>	<i>E-mail</i>
CCCM/Emergency Shelter	Luis Pinto, IOM Cecilia McIntosh, IOM Jens Nylund, IOM	lpinto@iom.int cmcintosh@iom.int jnylund@iom.int
WASH	Apolonia Barreto, UNICEF Alvaro Ribeiro, Partisipa Ali Saikal, Partisipa	Apbarreto@unicef.org alvaro.ribeiro@partisipa.tl ali.saikal@partisipa.tl
Gender & Protection 1. GBV Sub-Group 2. Child Protection Sub-Group	Wai Shan (Flora) Chan, UN Women Gizela Moniz Da Silva, UNICEF Katya Castillo, UNFPA Gizela Moniz Da Silva & Paula Vargas, UNICEF	Wai.Chan@unwomen.org gmdasilva@unicef.org kcastillo@unfpa.org gmdasilva@unicef.org p Vargas@unicef.org
Food Security	Ash Rogers, WFP Benjamin Banda, WFP Paula Lopes da Cruz, FAO Annie Sloman, Oxfam	Ash.Rogers@wfp.org Benjamin.Banda@wfp.org Paula.LopesdaCruz@fao.org annies@oxfam.org.au
Nutrition	Faraja Chiwile, UNICEF	fchiwile@unicef.org
Health	Luis dos Reis, WHO	reisl@who.int
Education	Ameena Mohamed Didi, UNICEF Fatima Soares, Plan International	amdidi@unicef.org Fatima.Soares@plan-international.org
Livelihoods / Early Recovery	Lazima Onta Bhatta, UNDP Youngchan Kim, UNDP Domingos (Leqsi) Siga Maria, UNDP	lazima.ontabhattacha@undp.org youngchan.kim@undp.org domingos.sigamaria@undp.org
Emergency Logistics	Louis Boshoff	louis.boshoff@wfp.org

Sector coordination meetings are being held. 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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