



**Australian
Red Cross**



Double Disaster:

a case study of the local
Timor-Leste Red Cross (CVTL)
response to the 2021 floods
during COVID-19

March 2022



CVTL providing support to families affected by floods and evacuated to Dom-Bosco hall in Comoro. Josafat de Araujo



CVTL staff wading through flood waters in Tasi Tolu, Dili on 4 April 2021. Constancao Neves

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Cover photo: CVTL staff wading through flood waters in Tasi Tolu, Dili on 4 April 2021. Constancio Neves

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Executive Summary

In April 2021, Timor-Leste faced a 'double disaster.' As community transmission of COVID-19 increased, major flooding devastated Dili and other parts of the country. It was the most serious humanitarian crisis the country had faced in over fifteen years.



CVTL National and Branch Disaster Response team meet a family affected by floods during an assessment in Tasitolu-Dili, 4 April 2021. Sildonia Pereira

Cruz Vermelha de Timor-Leste (CVTL) responded to both disasters, mobilising staff in its national and municipal branches and its volunteer network. It worked closely with the Government of Timor-Leste, civil society and international humanitarian organisations.

This case study has two purposes. Firstly, it documents the CVTL disaster response and identifies key lessons learned. Secondly, it examines the approach to "localisation" taken by its partner, the Australian Red Cross (ARC), and how this affected the response.

The case study is the work of two independent consultants – one of whom is a Tetun-speaking resident of Dili. They conducted a review of internal and external documents and interviewed 38 key informants, including CVTL staff and volunteers, government officials, and staff from NGOs, ARC and the International Federation of Red Cross and Red Crescent Societies (IFRC). The preparation of the case study was significantly disrupted by the national outbreak of the COVID-19 Delta variant in August 2021 and the considerable strain this placed on CVTL staff in the following months.

CVTL's Disaster Response

From March 2020, CVTL was an active government partner in preparing for the COVID-19 pandemic. More than 200 volunteers and 120 staff were involved in a national public education campaign on the risks of COVID-19 and how to minimise them, as well as vaccine promotion. As part of the government's State of Emergency measures, it set up checkpoints at municipality boundaries and opened COVID-19 isolation centres. CVTL provided tents at checkpoints for health screening and hand-washing facilities as well as deploying 34 volunteer doctors and nurses to support the government's efforts.

CVTL was one of the first responders in the April floods. Its staff and volunteers evacuated flood-affected families and established and managed seven evacuation centres. It distributed emergency relief, such as tarpaulins, family kits and hygiene kits, using its own contingency stocks, and items provided by donors or other partners. It constructed latrines and washing facilities and continued to support the displaced population until the majority could return to their homes.

Findings

CVTL's role in both COVID-19 mitigation measures and the flood disaster has been widely praised. The speed of its flood response was remarkable: volunteers and staff were in affected communities, assisting with evacuations, within hours of the disaster.

CVTL's network of volunteers, trained in first aid and aspects of disaster management, is one of its main advantages. Volunteers live in the communities they serve, and their commitment and hard work are remarkable. For instance, to assist displaced families, volunteers remained in the evacuation centres for a week at a time to reduce the risk of spreading COVID-19.

Volunteers are usually young, often school leavers, which may be a reason for the high turnover. The training they receive at CVTL enables them to obtain paid employment in addition to other opportunities. Building the capacity of volunteers is, therefore, a continuous task.

With a branch in each of Timor-Leste's 13 municipalities, CVTL demonstrated its ability to

deliver a national response. The events of 2021 showed staff and volunteers working closely with local government and communities across the country.

CVTL coordinators were important and respected actors in the evolving coordination mechanisms that oversaw the response. CVTL's "auxiliary to government" status was an important success factor: it is known and trusted by the government and has a mandate to respond immediately while other humanitarian agencies had to seek approval for activities.

CVTL is a respected government partner and well regarded for its role in the humanitarian response. Some observers asked whether CVTL could use its position for more strategic and effective advocacy to influence humanitarian policy and practice.

Although feedback from case-study interviewees was overwhelmingly positive, they noted some areas for improvement. CVTL made significant efforts to provide for vulnerable groups, particularly the elderly and pregnant and breastfeeding women. Its youth program organised a range of activities to engage children and young people in the evacuation centres. However, stakeholders emphasised strengthening CVTL's approach to addressing the needs of women in disasters and its inclusion of people living with disability. Since the disaster, CVTL has developed a Protection, Gender and Inclusion Action Plan and a related working group. It is important to continue these efforts and look for ways to partner with disability organisations.

ARC invested in researching a more appropriate model of localisation for small Pacific island states, which, since 2019, has guided its support for CVTL. It is based on the provision of core funds and partner-driven technical support, rather than project-based finance. It was broadly successful during the flood response, helped by strong collegial support from the International Federation of Red Cross Red Crescent Country Cluster Delegation who provide technical, financial and governance assistance through staff based in Dili and via the Country Cluster Team (CCT) office in Jakarta; as well as other movement partners including New Zealand Red Cross and the International Committee of the Red Cross.

CVTL made the key decisions in its disaster response. However, some key informants questioned whether it took on too much, perhaps as a result of government requests, or the interest and support from a multitude of donors.

CVTL identified weaknesses in its own programming and requested appropriate technical support, most notably to incorporate gender into its response. It also made use of the Red Cross Red Crescent Movement (the Movement)'s expertise in shelter and shelter coordination.

Red Cross partners were successful in negotiating flexible funding for the disaster response, which undoubtedly helped CVTL's speed and effectiveness. The launch of the External Relations Department as part of the localisation process is regarded as a success in enabling CVTL to manage its own donor relations.

However, ARC should recognise that the timescale for localisation may need to be longer than it envisaged. CVTL was still incorporating the new model when the two major disasters occurred. Its most experienced international advisors had departed and it was undergoing complex leadership transition. It is a credit to its staff that it managed to respond effectively and on a national scale, but it has undoubtedly placed a huge burden on those involved.

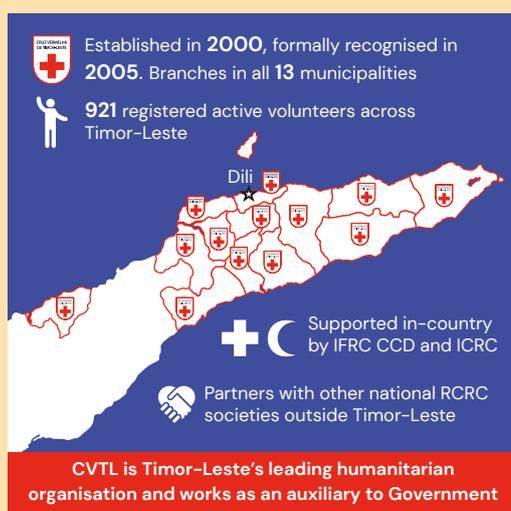
While CVTL accepts the concept of localisation, not everyone fully understands how it works. Some

staff members have asked for more mentorship and capacity building through delegates, and for further project funding. It is important that local organisations own the localisation process and understand its implications. "Top-down localisation" must be avoided.

CVTL needs to clarify and potentially revise the priorities of its strategic plan, both to focus future investment and to ensure that government or donor agendas do not overstretch the organisation. It is a process in which National Society partners can offer advice. Any review should address investment in CVTL's under-resourced branches and the volunteer network that sustains them. Both are an important part of any truly localised approach.

CVTL's partners can provide technical assistance for its monitoring and evaluation, and financial and narrative reporting capacity, which is struggling to deal with the influx of flood-related funding. This will involve the Finance, Disaster Management, Health and External Relations Departments which need support to ensure proper accountability and to retain the engagement of donors.

Red Cross Red Crescent Movement (the Movement) in Timor Leste



Cruz Vermelha de Timor-Leste (known as CVTL) is the Red Cross of Timor-Leste. It was established in 2000 to address the needs of vulnerable people and to provide emergency response. It is formally recognised by the Timor-Leste Government in a Decree Law (2005) which also protects use of its emblem. In 2005 CVTL was recognised as the 183rd member of the Movement. CVTL is Timor-Leste's leading humanitarian organisation and works as an auxiliary to Government in emergency response and for vulnerable communities within Timor-Leste. It has branches in all 13 municipalities and operates programmes nationally.

CVTL has 921 registered active volunteers across the country all municipalities. The volunteer base and presence throughout Timor-Leste means CVTL is able to reach the most remote and vulnerable communities helping to build resilience and provide humanitarian services in the areas of health, livelihoods, environmental protection, food security, water and sanitation and disaster management.

CVTL is supported in country by the International Federation of Red Cross and Red Crescent Societies Country Cluster Delegation (IFRC CCD) and the International Committee of the Red Cross (ICRC). From outside Timor-Leste a number of other national Red Cross Red Crescent societies partner with CVTL, including the Japanese, Indonesian, Australian, New Zealand, Korean, Thailand, Singapore, Italian and American Red Cross societies, and the government of Timor-Leste.

1. Introduction

Timor-Leste avoided the worst effects of the global COVID-19 pandemic in 2020. Until February 2021, Timorese government movement restrictions¹ had kept the number of COVID-19 cases to below 100.

However, this changed rapidly in early 2021. Local transmission first occurred towards the end of February and, from 9 March, the government imposed containment measures in Dili and other areas as case numbers steadily rose. By 25 March, the country had 257 active cases, bringing the total to 399.² The challenge of responding to the outbreak became much greater when a second disaster occurred. Continual rain at the end of March caused flooding and landslides in the southeast of the country. Over the Easter weekend (3 to 4 April) torrential rain accompanying Tropical Cyclone Seroja inundated many areas, with devastation in low-lying Dili the most severe. At least 32 people died and over 30,300 households were affected. More than 80 percent of households were in Dili where 14,181 people sought refuge in 53 evacuation centres (see Annex 3). Following the floods, there was a rapid rise in COVID-19 cases. Despite attempts to control the spread of disease, by 30 May Timor-Leste had registered 16 deaths and accumulated almost 7,000 cases.³ In early August, the Delta COVID-19 variant arrived. By 28 August, the Delta incidence rate in Dili was 60.6 per 100,000.⁴

The colliding disasters have exacerbated economic hardship for many communities. With food insecurity and household hunger already at concerning levels, the double disaster risks reversing two decades of development progress and pushing more people below the poverty line. WFP estimates that 50,000 flood-affected people – 4 percent of the population – will need continuing humanitarian assistance into the middle of 2022.⁵

Cruz Vermelha de Timor-Leste (CVTL) played a significant role in the response to both disasters. It received financial and technical support from Red Cross partners and other institutional, corporate and individual donors. The Australian Red Cross (ARC), with funds from the Australian Department of Foreign Affairs and Trade (DFAT), has been a major donor for the response programs.



2021 DOUBLE DISASTER



Feb 2021: COVID-19 first local transmission



9 Mar: Government imposed containment measures introduced



25 Mar: 257 active cases



End Mar: Continual rain causes flooding/landslides



Easter wkend: Torrential rain accompanying TC Seroja:



30+ people die



30,300+ households affected



Map of affected areas. Source: "Diaspora Organizations and Their Humanitarian Response in Timor-Leste." Danish Refugee Council. September 2021.



30 May: 16 deaths from COVID-19 and almost 7000 cases



Early August: Delta COVID-19 variant arrives



28 August: Delta incidence rate in Dili 60.6 per 100,000

1 28 March, 2020: the government approved the first State of Emergency to enable border closures, and enforce quarantine and movement restrictions (renewed monthly).

2 Lusa (25 March, 2021). 'Timor-Leste registers 22 new cases in 24 hours'.

3 GovTL, Ministry of Health data, 30 May, 2021.

4 GovTL, Integrated Crisis Management Centre: Press Release, 28 August, 2021.

5 WFP (2021). <https://www.wfp.org/publications/wfp-timor-leste-food-security-assessment-look-impact-cyclone-seroja-times-covid-19>

1.1 The Purpose of the Case Study

This case study, commissioned by ARC, was conducted in close collaboration with CVTL. It has a dual purpose. First, it documents the main aspects of CVTL's response to the 'double disaster' and identifies key lessons. Second, it provides analysis of how ARC's approach to localisation has affected the response.

Since the Global Humanitarian Summit in Istanbul (2016) and the agreement of *the Grand Bargain*,⁶ international humanitarian agencies have focused intensively on the localisation of disaster responses. In 2017, ARC contracted research to define an appropriate model of localisation for the Pacific context, *"Going Local Achieving a more appropriate and fit for purpose humanitarian ecosystem in the Pacific."*⁷ This defines localisation as:

*"a process of recognising, respecting and strengthening the independence of leadership and decision making by national actors in humanitarian action, in order to better address the needs of affected populations."*⁸

Going Local further characterises the process in the following terms.

LOCALISED HUMANITARIAN ACTION...

-  ... is led by national actors at all levels of society, with leadership encompassing the decision-making and ownership of the response
-  ... builds on and strengthens local and traditional practices and people
-  ... maximizes the potential of national and regional capacity before requesting international support
-  ... may engage international resources but retains control over when, how and where they are engaged
-  ... may request international actors to take a supporting role in alignment with national and local priorities
-  ... is directed by nationally appropriate tools, systems and processes⁹

This 2017 research was the impetus for a fundamental redesign of ARC's International Programs (IP) and continues to guide the ARC partnership with DFAT, relationships with Movement partners, and other stakeholders, and the approach to ARC work in the region.

The goal of ARC's revised model is: *"Stronger, more resilient communities with increased capacity to prepare for, anticipate, respond to and recover from disasters and crises."* To attain this goal ARC provides core operating costs, rather than specific project funding, and supports institutional strengthening and technical assistance in disaster risk management, focusing on protection, gender and inclusion, shelter, emergency health and water, sanitation and hygiene (WASH). The model also supports influencing and advocacy.¹⁰

This approach also means that humanitarian action should be 'as local as possible, as international as necessary'. For the global Movement, localisation is also about complementarity – where this is a fit-for-purpose balance between local and international action to maximise effectiveness of humanitarian response – taking a longer-term perspective, rather than a point-in-time assessment.

ARC's long-term partnership with CVTL and the occurrence of Timor-Leste's two biggest disasters since 2006's political unrest provide an opportunity to reflect on how ARC's new approach has worked in practice.

The case study begins by outlining the methodology used and summarises CVTL's response to the 'double disaster'. It then uses the framework for assessing localisation developed by the Humanitarian Advisory Group and the Pacific Island Association of Non-Governmental Organisations (PIANGO)¹¹ and addresses each of the seven identified criteria. It concludes with some reflections on localisation based on this analysis.

6 [Grand Bargain Document \(interagencystandingcommittee.org\)](https://interagencystandingcommittee.org/).

7 [ARC-Localisation-report-Electronic-301017.pdf.aspx \(reddcross.org.au\)](https://www.reddcross.org.au/arc-localisation-report-electronic-301017.pdf.aspx), October, 2017.

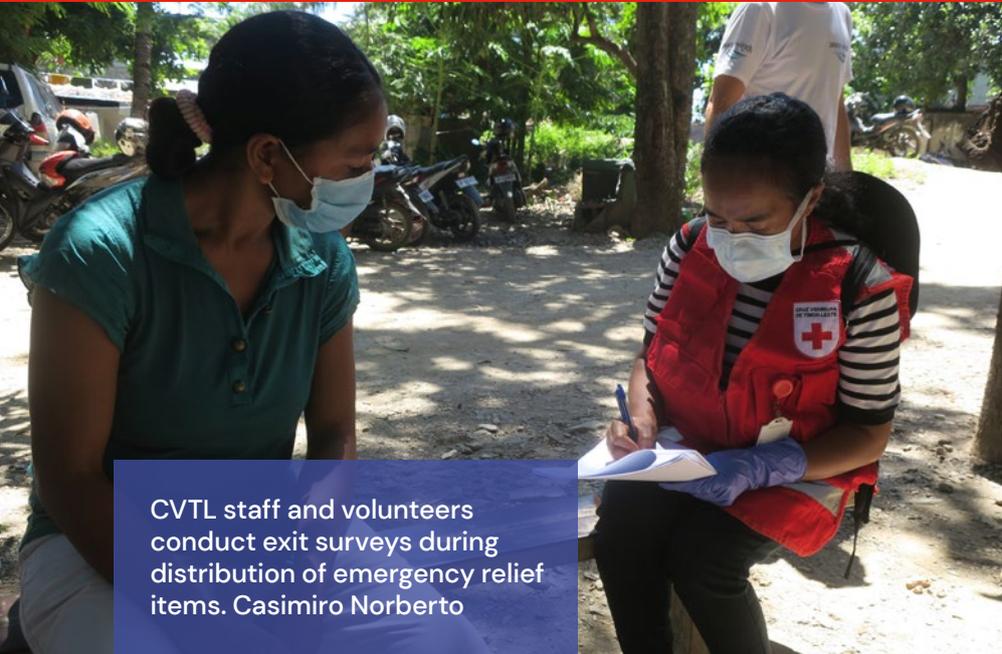
8 Op cit p. 4.

9 Op.cit.p. 5.

10 ARC International Program Model, 2019-2024.

11 [Measuring Localisation: Framework and tools - Humanitarian Advisory Group](#).

2. Methodology



CVTL staff and volunteers conduct exit surveys during distribution of emergency relief items. Casimiro Norberto



ARC proposed the case study while the flood response was underway in May 2021, and CVTL took part in discussions on its aims and implementation. However, from July 2021, the Delta variant of COVID-19 spread widely in Timor-Leste and the resulting work pressure on CVTL caused inevitable delays in developing the case study. Initially, case-study planning included more extensive fieldwork involving disaster-affected communities and sub-national actors, but restrictions on movement made this impossible. The COVID-19 pandemic has placed significant constraints on the case study.

Two international consultants – one Australia based and one Tetun speaker¹² based in Dili – conducted the case study research.

CVTL and ARC provided relevant documents, complemented by a review of external sources related to the disasters. The case study is based on 38 semi-structured interviews from lists proposed by CVTL and ARC, using a questionnaire as a guide. Interviewees included current and former staff from CVTL, ARC, the New Zealand Red Cross (NZRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC) Country Cluster Delegation. External interviews included government and embassy officials, and staff from other agencies involved in the humanitarian response. (See Annex 4 for details.)

Most interviews were conducted remotely using Zoom, Teams or similar technologies. The Timor-based consultant facilitated interviews with Timorese stakeholders and conducted face-to-face interviews with non-English speakers.

The research team provided regular updates to ARC and presented initial findings to CVTL at the conclusion of interviews.

¹² Tetun, the national language of Timor-Leste, is one of two official languages with Portuguese. Indonesian and English are the working languages.

3. The CVTL Response



A CVTL professional health volunteer conducts temperature screening of volunteers. Casimiro Norberto

From March 2020, CVTL's health department assisted the Ministry of Health in COVID-19 infection prevention and control. It trained and mobilised 200 volunteers and deployed 34 volunteer health professionals and 120 staff for risk communication and community engagement activities. The initial focus was on villages along the border with Indonesia where CVTL trained local leaders in community surveillance. In June 2020, the government publically recognised CVTL's role in national COVID-19 prevention.¹³ Volunteers shared information door-to-door, broadcast key COVID-safe messages via megaphone and radio, and distributed posters. CVTL's medical volunteers provided health care at quarantine facilities, while youth volunteers sprayed disinfectant at government sanitary-fence checkpoints and in public buildings. CVTL staff erected tents at emergency service and entry points and set up hand-washing facilities outside clinics and other public institutions throughout the country.

Following the April flood disaster, CVTL's response expanded dramatically. National disaster operations involved 23 staff and 74 volunteers – they were often with the first responders, working with the communities themselves and the police,

to evacuate people from flood-affected areas and establish one of the first evacuation centres at CVTL's headquarters. The disaster management (DM) department managed seven of Dili's evacuation centres, which supported over 10,800 people (2,327 households).

To reduce the risk of COVID-19 transmission, volunteers stayed in the centres alongside the displaced people. They assisted with preparing and distributing food, and provided a range of non-food items including kits for families and babies,¹⁴ shelter materials, seeds and tools. In addition, CVTL's youth program supported almost 1,000 children organising sport, teaching, music and art activities. The DM department coordinated volunteers to collect data and conduct needs assessments in the affected communities. The health team shared information on COVID-19 prevention and hygiene at the centres. CVTL constructed toilets and set up hand-washing facilities for evacuees.

CVTL has branches in each of Timor-Leste's 13 municipalities and every branch maintains a contingency stock of essential relief items. This enabled a truly national response, providing support through its volunteer network in all flood-affected municipalities.

¹³ The Timorese government via the Integrated Crisis Management Centre recognised CVTL for its participation in COVID prevention activities on 30 June, presenting a certificate to the Health Department.

¹⁴ Family kit items: tarpaulin, blanket, sleeping mat, plastic jerry can, saucepan, small wok, plates, spoons, large bowl, and a women's sanitary pack ; baby kit items: soap, shampoo, baby oil, baby wrap, tee shirt, shorts, mittens, sleeping mat and a mosquito net.

4. Findings

The study has adopted seven key indicators of locally led response: partnership; leadership; coordination and complementarity; participation; policy, influence and advocacy; capacity; and funding. These were first identified in the Humanitarian Advisory group report: Measuring Localisation: Framework and Tools (2019).¹⁵



Partnership



Leadership



Coordination and complementarity



Participation



Policy, influence and advocacy



Capacity



Funding



Timor-Leste Red Cross volunteers clean wells dirty from flooding. Casimiro Norberto

¹⁵ <https://humanitarianadvisorygroup.org/insight/measuring-localisation-framework-and-tools/>



4.1 Partnerships

Localisation indicator: *Equitable and complementary partnerships between local, national and international actors*



The Timor–Leste Red Cross and partners distribute emergency food assistance to families of victims of natural disasters. Filomeno Araujo

- **Good ongoing relations between the Movement actors have been the basis for a strong humanitarian response.**

The Movement collaboration in Timor–Leste is strong and there appears to be a high level of trust between the principal partners. It is a small country with relatively few National Societies involved, so it is possible to reach agreement quickly and effectively. The main stakeholders – CVTL, IFRC, ARC and NZRC – hold monthly coordination meetings. Arguably, the relatively small group of National Societies reflects a significant challenge: interest in Timor programs can be overshadowed by those in Indonesia and other parts of the region. It can be “*exceedingly difficult*” to secure funds as a result.

However, having a small–group partnership did not prevent a rapid response to the flood response. One CVTL leader noted: “*Quick support from the Movement made us confident*” and both IFRC and ARC ensured that funding for the initial phase of the response was available almost immediately.

- **CVTL’s ‘auxiliary to government’ role has been a key success factor, but it is important that this role is carefully defined to ensure that it is both manageable and independent.**

During the COVID–19 and flood responses, CVTL worked closely and cooperatively with the Government of Timor–Leste and its support was praised by the government stakeholders interviewed. The government recognises the importance of CVTL’s role by providing it with direct funding. This collaboration had obvious benefits. One observer said that CVTL’s profile “*had gained immeasurably*” and a CVTL staff member expressed pride that in working with the government “*we are all in the same team.*” An INGO leader commented:

— **“We had to wait for government permission to respond: CVTL already had the permission.”**

Some stakeholders expressed disquiet at the lack of clarity in relation to CVTL’s relationship with the government. One stakeholder felt that the concept of ‘auxiliary to government’ was not well understood: “*there are no clear definitions*” to guide CVTL or the government currently. This is clearly a challenge and an opportunity for CVTL and the Timor–Leste Government to clarify and strategically define the auxiliary status of the national society. “*The government...looked to CVTL*” said one interviewee. CVTL “*was reluctant to say no to government,*” said another. A local government representative at CVTL’s lessons–learned workshop is quoted as saying “*local government... trusts CVTL on leading the operation*” which indicates that roles need to be better defined. When asked about expectations for future disasters it is clear that on the basis of its performance in the COVID–19 and flood response, government stakeholders expect CVTL to have an even larger role in future: “*For any disaster in the future, we... will ask for CVTL’s help again.*”

Closeness to government could also compromise the independence of CVTL “*I was very worried that our decisions would reflect government policy*” said one CVTL representative.

- **Partnerships for localisation need broadening to optimise the role of other Red Cross partners and NGOs.**

Effective localisation should involve multiple partners, not just the CVTL and its main funders. In 2020 the Indonesian Red Cross Society (Palang Merah Indonesia – PMI) and CVTL signed a five-year agreement for peer-to-peer support, but it can potentially become an even more important partner in developing humanitarian capacity. It is a much larger organisation with strong humanitarian response and logistics capacity based on practical experience of multiple disasters. Bahasa Indonesia is widely understood in Timor-Leste, which is an asset for training and mentoring. PMI provided personal protective equipment to CVTL during the COVID-19 response and helped by providing specifications for key relief items. PMI's potential role should be further explored. *“There are some major possibilities,”* said one interviewee. This is starting to occur: for example, capacity building on

cash-based relief – a priority identified in CVTL's post-disaster learning event – is already envisaged.

Other National Societies may also be able to support CVTL. One CVTL manager mentioned the Red Cross South-East Asia Leadership Network: *“I learned a lot from this; they face problems like us.”*

Another interviewee thought that CVTL should link with INGOs in Timor-Leste, which are also undergoing localisation, as a source of support.

- **CVTL is well placed to develop private sector partnerships based on support received during the flood response.**

CVTL has secured funding from a range of private sector organisations as part of its disaster response. These include SANTOS, Woodside Energy, Osaka Gas, ANZ, and the Commercial Bank of Timor-Leste. If these relationships are well managed, they offer the potential for longer-term partnerships.



The CVTL Disaster Response Team loading food for distribution to flood affected communities on 4 April 2021. Filomeno Araujo

Manuel's story, 3-4 April

Manuel* lives with his wife and two children.



CVTL staff talk to Manuel and his family.
Acacio Barros

"It had been raining all day and into the night. We didn't know how long it would continue. At midnight I went to sleep as if it was normal rain but my wife didn't. At 1 am my neighbours started shouting, "the water's coming in to the houses!" and it was up to their windows. We tried to get everything up high, onto chairs and the table, and to save all our documents. We tried to stop the water coming under the door but we couldn't. Very quickly, the water was up to my neck, and it kept coming in stronger and higher. My kids starting shouting "save our Dad, please, save our Dad". I climbed up onto the motorbike to save myself, but the water was like a sea around us.

I thought the water was going to kill me. It was up to my neck and I just wanted to save my kids and my wife. I managed to save my laptop. A friend came into the house and he pulled me through the water as all I could do was to swim. Then two friends lifted me up and took me to a neighbour's house out of the water.

*name changed for privacy reasons

**Ra'es Hadomi Timor Oan (National Disabled Person's Organisation in Timor-Leste)

*At 5 am, RHTO** director Joazito rang to check how I was. I told him I was coping but that we were surrounded by water. At 6 am Joazito wanted to come and pick us up. He came in the RHTO car but the water was still coming faster and higher: houses were crashing down, breaking.*

CVTL came with the vice minister for education, but the water knocked him over. My wife, kids and I were saved by a team that included CVTL. They took us to Dom Bosco camp, where we stayed for two days. Then we moved to a camp in a nearby school. After that I went back to the office to join the ADTL (Association for People with Disabilities, an umbrella organisation) group working on a proposal to receive assistance for our disabled community from the Ministry of Social Solidarity. We managed to get COVID-related materials and food items for disabled people and their families."

4.2 Leadership

Localisation Indicator: *National actors define and lead on humanitarian action*



CVTL National and Branch Disaster Response team meet a family affected by floods during an assessment in Tasitolu-Dili, 4 April 2021. Sildonia Pereira

- **CVTL needs to develop a strong cadre of leaders – not just individuals – both at national and branch level to respond effectively to disasters.**

External informants consulted during the case study have consistently praised the leadership of CVTL coordinators during the disaster and the prominent role played by the CVTL President. This is remarkable given that the key management position of Secretary General (SG) was in transition throughout the response. The previous SG stepped down in 2019 and an interim was appointed sometime later. The permanent replacement took up the position in October 2021.

The coordinators were prominent in disaster coordination meetings and not afraid to challenge international agencies when necessary.

One interviewee said: “CVTL was pretty much involved in everything – damage and needs assessments, evacuation, establishing camps, coordination... Its name is always mentioned.”

CVTL needs to reflect on how its departments, branches and leaders can work together most effectively. A manager involved in the flood response said:

“...the Disaster Management team carried the biggest load of work. We needed to spread the load better across the departments as the disaster was too big for us to cope with. To have a stronger disaster response, all the departments needed to be involved.”

CVTL now has an established team and an experienced SG with a strong humanitarian background. It has an opportunity to develop a strong leadership team with linkages to its 13 branches.

- **Stronger planning will enable CVTL to set its own agenda.**

CVTL's strategic plan was described as *"based on projects"* and encompasses a wide range of activities. There is a perceived risk that it may follow the agendas of donors or the Government of Timor-Leste without a clear plan of its own. One interviewee commented:

"They are juggling a lot of things. Maybe they should reduce the scope of their work... What scale do they want to be? What is their core role?"

This observation is certainly relevant to CVTL's role in disaster response. The COVID-19 and flood responses have highlighted an enormous range of unmet humanitarian needs in Timor-Leste. CVTL's success in responding to these crises means that the government and other stakeholders expressed increasing expectations of what it can do in terms of preparedness and responding to future disasters. This prominent role also has attracted support from diverse donors, which could tempt CVTL to over-commit or to become donor-driven, unless it has a robust, well understood and executed strategy.

- **The careful and timely provision of technical support can empower local leadership.**

As mentioned in section 4 above, demand-driven technical support for gender in emergencies has enabled CVTL to develop its own leadership in this area. It has also emerged as a leader in the shelter cluster. CARE International and International Organization for Migration (IOM) were co-leads of the shelter cluster but, as IFRC is the global convenor for shelter in natural disasters, it was able to provide support. The advisor noted that *"I sat through whole meetings in Tetun, which I didn't understand, but it was important to be there."* The purpose of his involvement was to act as a resource for Timorese actors, not to drive a separate agenda.

Technical support was provided to the cluster, not solely to CVTL, but this clearly enhanced CVTL's role in the group. Practical results included repurposing an existing CVTL manual in Tetun as

the basis of shelter interventions. *"CVTL has a fantastic little manual for shelter in high winds; we built on this"* noted an NGO manager. In November 2021, CVTL was proposed as shelter lead. Another NGO manager involved in the decision said: *"CVTL is the right agency – they have year-round activities."*

Much remains to be done. The coordinating group should reflect on lessons learned in the response and prepare for future disasters, but CVTL is well placed to participate if it has the resources.



A CVTL team organizing the distribution of family kits during the flood disaster of April 2021. Casimiro Norberto



4.3 Coordination and Complementarity

Localisation indicator: Application of and respect for commonly agreed approaches to 'as local as possible and as international as necessary'



The Timor Leste Red Cross provides basic food assistance to families of victims of natural disasters, rice, oil, instant noodles. Casimiro Norberto

- **Disaster coordination in Timor-Leste has been locally led but inconsistent; adaptive skills have been important in ensuring positive outcomes.**

Inter-agency coordination was complex during the period of the COVID-19 and flood disaster. Responsibility for coordination moved from the Ministry of Social Solidarity and Inclusion to the State Secretariat of Civil Protection in 2019. Clusters or sectoral groups have functioned at different levels – from the Emergency Health Cluster Coordination Group which has met regularly, maintains contact lists, organises training and has regular wet season preparedness sessions – to other groups which have an irregular and tentative existence. The shelter group for example, was “an organic working group developed by participants on the ground.”

Coordination was hampered by the fact that the government did not formerly activate the cluster system. Following the floods, there was a considerable inter-agency effort to provide a joint needs assessment, but it was never finalised. “Co-ordination was chaotic for the first three to four weeks” noted one observer.

However, the State Secretariat of Civil Protection did initially convene daily coordination meetings at

which all sectors reported on activities. Gradually, sectoral meetings were initiated as the response progressed. Stakeholders described CVTL as a prominent participant in these activities.

The government organises disaster simulations every two to three years. Another is planned for 2022, which should be an opportunity for stronger collaboration.

- **There is a need for ongoing support for humanitarian coordination mechanisms in Timor-Leste, not just during a disaster response.**

The experience outlined above indicates that coordination mechanisms are not yet strong enough and that significant improvements are required in readiness for the next disaster. While leadership on coordination must come from the government, there is much that other humanitarian organisations could do to support the clusters to fulfil their essential functions.¹⁶

Despite some successes during the response, one observer of the shelter cluster emphasised the need for further support: “There were a lot of red flags where difficult issues were exposed but we don’t follow up... There’s no action on coordination anymore.”

- **Investment in external relations capacity has been an important enabler of a localised response, providing the ability to respond to stakeholders without disrupting program functions.**

As ARC withdrew international delegates, part of its localisation process, it supported the appointment of an External Relations Coordinator from October 2019. This has proved successful in supporting CVTL engagement with the Movement, donors and other stakeholders. One interviewee spoke of “a huge improvement in communications since the External Relations Department was set up.”

¹⁶ See: IASC Cluster Coordination Module, 2015 which include six core functions of country clusters; Reference Module for Cluster Coordination at Country Level (revised July, 2015).pdf (interagencystandingcommittee.org)



4.4 Participation

Localisation indicator: *Communities lead and participate in humanitarian response*



Timor-Leste volunteers visit villages to support people with important information on Health and hygiene so they can protect themselves and their loved ones from COVID-19.
Casimiro Norberto

- **CVTL's volunteer network is a major humanitarian asset which not only benefits CVTL itself, but also government, multilateral and NGO responders.**

Participants in the case study were unanimous in their praise for the role CVTL volunteers played in the response to COVID-19 and the floods:

“Volunteers are the heart of the organisation. They have the passion to do the work, to help vulnerable people... Sometimes they worked until midnight.”

The volunteers' commitment is shown by the way they responded to the flood response at a time when COVID-19 was a serious risk. Teams of volunteers remained in evacuation centres for a week at a time to limit movement in and out of the centres and reduce the risk of spreading the disease.

Volunteers receive training for their roles, including in key aspects of disaster management such as evacuations, first aid, relief distribution and needs assessment. CVTL also recruits skilled volunteers. During the COVID-19 response CVTL recruited 24 doctors and 8 nurses: they provided training

in PPE usage and conducting swab tests. They set up tents, border entry points and isolation sites. *“The Ministry of Health are relying heavily on the strength of CVTL on the ground,”* said one informant.

An interview with a volunteer youth coordinator from CVTL's Likisa branch demonstrated volunteer enthusiasm and that the role with CVTL may lead to other work opportunities:

“When the community is affected by big problems, such as a disaster, and CVTL volunteers help, people are really appreciative and happy. I feel really good about that, it's hugely inspiring and makes me want to continue working... volunteers are the foundation of CVTL and I'm really happy to volunteer because during that time, it's like going to school. I can learn and share and work as a humanitarian volunteer for the community.”

He added: *“I work as a volunteer because one day I may have paid work and I'll accept that. We can say money isn't important but everything costs money.”*

On the website of the Australian Humanitarian Partnership Disaster Ready Program, all of the participating NGOs cite CVTL as a partner. CVTL's country network of volunteers with disaster management skills is a primary reason.

- **The network, however, needs constant management, including recruitment and training, to maintain its efficacy due to the high volunteer turnover.**

The CVTL volunteer network is not a static group, however. Typically, volunteers are young – mostly under 25. They are frequently school or even university graduates who have limited employment opportunities in Timor-Leste. Volunteering is a way of gaining practical work experience which may lead to paid employment with the government, NGOs or other organisations. Volunteer turnover is high, so training and skills development must be regarded as a continuous activity. One informant involved in health services said:

“Once volunteers have received training, they often leave to work for other organisations.... CVTL needs a good plan so it doesn't lose its capacity to serve by replacing those who leave with sufficiently trained people, especially to work with the government where skills are lacking.”

- **CVTL's subnational structures are a major comparative advantage and require further investment and support, especially in partnership with local government authorities.**

CVTL's branches in each municipality are a major strength, giving it a national reach, which other humanitarian organisations do not have. They are important in providing support to under-resourced local government structures and provide CVTL with concrete connections to the communities they serve. However, the branches are often under-resourced and lack skilled staff, especially with disaster management experience. If localisation aspires to be *“as local as possible”* this should be addressed.

- **CVTL has made notable attempts to support gender, protection and social inclusion during the disaster response but needs a stronger focus and resources allocated in this area.**

CVTL has some women in leadership positions, including its president and the disaster management and external relations coordinators; however, they are just two of the eight coordinator positions. CVTL also has identified focal points for gender, child protection and people with disability, although the resourcing and prioritising of these roles is lacking. During the disaster response, CVTL collected and presented disaggregated data, identifying people with disability, pregnant and breastfeeding mothers, and the elderly. CVTL has also made some program interventions which address the needs of these groups, distributing items for babies and for women's hygiene. A government official said:

“We had problems at the UNTL campus at Hera... as there were over 200 women and no clean water – particularly a problem for female and child hygiene. What I asked CVTL to provide was a system for clean water – they took it there and everyone used it.”

However, CVTL recognises that it needs to do more. One informant displaced to an evacuation centre said that there should have been better support for pregnant and breastfeeding women, and provisions for their safety. One interviewee noted:

“...Interviews and discussions with women found that the toilets weren't safe as there was no lighting. There was nowhere for them to change. They had no change of underwear or way of washing themselves privately.”

CVTL requested gender mainstreaming in disaster management training and has established an action plan and a working group to address this.

Representatives of a disability organisation recognised the important work that CVTL did as part of the relief effort,¹⁷ but was critical of its approach to people with disability. CVTL does not appear to have staff with disabilities or strong links with disability organisations (with the exception of the Covalima Branch). Staff and volunteers appeared to lack the necessary training. Facilities at the evacuation centre outside the Dom Bosco training centre were not accessible to people with disability. CVTL's Disability Focal Point emphasised CVTL's lack of equipment (e.g. crutches, wheelchairs).

¹⁷ One informant was rescued with his family from his flooded home by a team including CVTL staff and volunteers.

Giving birth after the flood



CVTL's Agapito da Silva gives clothing to Carla at the Timorese Red Cross headquarters, Dili. Guido Ferreira

On the evening of 11 April, Carla felt the first labour contractions as she lay on a mattress in the evacuation centre outside CVTL's Dili headquarters. Twenty-four-year-old Carla and her family were staying in the centre after Tropical Cyclone Seroja lashed Timor-Leste over the Easter weekend (3–4 April), killing at least 40 people and causing extensive flooding and landslides across the island of Timor.

"I felt safe at CVTL as it is close to a clinic," says Carla. Just over two hours after CVTL staff drove Carla to the clinic that evening, baby Zebrano was born. Not long after, her husband Jose (28) met his newborn son. The couple recalls their mixed emotions. Jose, smiling, remembers hearing the news: *"Water swept everything out of our house, but I was happy as our baby arrived, and in an evacuation centre!"*

"I am happy that the baby was born normally but sad as well with this situation. But no more about that!" Carla asserts stoically. After baby Zebrano's return to the evacuation centre, he received a baby blanket, nappies, clothes and other items from CVTL's disaster response supplies.

Recalling their experience of the flood, Carla at the time was counting down the days to deliver her baby, shivers with the memory, *"We took some clothes and documents I had packed before. At the time my priority was to get away from our house."*

Jose continues, *"It was like a river was flowing through our house! From our neighbor's house we watched the flood carry away our chickens, ducks and the plants. Carla couldn't sleep.... I said 'it's better that the flood takes our house instead of us.'" Their neighbors moved into an evacuation centre in Dili on Easter Sunday. A team from the Fire Department took them to the evacuation centre outside CVTL's headquarters.*

"CVTL provided a space, a mat and bedding for sleeping, kids' clothes, food for breakfast, lunch and dinner, and access to a bathroom. Everything was good," explains Carla. After staying six days at CVTL's evacuation centre, Carla decided they should return home. The day following the birth of their son they and another 24 families returned to their communities, supplied with rice, noodles, eggs and cooking oil to help them through the difficult weeks ahead.



4.5 Policy Influence and Advocacy

Localisation indicator: Humanitarian action reflects the priorities of affected communities and national actors



A CVTL Disaster Response Team member providing psychosocial support for lactating mother of twins at a flood evacuation centre. Casimiro Norberto

- **CVTL is recognised as a humanitarian leader in Timor-Leste. It should develop a clearer advocacy agenda to leverage this position, particularly to benefit communities in remote areas.**

CVTL's high profile and its recognition by government provide it with a good platform for influencing humanitarian policy and practice. CVTL's presence in all 13 municipalities gives them an ability to speak authoritatively on the needs of communities across the country.

During the COVID-19 and flood responses, CVTL presented its views in various ways. CVTL's President, as a former Vice-Minister of Health, had excellent access to senior officials in health and other sectors. CVTL's coordinators also used coordination meetings to express their views. *"Their voice is heard in meetings"* noted one informant. They are *"outspoken and active,"* said another. However, another interviewee noted that: *"They could be stronger and more assertive in their influencing role. The spotlight is on them during a response, but they could be stronger at other times."*

One informant noted that CVTL should improve the understanding of the Movement within government and civil society by promoting its seven principles and explaining its unique 'auxiliary to government' role.

CVTL is in a strong position to leverage its prominent role in recent disaster responses to influence humanitarian systems and processes in Timor-Leste. However, it needs to develop a systematic agenda and approach to advocacy.

- **CVTL needs to improve how it documents its work; this will provide the evidence base for its advocacy/policy work.**

CVTL's role in the COVID-19 and flood responses has been widely praised, but it has to document this experience in order to influence humanitarian policy and practice. Currently, there is relatively little documentation in the public domain that could support this process. One interviewee said, *"They need to be better at telling their story."*

In section 4.6 below discusses CVTL's monitoring and evaluation and reporting systems in more detail.



4.6 Capacity

Localisation indicator: Local and national organisations are able to respond effectively and efficiently, and have targeted and relevant support from international actors



- **CVTL is rightly respected as one of the foremost humanitarian agencies in Timor-Leste with particular strengths in camp management, health and youth engagement.**

CVTL is widely acknowledged to be an excellent first responder to disasters and one with the ability to conduct activities throughout the country. The most common comment throughout the interviews was the speed of the response. A church leader at the Dom Bosco Centre said: *“We were approached by CVTL to host flood victims the morning after the floods. By 10 am they were bringing in the evacuees.”* A CVTL official noted that volunteers were reporting for duty within three hours of the disaster occurring. The CVTL President authorised the establishment of an evacuation centre at the Dili headquarters on the morning of 4 April and, within hours, volunteers were assisting many displaced people brought by the fleet from affected areas.

Stakeholders respected CVTL’s technical skills and management of evacuation centres: *“They had a prominent role in managing seven evacuation centres... these seemed better managed than the others”* said one observer. Another emphasised how much the Ministry of Health relied on CVTL, which provided doctors, nurses and training for ministry staff. An INGO representative noted that CVTL volunteers *“are very well trained in first aid”* and are now providing this training for NGO staff.

- **CVTL requires support for self-identified improvements in its humanitarian systems – most notably the delivery of cash-based relief and in supply chain management, particularly for pre-disaster agreements with suppliers.**

CVTL’s post-distribution monitoring revealed beneficiaries’ preference for cash distributions as an alternative to non-food items. It is also a significant finding of a two-day “Lessons Learned” Workshop CVTL conducted with its partners in September 2021.

The workshop – and CVTL coordinators–identified improvements to CVTL’s logistics system, including the development of standard specifications for relief items as the basis for pre-disaster agreements with suppliers.

These are both areas in which PMI has expertise and could perhaps help CVTL to develop skills. CVTL consulted PMI to get the specifications for tarpaulins and other relief items, so there is clearly a willingness to collaborate.

- **The organisation depends too much on a small group of overstretched managers and should consider how this burden can be lessened.**

Several stakeholders expressed concern about the high workloads of key staff involved in the response. One coordinator *“...was attending a lot of the Civil Protection Coordination meetings and the clusters as well as running the program: they need to spread the load.”* Another, involved in organisational development, said: *“When key staff is saying ‘could you stop sending me to training’, you know you have a problem.”*

The limited availability of staff for meetings and the time they needed to provide information during the course of compiling the case study also attest to work overload issues.

- **Monitoring and evaluation, plus narrative and financial reporting based on the collection of accurate data need to be strengthened.**

Monitoring and evaluation (M&E) systems exist but require improvement. CVTL conducted post-distribution monitoring, although it is not well known within the organisation. CVTL should also be commended for convening a “Lessons Learned” workshop after the flood response, incorporating a day for internal reflection and a day for sharing and discussing the findings with other agencies. The collection of disaggregated data is also positive. However, data are often inconsistent, and it is questionable how effectively they inform reporting.

A number of stakeholders expressed concern about CVTL’s reporting. One said he was: *“frustrated with reporting, but donors were patient because the program was good on the ground.”* Another said that reporting in 2021 was *“Not as good... Presentation of what they did but nothing on lessons learned and challenges.”* *“Acquittals take a very long time... they have delays with financial and narrative reporting.”*

One donor representative said they had *“seen infographics, but limited reporting.”*

The complexities of two concurrent multi-donor responses in which funds need to be reallocated have clearly placed a burden on CVTL and its reporting systems. The development of M&E systems that enable efficient reporting on the response is one which the Movement partners should share.

- **Improving documentation and reporting will increase trust between CVTL and existing and/or new donors.**

Documentation and reporting should be prioritised. Some donors, including embassies and private sector organisations, are supporting CVTL for the first time. Timely, high-quality reporting will contribute to building long-term relationships with new donors and will increase the potential for future partnerships.



4.7 Funding

Localisation indicator: Increased number of national and local organisations describing financial independence that allows them to respond more efficiently

- **Funding for the flood response was rapid, flexible and directed to the needs of the local partner.**

Funding for the flood response was available from a number of sources. DFAT and ARC quickly agreed to reallocate funds from the COVID-19 program in what was described as *“a flexible and timely response.”* Although exact figures are not available, the proportion of funding going directly to the local implementing agency is likely to comfortably exceed the 25 percent bench mark established as part of the Grand Bargain.

- **The role of Red Cross partners is not just to obtain the funds required for the response: they must support CVTL to acquit them.**

The Movement should take credit for helping to *obtain* funds for the humanitarian response from diverse sources. However, Movement partners can also offer CVTL technical assistance to manage and acquit the funds. CVTL’s funding portfolio for the flood and COVID-19 responses is larger and more complex than it has hitherto experienced. A CVTL summary of the response states that there were 54 donations from organisations and 33 from individuals.¹⁸ Managing and acquitting these funds will be a challenge. Several informants pointed to a lack of depth in financial and accounting skills and a small number of licences for its MYOB accounting system.

¹⁸ See annex 3.

Annex 1*

1. Historical context

The Democratic Republic of Timor-Leste comprises the eastern half of Timor Island and a small enclave (Oecusse-Ambeno) in Indonesian West Timor. With an area of 14,870 km², Asia's newest nation lies between Indonesia and Australia. After 450 years of Portuguese colonialism, Indonesia occupied Timor-Leste for 24 years. Indonesian forces retreated in September 1999 after a UN-supervised referendum resulted in 78.5 percent of Timorese voting for independence. An emergency response to the mass displacement of people began as a UN administration oversaw more than two years of reconstruction. Timor-Leste regained its independence in May 2002.

2. Country analysis

Timor-Leste must tackle major development obstacles. Inequality is marked with areas of extreme multidimensional poverty throughout the country: at almost 38 percent, Timor-Leste's hunger level is described as 'alarming'. In poorer, remote regions most people's standard of living – measured in terms of drinking water, cooking fuel, housing, access to healthcare, etc. – has not improved. Marginalized groups – women, people with disabilities, youth and the people of diverse sexual orientations, gender identity and expression, and sex characteristics (SOGIESC) – are particularly susceptible to systemic discrimination and barriers to empowerment. The agricultural sector was less productive in 2020 than it was in 2002, despite it being the main livelihood for two-thirds of the population. A 2018 UNDP assessment of 24 high-risk villages identified drought, strong wind, flood, wildfire and landslide as the five most common hazards. No village had the adaptive capacity to manage existing disasters which are increasing with climate change, notably, longer dry spells and heavier rain. The far-reaching socio-economic consequences of the COVID-19 pandemic have exacerbated the vulnerability of many across Timor-Leste.



A SNAPSHOT OF TIMOR-LESTE



Estimated population of 1.3 million.



Asia's youngest population: 74% under 35 years.



In 2014, 41.8% of people were living below the national poverty line.



One-third of the population lacks food security.



Half of children under five years are stunted.



Two-thirds of men are formally employed versus less than half of women.



State investment in agriculture declined by 47% from 2014 to 2019.



The island faces increasing temperatures, longer dry seasons and heavier rainfall.



Lacks adaptive capacities so is ranked 16th among disaster-exposed-countries.

* References overleaf for Annex 1

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Annex 2

Timor-Leste/CVTL COVID-19 and Flood Disaster Time Line, 2020-21

🚩 NATIONAL EVENT

+ CVTL ACTIVITY

2020		
<ul style="list-style-type: none"> 🚩 13th: Three days of heavy rain flooded Covalima, Dili, Manatuto & Manufahi, destroying houses, roads & other infrastructure. 🚩 21st: MoH announced the first recorded case of COVID-19. 🚩 28th: CoM approved the first State of Emergency (SoE). 	MAR	<ul style="list-style-type: none"> + CVTL enacted its DM plan: deployed 60 personnel for evacuations, relief distribution & needs assessments. + CVTL joined the inter-ministerial committee on COVID-19 & began coordination with MoH on IPC.
<ul style="list-style-type: none"> 🚩 8th Apr: GovTL closed the Indonesian land border. 🚩 6th May: National lab began independent COVID-19 test analysis. 🚩 15th May: Total of 24 COVID-19 cases with none active. 	APR- MAY	<ul style="list-style-type: none"> + CVTL conducted IPC & RCCE activities which involved 120 trained personnel in 8 high risk areas, especially along the Indonesian border. + PMI & CVTL signed a cross border cooperation agreement.
<ul style="list-style-type: none"> 🚩 Increased community transmission of COVID-19 in West Timor and border breaches/ illegal crossing into Timor-Leste; positive case numbers in quarantine rose. 	JUN	<ul style="list-style-type: none"> + PMI donated PPE from its Kupang branch in West Timor. + 30th: GovTL presented a certificate of recognition for CVTL's role in national IPC.
<ul style="list-style-type: none"> 🚩 GovTL programs provided: 1) 2x \$100 cash transfers; 2) food baskets to vulnerable households. 🚩 24th Aug: GovTL suspended all commercial flights for 5 months. 🚩 28th Sept: MoH first used Vera Cruz COVID-19 Isolation clinic for a moderately ill patient. 🚩 31st Dec: MoH data showed fewer than 40 COVID-19 cases. 	JUL- DEC	<ul style="list-style-type: none"> + CVTL's first aid training implemented GFARC's COVID-19 guidelines. + COVID-19 response: trained 70 local leaders from 21 border villages in community surveillance; provided 41 hand-washing facilities. + CVTL's 34 medical volunteers delivered healthcare in quarantine centres; teams erected 26 tents for health screening at check points. + CVTL obtained community feedback on disaster & health responses.
2021		
<ul style="list-style-type: none"> 🚩 25th: MoH conducted two weeks of mass testing along the border. 	JAN	<ul style="list-style-type: none"> + CVTL erected a screening tent at HNGV; IPC campaign in Dili markets.
<ul style="list-style-type: none"> 🚩 15th: CoM approved the National COVID-19 Vaccination Plan. 🚩 23-28: First local COVID-19 transmission in Covalima border villages. 	FEB	<ul style="list-style-type: none"> + CVTL erected a health-screening tent outside CIGC in Dili. + Volunteers increased IPC activities in high-risk border communities.
<ul style="list-style-type: none"> 🚩 9th: Containment measures for Dili, Baucau, Viqueque & Covalima. 🚩 28th-> Heavy rain & strong winds began in south & east of the country. 	MAR	<ul style="list-style-type: none"> + CVTL erected tents at check points for health screening; disinfected vehicles; provided tanks & hand-washing points outside public buildings. + Volunteers disinfected public buildings; COVID-19 survey in Bobonaro.
<ul style="list-style-type: none"> 🚩 4th: Continual rain led to 2 metre flooding in low-lying Dili from 12-6am. Flooding of MoH pharmacy, national laboratory, hospital, etc.; CIGC coordinated meeting with all GovTL emergency agencies. 🚩 6th: Flood death toll 34 – Dili & Manatuto; first COVID-19 death. 	APR	<ul style="list-style-type: none"> + 2-3: DM team gave flood warnings in Dili's flood-prone areas. + 4th: Evacuations began early am; centre for women & kids at CVTL HQ. + DM team managed 7 of 53 evacuation centres; attended daily partner coordination meetings; worked with donors and partners.

🚩 NATIONAL EVENT

+ CVTL ACTIVITY

2021 CONT.

<ul style="list-style-type: none"> 🚩 7th: Flood damage estimated at US\$100 million; GovTL calls for international assistance; vaccination campaign started. 🚩 8th: Dili declared a disaster zone, confinement measures suspended. 🚩 30th: GovTL reinstated confinement measures for Dili until 13th May. 	APR CONT.	<ul style="list-style-type: none"> + Relief distribution; food preparation for displaced people; volunteers stayed with IDPs; WASH team installed toilets & hand-washing points. + Volunteers assessed needs in flood-affected areas. + 12th: Health volunteers vaccinated CVTL personnel at CVTL HQ.
<ul style="list-style-type: none"> 🚩 4th May: 10,000 AZ vaccines arrived from Australia. 🚩 COVID-19 cases increased; GovTL lifted mandatory confinement; strong vaccination rates continued; freedom of movement granted for fully vaccinated people. 	MAY- JUL	<ul style="list-style-type: none"> + Cluster meetings began – DM team attended shelter cluster. + CVTL closed centres¹⁹ & took IDPs home; Maubisse received relief items. + Health volunteers provided healthcare in evacuation & quarantine centres; youth increased IPC efforts in rural areas –e.g. Atauro.
<ul style="list-style-type: none"> 🚩 8th: First community transmission of Delta variant in Ermera. 🚩 18th: Total cases was 13,155, death toll was 40 (15 since 1st Aug). 🚩 25th: CoM renewed SoE, banned public gatherings & transport in Dili. 🚩 28th: Dili incidence rate was 60.6 per 100,000; total of 59 deaths. 	AUG	<ul style="list-style-type: none"> + WASH team installed hand-washing facilities & tanks in communities. + DM team distributed relief in Dili, Manatuto & Ainaro; survey for CVTL flood response; began planning for CVTL's Emergency Operations Centre. + IFRC PPE arrived for Health team activities with vaccination campaign.
<ul style="list-style-type: none"> 🚩 29th Sept: GovTL discontinued the Dili sanitary fence. 🚩 8th Oct: Total of COVID-19 cases was 19,633 & 119 deaths. 🚩 28th Oct: Vaccinations began for 12-17 year olds. 🚩 24th Nov: People over 18 y.o. 1st vaccine – 80%; fully vaccinated – 55.7%. 🚩 27th Nov: GovTL lifted SoE & COVID-19 restrictions. 	SEP- NOV	<ul style="list-style-type: none"> + DM team held a 2-day flood response partner reflection workshop. + DM team presented CVTL's PGI findings at UN agency DM evaluation; participated in flood-response evaluations with DFAT & UN. + Health volunteers gave vaccinations in Bobonaro, Suai & Oecusse. + 22-23 Nov: CVTL held 2 days of annual planning led by the new SG.
<ul style="list-style-type: none"> 🚩 1st: CoM approved draft law for Multifunctional Shelters-DM for IDPs. 🚩 15th: CoM approved Civil Protection Authority draft law-includes DM. 	DEC	<ul style="list-style-type: none"> + CVTL finished restocking 1,600 family kits at 10 branch warehouses. + Teams relocated 35 families to close the last evacuation centre.

Abbreviations

CIGC	Integrated Crisis Management Committee (GovTL)	IPC	Infection prevention and control
CoM	Council of Ministers (GovTL)	MoH	Ministry of Health
DFAT	Department of Foreign Affairs and Trade (GovAus)	PMI	Palang Merah Indonesia – Indonesian Red Cross
DM	Disaster management	PGI	Protection, gender and inclusion
GFARC	Global First Aid Reference Centre (IFRC)	RCCE	Risk communication and community engagement
GovTL	Government of Timor-Leste	SG	Secretary General
HNGV	Guido Valadares National Hospital, Dili	SoE	State of Emergency
IDP	Internally displaced person	UN	United Nations

¹⁹ One evacuation camp at the Dom Bosco Training Centre remained open until December 2021 as 35 families had no homes to return to. The government later arranged their accommodation.

Annex 3

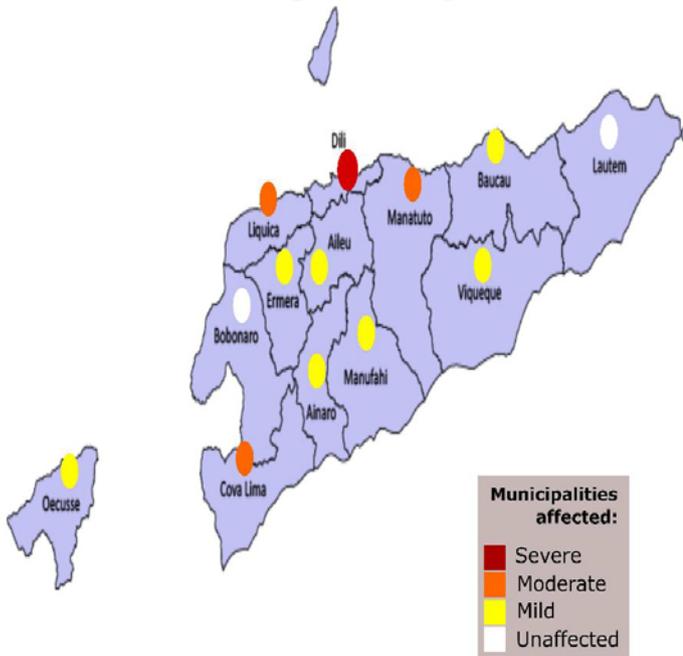
2021 FLOOD RESPONSE



Cyclone Seroja struck Timor-Leste on April 4. Torrential rain resulted in severe flooding and landslides across the country, leaving thousands of people homeless. CVTL's national disaster workforce in 11 branches helped many of the flood victims.

Data correct as of 7 January, 2022 Data from: State Secretariat of Civil Protection, Govt RDTL; CVTL Disaster Response Database

Countrywide Impact



Total Affected		Displaced	Dili Evacuation Centres
Households	People	Households	Total at Peak (9 April)
30,367	151,835	2,471	53
Fatalities	Missing	People	Current
32	9	14,181	0

Over 80% of affected households were in Dili.

CVTL Operations

Support		Donations	
Staff	Volunteers	Individuals	Organisations
23	74	33	54

In Seven CVTL Evacuation Centres:

Households	Population	Females	Males	Breastfeeding Mothers
2,327	10,835	5,488	5,347	175
Pregnant Women	Children 0-5	Elderly People	People with disabilities	
87	946	119	64	

Assistance Provided

Food	Water	Kits
589 Meals	Drinking: 265 Boxes of bottles	Family: 2,269
640 Snack Boxes	41 Gallon Bottles	Baby: 415
2529 Sakcs of Rice	Household: 4 Tanks 80,000 L Via Truck	Hygiene: 275
Boxes of Masks 514	2 Toilets	Kitchen: 94
38 Items of Clothing	2 Washing Facilities	Cleaning: 671
113 Mosquito Nets	24 Sleeping Mats	Tools: 40
2,304 Tarpaulins	\$500 Worth of Electricity Credit	57 Blankets
		37 Agriculture tools and seeds

We at CVTL are grateful to all our donors.

Annex 4

Interviews Conducted in November, 2021		
No.	Name	Role/Organisation
VIRTUAL		
1	Troy Skaleskog	First Secretary, Australian Embassy
2	Ovania Mendonca	Program Coordinator Disaster Risk Management, Australian Embassy
3	Jenni Lillington	Former Transition Advisor for Timor-Leste, ARC
4	Biljana Ljiljak	Program Officer, Asia, ARC
5	David Stephens	Asia Portfolio Manager, ARC
6	Jane Munro	Protection, Gender and Inclusion Technical Lead, ARC
7	Robbie Dodds	Shelter Advisor, ARC
8	Sue Chamberlain	Former international delegate, NZRC
9	Ruth Lane	Program Coordinator, IFRC Jakarta
10	Edwin Siahaan	DRM coordinator, IFRC Jakarta
11	Jan Gefland	Head of Country Cluster Delegation, IFRC Jakarta
12	Annisa Marezqa	National Society Development and Partnership Coordinator, IFRC Jakarta
13	Kabir Maqsood	AHP Country Coordinator, CARE
14	Annie Sloman	Associate Country Director, Oxfam in Timor-Leste
15	Seeta Giri	Former Recovery Advisor, UNDP
HEALTH DILI		
16	Agustina Segurado	Director of Health, Dili Municipality
17	Duarte Ximenes	Inspector General, Ministry of Health
18	Filipe da Costa	Coordinator of the Civil Society Support Office, Office of Prime Minister
19	Luis dos Reis	Planning and Programme Management Officer and Focal Point, WHO
20	Armandina Gusmao Amaral	Technical Health Lead, Partnership for Human Development
DISASTER MANAGEMENT DILI		
21	Antonio Viegas	Director of National Community Conflict Prevention, State Secretariat of Civil Protection
22	Rosito Guterres	Director General of Rural Development, Ministry of State Administration
23	Erestina da Costa	AHP Covid-19 supervisor, Ra'es Hadomi Timor Oan (RHTO) disabilities NGO
24	Eduardo Tilman	DFAT program coordinator, RHTO; disabled IDP in Dom Bosco camp
25	Brother Adriano de Jesus	Dom Bosco IDP camp (director of DB Training Centre)
CVTL		
26	Emidia Belo	Disaster Management Coordinator
27	Joao Pinto	Health Coordinator
28	Vidiana Xareal	External Relations Coordinator
29	Luis Pedro Pinto	Secretary General (former DRM, Senior Manager, IOM)
30	Agapito da Silva	Organisational Development Coordinator
31	Madalena Hanjam	President
32	Vicente Antonio	Youth Coordinator
33	Eugenio Pinto	Logistics Coordinator
34	Orlando de Carvalho	Covid Manager
35	Dinis Gomes	Flood Response Manager
36	Martina Mendonça	Dili Branch Coordinator
37	Jonato Barreto	Liquica Branch Volunteer Coordinator
38	Monica Soares	Branch Disaster Response Team, Dili Branch



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