



## DISASTER READY PROJECT DR 2.0



CARE INTERNATIONAL IN TIMOR-LESTE  
December 2022

# Executive summary

The Disaster READY project (DRP) is a five year project (2022-2026), funded by the Department of Foreign Affairs and Trade (DFAT) of the Australian Government. The DRP project is implemented by five Australian Humanitarian Partnership (AHP) INGOs that include CARE international in Timor-Leste, Caritas Australia, Oxfam Australia, Plan Australia, and World Vision Australia, in partnership with Raes Hadomi Timor Oan (RHTO), an organisation for people with disability (OPD). The project expected reach is 20,729 during the life of the project by all the five consortium Agencies. However, CARE has targeted 7,575 community members, which represent 37% of the total consortium target. In terms of geographical area, CARE's intervention area will focus in Viqueque Municipality, in five Admin post namely; Ossu, Viqueque Villa, Uatulari, Uatucarbau, and Lacluta, these admin post includes 15 Sucos and 101 aldeias.

The overall objective of the project is to strengthen the capacity of the communities, local civil society organization as well as national and sub-national government, to lead effective inclusive and coordinated disaster preparedness, climate change adaptation and response activities.

The purpose of this survey is to find out the initial situation of the community's condition, which is prone to natural disasters and climate change, basically from four important aspects, such as:

- Knowledge of the community plan and implementation of effectiveness, inclusive, and integrated disaster preparedness and climate change adaptation activities.
- Local civil society actors (NGOs, CBOs, OPDs, churches, informal groups)'s institutional and technical capacity to fulfill their role in effective disaster preparedness and climate change adaptation.
- National and Sub-national government's ability to lead effective, inclusive and coordinated disaster preparedness, climate change adaptation and response activities.
- To provide a reference point of pre-implementation values of outcome and indicators ( in annex documents)

The survey collected primary data from community members including 141 community members (80 female and 61 male including 28 people living with disability with a lot of difficulties or some difficulties) participating in the household survey. In addition, 23 Key informant interviews (KII) and three Focus group discussions (FGD) consisting of one female group, one male group and one group of people living with disability, were part of the baseline. Data collection was carried out between October 11<sup>th</sup> and 25<sup>th</sup> 2022.

The quantitative data collection tools were designed on kobo toolbox while qualitative data was collected manually and later transcribed into soft copy. CARE team including enumerators and M&E staff led data collection, processing (such as transcribing from local languages to English and data cleaning), analysis and the reporting.

## Key Findings

Based on the findings discussed in the previous sections, the following are the answers to the related key evaluation questions:

- **To what extent and in what ways are communities better prepared for rapid and slow onset disasters?**

66% of all respondents (71% out of all females and 59% of all male) confirmed to receive early warning information in the last six months. Most of the respondents who confirmed received early warning

information related to hazards of flood, strong wind and landslide. When asked about early warning information sources, the participants clarified that early warning system information was disseminated through different sources or key stakeholders including 44% from community leaders, 26% from neighbors and 11% from Radio Televizaun Timor-Leste (RTTL). In addition, the community members also received early warning system information through megaphone, radio, RTTL channel, WhatsApp group social media, text messages and verbal communication.

After receiving the information, 27% of women confirmed that they have taken action, such as keeping children and family members away from disaster predicted zone/areas, while 34% (16% women and 18% men) of respondents were not aware of the early warning information. Overall, only 43% (15% female and 13% male) of respondents indicated an awareness of the community evacuation center and school and Suco office as safe places for people to go in the event of a disaster. 57% of the respondents were not aware of safe places in the event of a disaster.

- To what extent and in what ways do activities address community needs, barriers or opportunities for absorptive or adaptive capacity?

Overall 27% of all respondents (25% of all female respondents and 35% of all male respondents) said there is an active Disaster Management Committee (DMC) in their suco. 55% of all respondents (61% of all female respondents and 48% of all male respondents) at household level said they do not know if there is a Disaster Management Committee in their suco, while 14% of all respondents said there is no Suco Disaster Management Committee (SDMC).

Those who reported there is a functional committee indicated they have seen the disaster management committees playing their role in the disaster risk management. Some examples include leading mitigation Prevention Recovery and rehabilitation activities, socializing disaster risk reduction to the community, facilitating disaster risk assessment with the community to identify and mitigate the risk, disseminating early warning system information, communicating with DMC at municipality level for emergency response.

80% of the SDMC members or community leaders interviewed confirmed that the Suco DRR plan has been developed and Implemented. Household level survey also asked about inclusiveness of DRR plan process at community level, overall, 58% of the respondent at household level indicated DRR plan activities considering and addressed women basic needs while 66% from the all respondents related the DRR planning processes not considering and addressed the needs of person living with disability. However, 48% of the respondents at household level (56% of all women and 38% of all men) confirmed to be only involved in the community DRR planning process while 30% of the all respondents said they did not participate at all. In addition, overall 18% of all respondents confirmed to have participated in both planning and implementation of DRR plan, including 11% of all women and 26% of all men. This implies that women are more likely to be involved in the planning process than in the implementation.

When asked about whether there were any challenges encountered by the SDMC during implementation of the Community Action Plan (CAP) or Disaster Risk Reduction (DRR) plan at suco level, 87% from all respondents said yes, the main challenge indicated was lack of funding available to implement the DRR plan activities.

- To what extent and how is local civil society capacity to participate in, manage and/or lead disaster preparedness and response activities improving.

Related to disaster risk reduction, preparedness, and response plans at the level of government institutions and CSOs, it was found that all of the eight institutions (including five national civil

protection, one municipality civil protection and two implementing partners) interviewed confirmed that they have developed a DRR preparedness and response plan. Civil society staff who were interviewed as part of the KII process confirmed that they were involved in developing the plans, as well as assessing existing institutional capacity to implement the plans.

When asked about having assessed their existing institutional capacity to prepare for and respond to disasters, six out of eight respondents from eight institutions and local organizations said they have existing institutional capacity to prepare for and respond to disasters. However, they mentioned some of the current priority training needs for staff working on DRR including: Gender in Humanitarian Action (GiHA), Gender responsive budgeting, Humanitarian inclusion Standards(HIS), Gender Equality and Disability Inclusion, GBV prevention , Child Protection in Humanitarian Action and Inclusive data management in DRR CVCA Spatial data collection and analysis.

- **To what extent are mechanisms for collaboration and coordination with government and/or other humanitarian actors being built or strengthened?**

70% of the all-key informants interviewed mentioned they are aware of civil protection law (80% of all people living with disability and 50% of all female interviewed confirmed to be aware of Disaster Management Civil Protection Law) and 74% out of 70% report disaster management processes mentioned in the new CP Law are inclusive. However, this represents 61% of all respondents including those who report not to be aware of the current civil protection law.

However, respondents from the Civil protection authority highlighted some existing gaps to ensure effective participation and influence of local DRR preparedness and response initiatives by local institutions or organizations: Gaps include limited capacity of SDMC members and local implementing partner's staff in data management, limitation of human resources at municipality level, limited Government budget allocation of inclusive climate adaptation DRR and gaps in existing coordination mechanism between civil society and government in DRM and preparedness and response plan.

### **Key recommendations**

Based on the baseline key findings and building on lessons learnt from DRP1, the following new approaches are identified as key to ensure better preparedness and community resilience to disasters and climate change impact.

- Ensure processes facilitate participatory development and integrate Suco DRR plans into Climate adaptation activities, including meaningful participation of persons living with disability and women.
- Introduce women led VSLA in DRP 2.0 and use VSLA as an entry point to build women's DRM leadership capacity using CARE's Women Lead in Emergencies (WLiE) methodology.
- Integrate DRR plans into Municipal Annual Plan documents using Community Score Card approach to facilitate the community's ability to monitor Municipal service delivery providers including Planu Nasional Dezenvolvimentu Ssuco/ National Suco Development Plan (PNDS)
- Put in place effective strategies to strengthen the capacity of implementing partners to participate effectively and advocate for increased participation of local CSOs in national and municipal planning mechanisms for disaster preparedness and response, including sector (cluster) coordination systems.
- CARE will work with CP to strengthen NDOC systems for data collection and management with a focus on vulnerability and inclusion.
- AHP Consortium needs to share this finding with National Civil Protection to socialize at Sub-national level as it is crucial awareness and understanding by all service providers at community level.

# Acronyms and Abbreviations:

AHP:	Australian Humanitarian Partnership
APC:	Civil Protection Authority
DRM:	Disaster Risk Management
DRP:	Disaster Ready Project
FGD:	Focus Group Discussions
KII:	Key Informant Interview
NDOC:	National Disaster Management Operation Center
NDRMD:	National Disaster Risk Management Directorate
SDMC:	Suco Disaster Management Committee
APDMC:	Administrative Post Disaster Management Committee
MDMC:	Municipal Disaster Management Committee
PIIM:	Municipal Integrated and Investment Plan
CSC:	Community Score Card
CVCA:	Climate vulnerable capacity assessment
MSSI:	Ministry of Social, Solidarity, and Inclusions

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# 1. Introduction and survey objectives

Timor-Leste is a small, mountainous country whose population of 1.36 million is exposed to **drought, flooding, landslides, storms, and earthquakes**. The 2019 Global Assessment Report (GAR) on Disaster Risk Reduction identifies flooding as the most frequent natural disaster, followed by drought and strong wind. Timor-Leste experiences the effects of the El Niño/Southern Oscillation (ENSO) events with a long-term cycle of prolonged drought during the El Niño phase and more intense wet seasons during the La Niña phase.

Vulnerable groups can face a greater risk of impact by natural hazards and this is the case in Timor-Leste. The Timor-Leste DRM policy (2008) defines vulnerable groups to include women, children, the elderly, widows, returnees, refugees, religious and ethnic minorities, and people living in hazard-prone areas. Persons with Disabilities are notably absent in this definition but are a focus in Disaster READY. It is recognized that Persons with Disabilities are least able to access emergency support during disasters and are most likely to sustain morbidity or mortality. Disaster READY 1.0 has made progress in disability inclusion with Disaster READY partner Ra'és Hadomi Timor Oan (RHTO – a National Organization for Persons with Disabilities (OPD)) involvement in the 2021 flood response being the first time a government-led disaster response involved an OPD. Further work is required to ensure OPD participation at the national and sub-national levels as well as broader disability inclusion in disaster preparedness activities at the community level.

The DR 2.0 project is considered as the DR 1.0 continuation or a build up from phase one of the project, with focus on community resilience, climate adaptation, and tackling barriers of marginalized and excluded groups including women and Persons with Disabilities.

The project is funded by the Department of Foreign Affairs and Trade (DFAT) of the Australian Government, and is implemented by five Australian Humanitarian Partnership (AHP)/Australian INGOs which includes CARE Australia, Caritas Australia, Oxfam Australia, Plan Australia, and World Vision Australia, and a partnership with RHTO.

The following are the nine key indicators measured at baseline:

	Statement	Outcome Indicators
Outcome 1	Communities (especially vulnerable groups) plan and implement effective, inclusive and integrated disaster risk reduction and climate change adaptation activities	% of community members that have applied climate knowledge and information services to inform their adaptation strategies. (disaggregated by sex, age, ability)
		% of community members who have actively participated in climate-relevant decision-making at household level (disaggregated by sex, age, ability)
		% of women who have actively participated in economic decision-making in the household and/or community
Outcome 2	Local civil society actors (NGOs, CBOs, churches, informal groups) have improved institutional and technical capacity to fulfill their role in effective and inclusive disaster preparedness and climate change adaptation.	No of local NGOs that have developed inclusive disaster preparedness and responses plan
		No of local NGOs that have implemented inclusive disaster preparedness and response plans



Outcome 3	National and sub-national governments are supported to lead effective, inclusive, and coordinated disaster preparedness, climate change adaptation and response activities.	% of humanitarian emergency responders reporting the CP SOPs are inclusive
		% of humanitarian emergency responders that have taken at least one action after receiving the training on GEDSI, and prevention of GBV
		% of CP municipal staff reporting to have submitted data to Civil protection (NDOC) using electronic data collection data collection system
		% of CP staff who have taken at least one action after having received the gender responsive budgeting

The baseline also aims at responding to the following key evaluation questions as indicated in the project MEL framework:

Theme	No	Evaluation Question
Relevance, resilience, effectiveness	A	To what extent and in what ways are communities better prepared for rapid and slow onset disasters?
Relevance, resilience, learning, sustainability, impact	B	To what extent and in what ways do activities address community needs, barriers or opportunities for absorptive or adaptive capacity?
Effectiveness, institutional development, localization, inclusion	D	To what extent and how is local civil society capacity to participate in, manage and/or lead disaster preparedness and response activities improving
Alignment, effectiveness, learning, policy influence, impact	H	To what extent are mechanisms for collaboration and coordination with government and/or other humanitarian actors being built or strengthened?

### Limitation

Because lack of budget, the project baseline was conducted in house and with the small sample size which not necessarily representative of all the project targeted participant

The quality of response from the local Authority was not an acceptable level as some contradictory statement were observed throughout the KI interview process. In particular, responses to questions on inclusiveness of civil protection law which seemed to have some subjectivity and bias from civil protection staff.

## 2. Baseline study methodology

### 2.1. Sampling strategy

To help assess the level of trust from this data, the sample determined is based on the number of family members from each household, selected randomly as participants in this study. The sampling approach can be determined as follows:

The sample size was calculated based on the proportional allocation of targeted households per-suco, based on the required sample size at consortium level. The total sample size for CARE was 141

households, 23 key informant participants, as well as three focus group discussions - one Women's group, Men's group and one People with disability group, each comprising of six to eight people.

### Quantitative data Collection

Table 1: Quantitative data collection sample

Agency Name	Municipality	Admin Post	Suco	SI No.	Aldeia	Target # of Beneficiaries	Sample
CARE	Viqueque	Ossu	Ossorua	26	Uatu-Lawa	75	10
CARE	Viqueque	Uato-Lari	Afaloicai	42	Lena	75	10
CARE	Viqueque	Uato-Lari	Makadique	67	Matadalan	75	10
CARE	Viqueque	Viqueuqe vila	Fatudere	101	Culale	75	10
CARE	Viqueque	Uatucarbau	Bahatata	87	Tatadere	75	10
CARE	Viqueque	Lacluta	Ahic	4	Crarec Boco	75	10
CARE	Viqueque	Lacluta	Lalin	13	Mau Ama	75	9
CARE	Viqueque	Lacluta	Uma Tolu	10	Tali Oan	75	9
CARE	Viqueque	Uato-Lari	Babulo	69	Aha B Uu	75	9
CARE	Viqueque	Viqueuqe vila	Luca	95	78. Canlor	75	9
CARE	Viqueque	Uatucarbau	Loi Ulo	84	71. Liabuta	75	9
CARE	Viqueque	Ossu	Ossu De Cima	31	Borala	75	9
CARE	Viqueque	Uatucarbau	Afaloicai	76	Cai Uailita	75	9
CARE	Viqueque	Ossu	Nahareca	16	Darenau	75	9
CARE	Viqueque	Viqueuqe vila	Uai-Mori	91	74. Uaibubo	75	9
						<b>1125</b>	<b>141</b>

### Qualitative data Collection

To complement the quantitative primary data, three focus group discussions (FGDs) and 23 Key informant interviews (KIIs) were organized. Each FGD composed of five to eight community members within the project area of intervention and KIIs was involved SDMC/community leaders, Municipality and National Civil protection and local implementing partners as follows:

Table 2. Distribution of FGDs by location

Organization	Number and type of FGDs	Municipality	Suco
CARE	1 FGD with women 1 FGD with men 1 FGD with People with disability	Viqueque	Babulo Bahatata Uma Tolu

Table 3: Distribution of KIIs

<b>Institutions</b>	<b>Number of participants</b>	<b>Female</b>	<b>Male</b>	<b>People with disability</b>
<i>SDMC/Community leader</i>	15	0	15	4
<i>Municipality Civil Protection Authority</i>	1	0	1	
<i>National Civil protection Authority</i>	5	1	4	1
<i>Local implementing partner</i>	2	1	1	
<i>Total</i>	23	2	21	5

## 2.2. Data collection process

The baseline adopted a mixed method approach due to the nature of the project component framing disaster and resilience throughout, working with existing communities and local civil society engagement, strengthening national and sub national coordination and collaboration mechanisms. The data collection process was utilizing three different approaches - a household survey, Key informant interview questions developed in Kobo Toolbox and deployed to tablet using the Kobo app, while Focus group discussion data collection used FGD transcription form. The data collection process was carried out at the household level and institutional level. Both the Household survey and KII questions related to each outcome developed in Kobo toolbox. Each data collector is given adequate training to ensure understanding of each question in both the household survey and KII.

## 2.3. Data analysis process

The data analysis was carried out/processed using Excel spreadsheet through pivot tables' analysis by showing frequency of data tables, tabulations and descriptive statistics data. The information produced and used in the reporting and interpreting tracked general trends, from the HH survey, KII result and triangulated through FGD. After data analysis, the preliminary report was shared with Project manager for Data Quality Assurance and then shared with the consortium team and discussed with the project team.

# 3. Baseline survey Findings

## 3.1. Demographic characteristics

At the household level, 57% of respondents at household level were women while 43% were men and 19% people with disability. From the local leader Key informants, 91% were men and 9% women. The following table highlights details about other disaggregation types for Household members and local leaders' respondents.

Gender, location and type of respondents

Table 4: Number of household and local leaders' respondents

<b>Sample size=141</b>	<b>Female</b>	<b>Male</b>	<b>Grand Total</b>
<i>Ahic</i>	4%	3%	7%
<i>Babulo</i>	6%	1%	6%
<i>Bahatata</i>	6%	3%	9%

<i>Fatudere</i>	4%	3%	7%
<i>Lalin</i>	5%	1%	6%
<i>Loi Ulo</i>	6%	5%	11%
<i>Luca</i>	5%	1%	6%
<i>Makadique</i>	5%	9%	14%
<i>Nahareca</i>	1%	5%	6%
<i>Ossorua</i>	3%	4%	7%
<i>Ossu de cima</i>	5%	1%	6%
<i>Uai-Mori</i>	4%	2%	6%
<i>Uma Tolu</i>	2%	4%	6%
<b>Grand Total</b>	<b>57%</b>	<b>43%</b>	<b>100%</b>

<b>Sample size=23</b>	<b>Female</b>	<b>Male</b>	<b>Grand Total</b>
<i>CP municipal staff</i>	0%	4%	4%
<i>CP national level staff</i>	4%	17%	22%
<i>Implementing partner</i>	4%	4%	9%
<i>SDMC member/local authority</i>	0%	65%	65%
<b>Grand Total</b>	<b>9%</b>	<b>91%</b>	<b>100%</b>

Out of the 141 respondents at household level, 23% of respondents were female heads of households while 40% were male and other 37% were household members (female 33% and male 4%).

### Information on people living with the disability

Overall, 30% of baseline respondents at household level have a household member living with one or more types of disabilities. The following are the results from the Washington Group Questions for baseline respondents at the household level:

Table 5: Proportion of respondents with disabilities by type

<b>Sample Size=141</b>	<b>No-No Difficulty</b>	<b>Yes-a lot of difficulty</b>	<b>Yes-Some difficulty</b>
<i>Difficulty seeing, even if wearing glasses</i>	63%	2%	35%
<i>Difficulty hearing, even if using a hearing aid</i>	93%	1%	6%
<i>Difficulty walking or climbing steps</i>	80%	1%	19%
<i>Difficulty remembering or concentrating</i>	91%	9%	
<i>Difficulty with self-care (such as washing all over or dressing)</i>	96%	1%	3%
<i>Difficulty communicating</i>	97%	3%	

7% of all the respondents who have a family member living with a disability indicated “a lot of difficulties and some difficulties” for one or more types of disability mentioned above. It is informative data for the project to consider during the project implementation for ensuring inclusiveness .

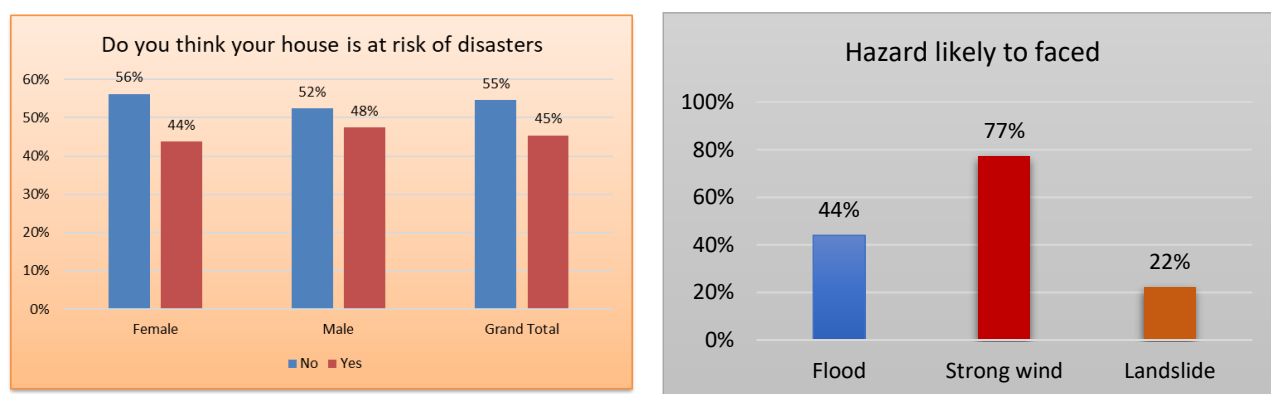
### 3.2. Findings per outcome

#### 3.2. 1. Outcome1: Communities (especially vulnerable groups) plan, implement effective, inclusive and integrated disaster risk reduction and climate change adaptation activities.

##### Understanding of the disaster Risk in the community

45% (female 44% of all female and 48% of all male) of all respondents confirmed that their houses were located at risk of flood, strong wind or landslide.

Figure 1: Community living at risk area and common hazard likely to be faced (n: 141)



Most of the respondents maintained strong wind 77% and flood 44% as the main hazard likely to be faced. Participants from women focus group discussions supported the findings from the household's survey and reported: that lack of knowledge of the community was leading people to continue building their house in the disaster risk area or the area that is very prone to specific hazards.

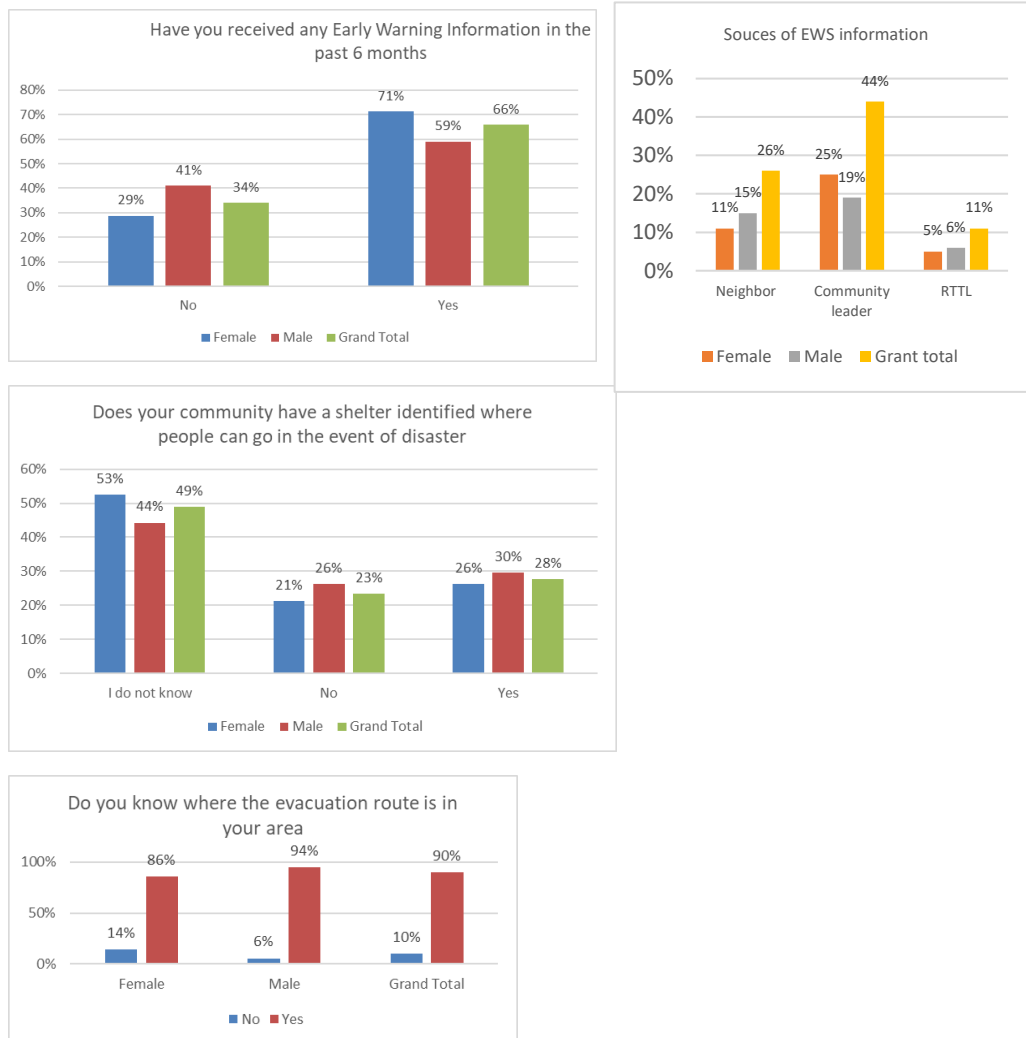
*"I would like to request/recommend NGO and INGO to continue socializing community customary law (Tara Bandu) and share more information on disaster risk reduction to increase and strengthen the communities' awareness and capacity on disaster risk reduction and climate change adaptation activities. Said" Woman from Suco Babulo.*

When asked about whether their family recently experienced disaster, 46% (46% out of all female and 46% out of all male) out of all respondents at household level reported that they currently experienced disaster from flood and strong wind events.

Based on the above findings Community Based Disaster Risk Management (CBDRM) and Climate adaptation capacity strengthening to the community is a very crucial component to be considered by the DR 2.0 project during implementation to ensure climate resilience at household level for better preparedness and response to slow and rapid onset disaster.

In addition, 66% of all respondents (71% out of all females and 59% of all male confirmed received early warning information in the last six months.

Figure 2: Community level of Access to early warning information and knowledge of evacuation routes (n: 141)



39% out of the 66% of the respondents who confirmed to have received early warning information said the information related to hazards of flood, strong wind and landslide.

When asked about early warning information sources, the participants clarified that early warning system information was disseminated through different sources or key stakeholders such as, 44% said from community leaders, 26% from Neighbors and 11% from Radiotelevisao Timor-Leste (RTTL). The rest of the community members mentioned Megaphone, radio, social media, text messages and verbal communication. After the information was received, 27% of women reported that they had taken action such as keeping children and family members away from the disaster predicted zone/area.

Lack of adequate awareness on early-warning information and the limitation of community capacity for emergency response preparedness and measures in a timely fashion, are leaving vulnerable communities at high risk of disaster.

Survey participants also asked about existing evacuation centers, overall 28% (26% out of all women and 30% out of all men) confirmed to have the evacuation center in the community, while 90% confirmed where the safe route is. The common type of evacuation centers mentioned by the

community include school and Suco office. 23% indicated that they do not have any evacuation centers in the community while 49% reported that they do not know whether or not there is an evacuation center.

*“Every year our house is always affected by flood, but we just stay at home while waiting for flood to end because there is no evacuation center identified”* Women from Suco Lalin

*“I am a community member in this suco but I don’t know the information related to evacuation center”* Man from Suco Osso Rua

### Existing of Suco Disaster Management Committee and their existing capacity

Overall 27% of all respondents (25% of all female respondents and 35% of all male respondents) said there is an active Disaster management committee in their suco. However, 55% of all respondents (61% of all female respondents and 48% of all male respondents) at household’s level said “they don't know” whether there is or there is no Disaster Management Committee in their suco, while 14% of all respondents said “there is no” Suco Disaster Management Committee.

Those who reported there is a committee that is functional indicated they have seen the disaster management committees playing their role in the disaster risk management. Some examples include leading mitigation Prevention Recovery and rehabilitation activities, socializing disaster risk reduction to the community, facilitating disaster risk assessment with the community to identify the risk and mitigation methods, disseminating early warning system information, communicating with DMC at municipality level for emergency response.

The above findings revealed that there is a need to raise the community awareness on existing suco disaster management committees and their roles and responsibilities. In addition, two out of four new sucos indicated to have a functioning of SDMC, however the project team needs to cross check the information from the new sucos related to the current status of SDMC structure to help the project make an appropriate decision on the SDMC formation support needed.

Community leaders from each suco confirmed in the below chart that SDMC’s exist in 13 Sucos, with a total 383 members consisting of representation by 136 women, and 15 persons living with a disability.

Table 6: SDMC members per suco and per type of representation

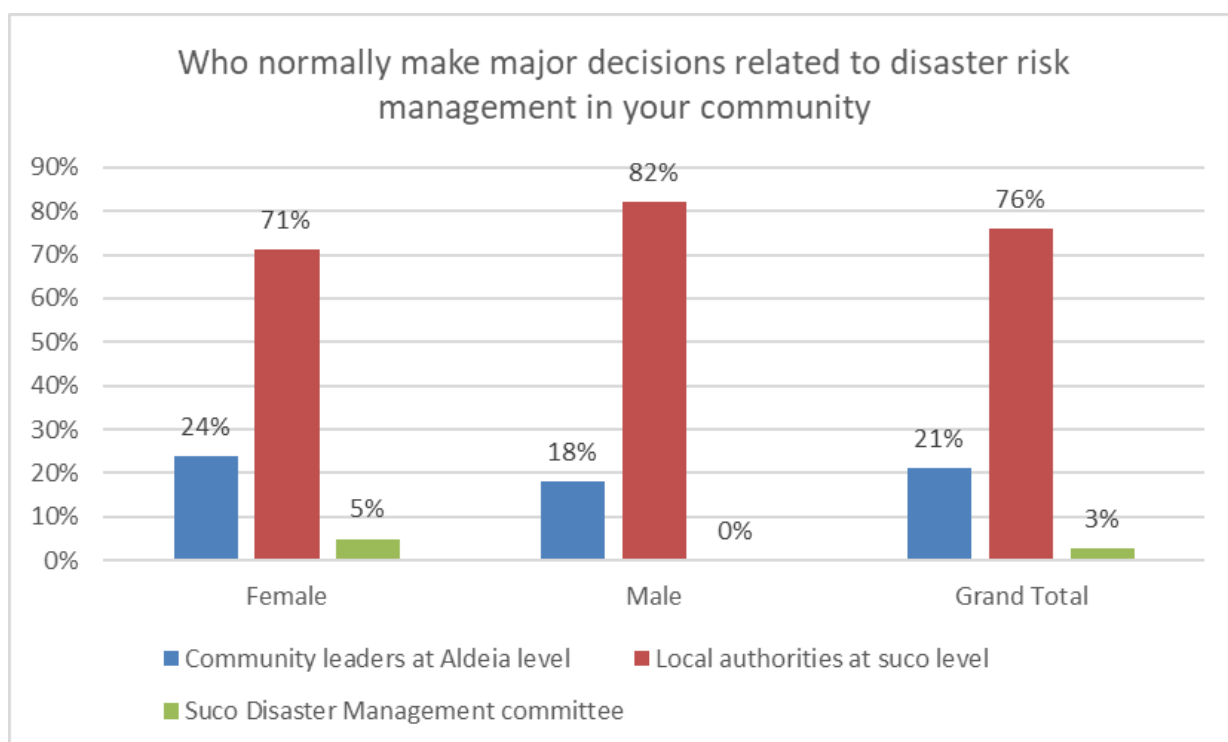
	# of SDMC members	# of Women	# of people with disabilities	# of Youth
Uma Tolu	8	2	0	0
Luca	15	6	0	0
Afaloicai2	18	5	2	0
Lalin	20	6	0	0
Ossorua	20	11	1	0
Fatudere	24	10	0	0
Loi Ulo	27	7	1	0
Ahic	28	6	1	0



<b>Uai-Mori</b>	32	16	2	0
<b>Ossu de Cima</b>	34	16	2	0
<b>Nahareca</b>	35	11	1	0
<b>Afaloicai1</b>	46	14	2	0
<b>Makadique</b>	76	26	3	0
<b>Grand Total</b>	383	136	15	0

7 out of 13 key informants at suco level confirmed to have received CBDRM/PCRA, GEDSI, Engaging men and boys, Women leadership and Proposal writing training.

Figure 3: Decision-making on Disaster Risk Management in the communities (n = 141)



When asked about who normally makes major decisions related to disaster risk management at the community level, 76% of the all respondents at household level indicated local authority at suco level, while only 3% female said suco disaster management committee.

Interviewed community leaders were asked about regular SDMC meetings nine out of 13 key informants at suco level indicated that the SDMC have the regular meetings, while three out of nine said they meet once every three months and one out of nine said once every six months.

The four existing suco's which mentioned not meeting regularly indicated three main reasons

1. No existing SDMC meeting guideline
2. There is no money to support the meeting activities
3. Depend on the suco activities plan

DRP 2.0 will ensure coordination with the Civil Protection Authority to address the above mentioned challenges during the implementation.

The survey observed the SDMC level of functioning still low in regards to the cycle of disaster risk management, the sustainability of the Disaster Management Committee at all levels, and its functioning needs to be strengthened more.

### **Suco DRR planning and implementation process**

12 out of 13 SDMC members or community leaders interviewed confirmed that the Suco DRR plan has been developed, and 11 out of 12 have implemented the DRR plan at suco level. When asked about whether there were any challenges encountered by the SDMC during implementation of CAP/DRR plan at suco level, all 12 key informants interviewed indicated lack of funding as the major challenges to implement suco DRR plan activities. While asked whether the Suco DRR plans are part of the Municipality plan, 80% of all Key informants said yes. However this information needs to be cross checked further to understand at what level the suco DRR plan is integrated into the Municipality Annual Plan, considering the fact that all confirmed a lack of funding to implement their suco DRR plan at suco level, which sounds contradictory.

10 Out of 11 key informants who responded that they have developed and implemented their DRR plan confirmed that it addressed the needs of women to some extent while one said it totally addressed the needs of women. Those who said, "To some extent" mentioned that one of the key gaps was the limited number of community members who benefited from DRR plan activities. For example activities related to water protection (especially as it is the cultural belief that women are responsible for collecting water, this activity was reported by women as responding to women specific needs) and passadeira, small bridges only benefited some aldeia while other aldeia that are far from implemented activities location did not benefit.

*"Road access by building passadeira was to reduce risk, and help pregnant women easily access health posts for baby delivery or medical consultation. But many communities, and specifically women, are still vulnerable to the disaster risk because we just implement two activities from the long list of DRR plans that are prioritized".* Stated by Community leader from suco Makadiki

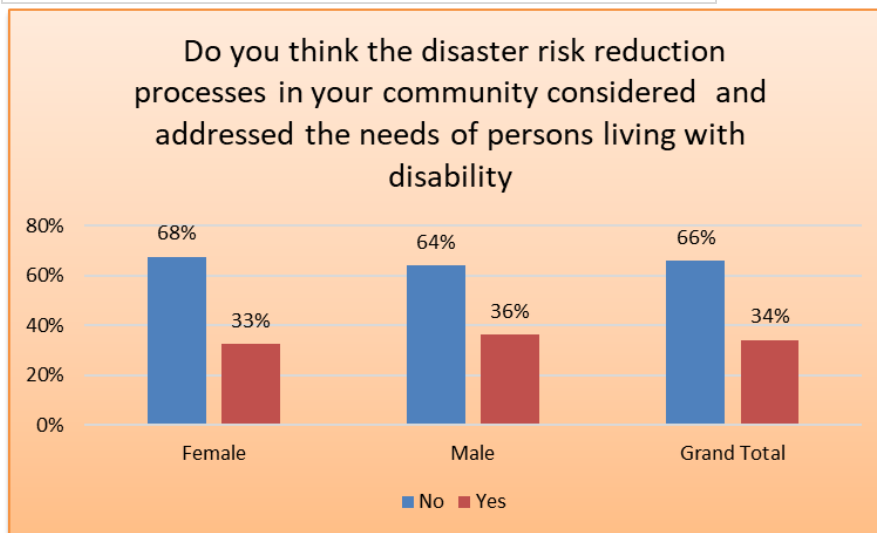
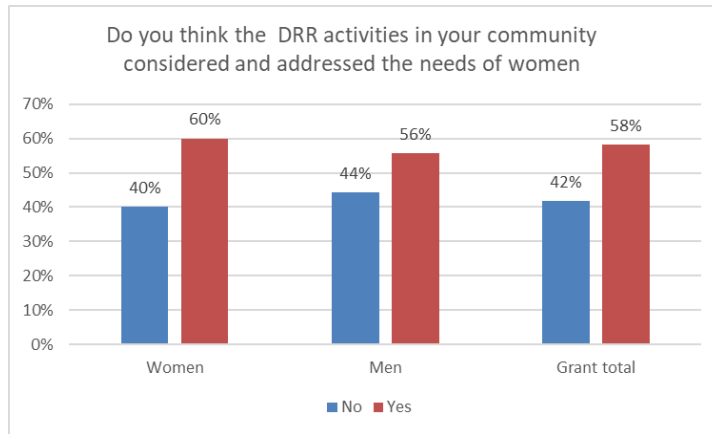
*"Water protection activities cover very basic needs for all community members and has reduced the workload of women, already reducing the risk for pregnant women who used to collect water from far away from their household. However it has not necessarily benefited all pregnant women in these communities. It would also be better if the water is installed at household level so family members, women and persons living with disability can easily access it during the rainy season or strong wind event".* Said community leader from Loiulo

Eight out of 11 key informants who responded that they already have developed and implemented their DRR plan confirmed that it addressed the needs of persons living with disability to some extent, while one said it totally and two said did not address the needs of persons living with disability. Those who said "to some extent", mentioned key gaps of the low capacity of the water tank, which has a negative impact on people living with disability who came late to collect water and find the tank empty. They similarly mentioned the challenge of suco DRR plan activities only accessed by community members from some aldeia.

Household level survey also asked about inclusiveness of DRR plan process at community level, overall, 58% of the respondent at household level indicated DRR plan activities considering and addressed women basic needs while 66% from the all respondents related the DRR planning processes not considering and addressed the needs of person living with disability.

*“Already responded to the basic need of women because women have the opportunity to be involved in the suco activities and aldeia activities related to disaster risk mitigation and this has contributed to reducing the workload of women through access to the clean water nearby the household” Woman from Uatulari AFaloicai*

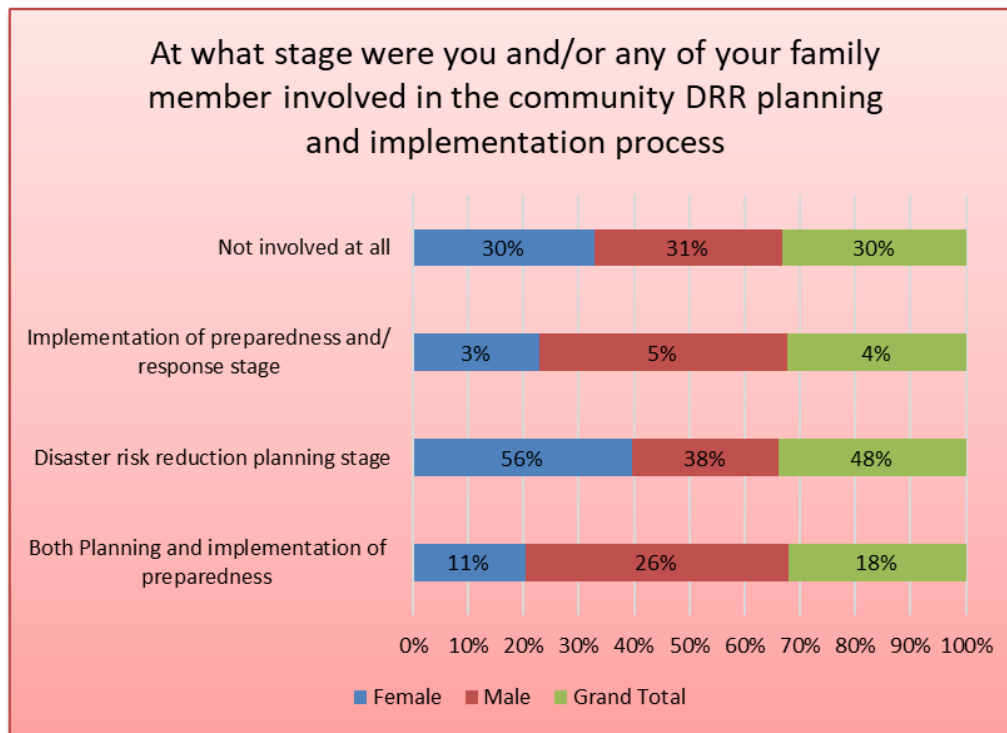
Figure 5: Suco Disaster risk reduction planning processes (n=141)



The project of DRP 2.0 needs to put more effort on inclusiveness of Disaster preparedness plan and DRR activities to ensure most vulnerable groups and community members are benefitting from the project intervention.

Overall, 48% of the respondents at household level (56% of all women and 38% of all men) also confirmed to be only involved in the community DRR planning process while 30% of the all respondents said they did not participate at all. In addition, overall 18% of all respondents confirmed to have participated in both planning and implementation of DRR plan, including 11% of all women and 26% of all men. This implies that women are more likely to be involved in the planning process than in the implementation as indicated in the graph below.

Figure 6: Involvement of community members in DRR planning and implementation processes (n=141)



Regarding the reasons why some respondents were not involved at all, the majority (77%) mentioned not being informed. However, some of them mentioned other reasons that the project needs to take in to consideration and action: 7% not interested, and other 9% said not enough knowledge and the center of the suco is too far from the community houses not allowing for person living with disability to participate.

The lowest level of governance for DRM at the Suco level consists of several sub-villages (aldeia) which can be up to two hours walk from the main Suco Centre. This can limit the participation of women and Persons living with Disabilities in training and planning processes.

The above findings implies that DRP 2.0 intervention should focus more on ensuring women effective participation in DRR planning and implementation processes, especially addressing challenges preventing them from participating in the DRR implementation processes.

“There are two challenges faced by women for their effective participation in DRR planning and implementation processes: one is the *women’s workload at household level*, and the second one is *due to other organizations to paying participants to take part in their activities, which led most women to be less motivated to participated in the DRR planning activities as there was no financial incentive*”. Women from suco Uaimori.

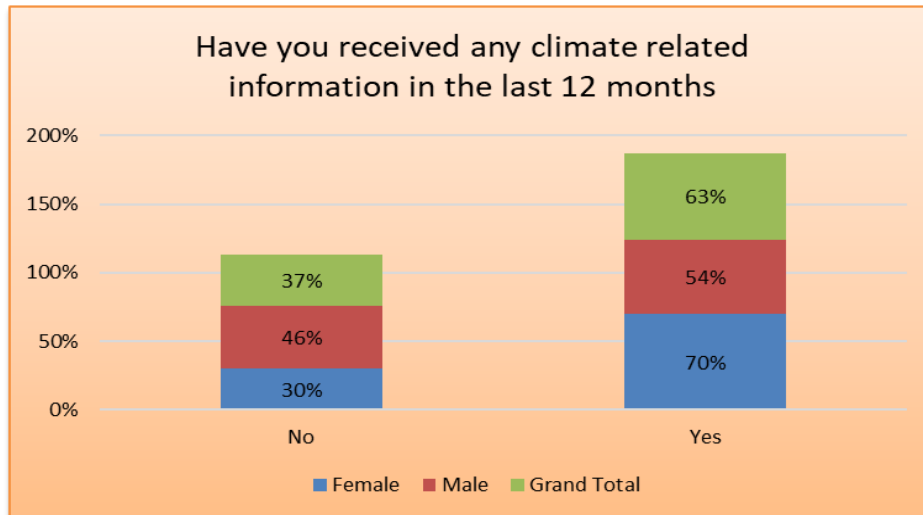
### Climate resilience information

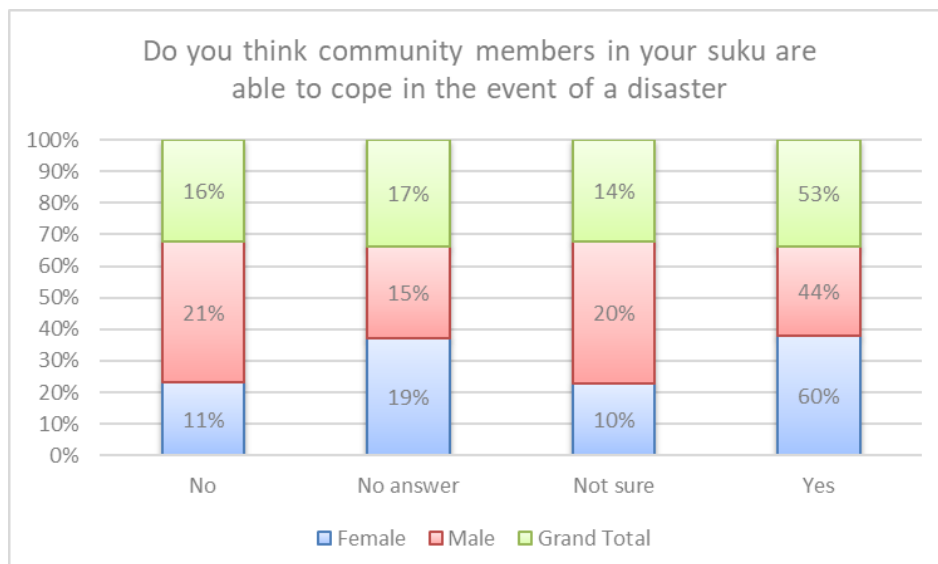
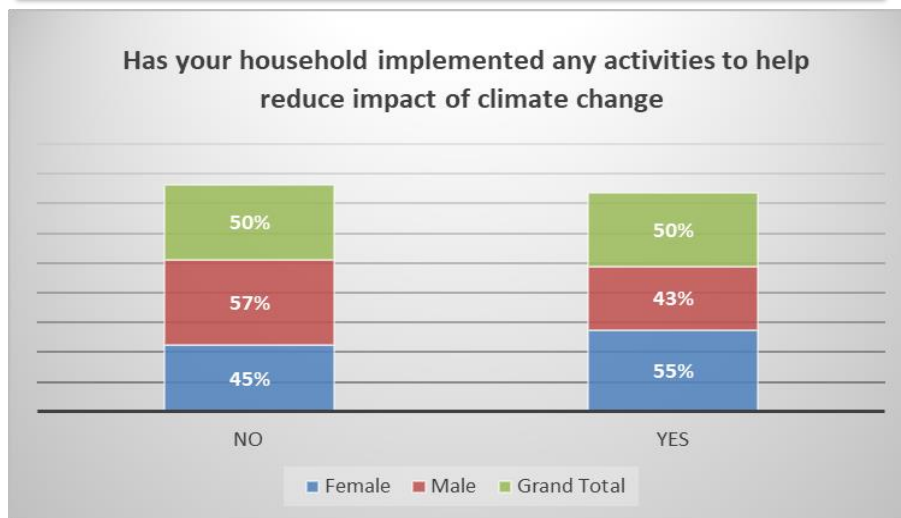
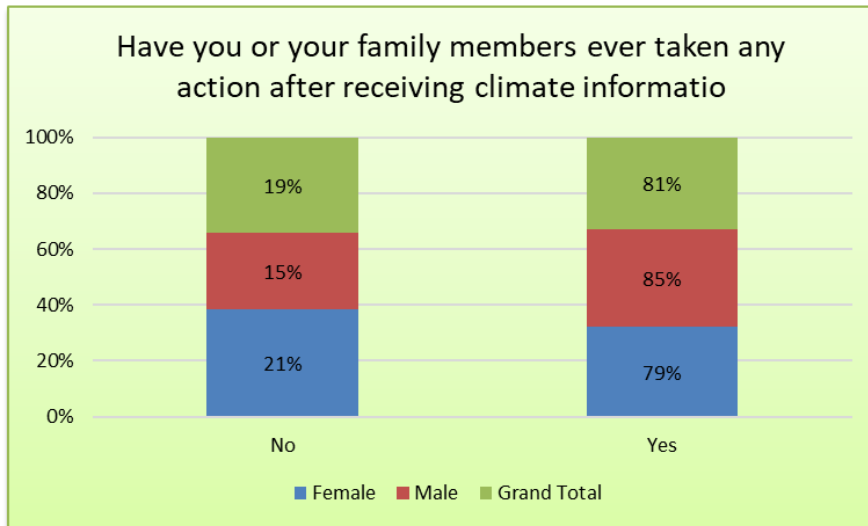
63% of all participants (70% of all women and 54% of all men) indicated to have received climate information in the last 12 months. However out of those who received climate information 81% have taken action, this means representing 51% out of all of survey respondents.

*“Water source protection and installation to the community center allowed people with disabilities to easily access the clean water from nearby houses. Our suco still faced risks related to access to the*

market during the rainy season. Hoping to get in kind support for building a safe road for the community during the rainy season,” said community leader from Suco Nahareka.

Figure 7: Community resilience to climate risk and disaster





When asked about whether any of the household members had taken any action after receiving climate information, 81% out of 89 respondents confirmed that they have taken action after receiving climate information. In addition, 50% of the respondents indicated that each household has implemented activities to help reduce the impact of climate change, including community coping capacity, 53% said yes community members are able to cope in the event of a disaster.

Activities undertaken after receiving climate information, and examples of disaster coping mechanisms, were only related to mitigation activities such as cutting trees branch nearby house , strengthening the roofing of the houses, sharing information to others neighbor, tree planting, construct passadera, small bridge, wall protection by constructing gabion box, build strong houses and water sources protection.

Table 7: Challenges encountered by community in relation to resilience to disasters

Challenges encountered by community ( n = 141)	Grand Total
<i>Lack of diversified income sources at household level Limited knowledge and access on climate information</i>	3%
<i>Limited access to agriculture loans Lack of diversified income sources at household level Limited knowledge and access on climate information Limited community knowledge on climate resilient crops</i>	90%
<i>Limited knowledge and access on climate information Other</i>	11%
<i>No challenges</i>	1%

The table above showed that the main challenges encountered by the community to be resilient to disasters is limited access to agriculture loans, limited community access to climate coping mechanisms and lack of diversified income sources at household level.

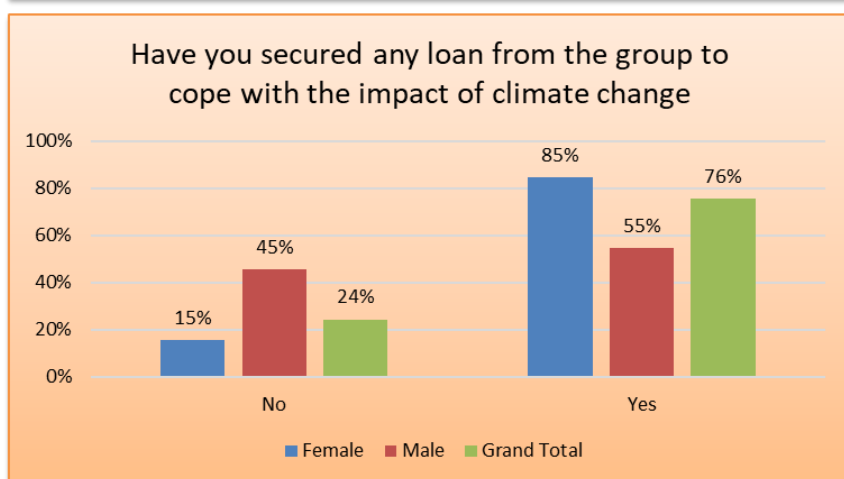
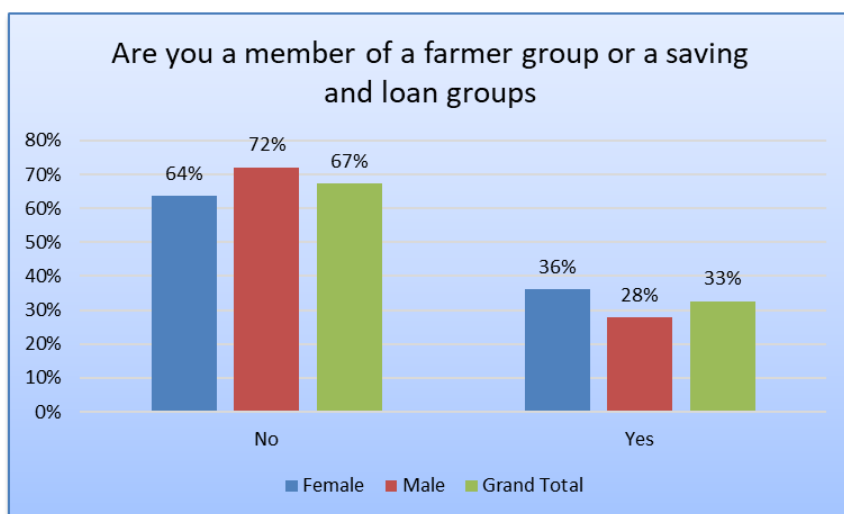
*“ The challenge for my personalities is I feel lack of knowledge and ability on climate coping mechanism, there is no financial sources available to support my disaster risk reduction activities”* women from suco Luca

Lack of community knowledge on climate change impacts and climate adaptation DRR including lack of coping capacity in relation to existing climate hazards flooding, landslides, strong wind and droughts is leading vulnerable communities in the high risk of disaster.

Overall 67% of the respondents (64% of all female respondents and 72% of all male respondents) said they were not a member of the farmer group or saving and loan groups. While 33% of the respondents confirmed to be a member of farmer groups or saving and loan activities, out of which 73% already have secured loans from their group to cope with the impact of climate change.



Figure 8: Household level coping capacity



The survey revealed that women’s economic empowerment activities need to be considered in the DRP 2.0 project implementation activities, although some of the community have been members of the economic empowerment groups to ensure and eliminate the challenge faced by the community for building their resilience to climate and disaster.

Table 8: Coping capacity for climate change resilient community

Type of group (Size=46)	Female	Male	Grand Total
Farmer/agriculture groups	2%	1%	4%
Farmer/agriculture groups Savings and loans groups	0%	2%	2%
Fish pond activities	1%	1%	2%
Savings and loans groups	16%	6%	22%
Savings and loans groups Savings for change group	1%	1%	2%
Savings for change group Savings and loans groups	1%	0%	1%
Savings for change group Savings and loans groups Farmer/agriculture groups	0%	1%	1%

The respondents also asked, whether they have secured a loan from the group to cope with the impact of climate change, 76% out of them said yes. Those who said yes, used the money to help people affected by fire events, schoolchildren fee, purchases of basic household needs and food during the long drought season.

In addition, for women who belong to farmer groups or savings groups, they were asked who makes the decisions on how to use the money/income from their group activities. 45% said my husband, while 31% said themselves.

The above findings implicate a strong need to challenge cultural norms related to women economic empowerment and decision making at household level. In this line are DRP 2.0 interventions to conduct SAA, engage men and boys activities, and women lead in emergency approaches.

Key recommendation for outcome 1:

- Continue strengthening existing of 11 locally multi hazard EWS that was established in DRP 1.0 and establish the same approach in four new suco under DRP 2.0.
- Put in place appropriate strategy for information sharing at household level especially by supporting women to participate effectively in DRR activities implementation processes to increase household level preparedness and response to disaster.
- Ensure that processes to facilitate the participatory development and integrated Suco DRR plan into Climate adaptation activities include the meaningful participation of persons living with disability and women.
- Facilitate training of women in leadership and public speaking to ensure their empowered participation as well as training of men and boys in gender equality to ensure meaningful participation of women.
- Introduce women led VSLA in DRP 2.0 and use VSLA as an entry point to build women's DRM leadership capacity using CARE's Women Lead in Emergencies (WLiE) methodology.
- Integrate DRR plans into Municipal Annual Plan documents by using a Community Score Card process to facilitate the community's ability to monitor Municipal service delivery providers, including PNDS, and provide training to SDMCs in costed proposal development for effectively seeking support for implementing DRR and Climate adaptation plans.

### **3. 2.2. Outcome 2 - Local civil society actors (NGOs, CBOs, churches, informal groups) have improved institutional and technical capacity to fulfill their role**

Related to disaster risk reduction, preparedness, and response plans at the level of government institutions and CSOs, it was found that all representatives from eight institutions interviewed confirmed that each institution has developed a DRR preparedness and response plan. However, it is very important to monitor the quality and the level, at which their plans were implemented, especially for the two implementing partners.

When asked about having assessed their existing institutional capacity to prepare for and respond to disasters, six out of eight respondents, five from national civil protection one female and four male, and one male from a local implementing partner, said they have existing institutional capacity to prepare for and respond to disasters.

100% of the institutions interviewed confirmed each institution received different training topics of inclusive Disaster Preparedness Inclusive CBDRM, Gender equality and social inclusion and GBV prevention, Child protection in Humanitarian action, Spatial data collection and analysis.

When asked about specific and protection training topics, three out of six national civil protection and all the two implementing local partners interviewed have mentioned their staffs were trained on GEDSI and GBV prevention, while no staff from both National Civil Protection and local implementing partners are trained on Gender Responsive Budgeting training.

The current priority trainings needs for staff working on DRR in CP and CSO institution/organization mentioned below:

- Humanitarian Action Gender in Humanitarian Action (GiHA)
- Inclusive data management in DRR
- Gender responsive budgeting CVCA Sphere training Spatial data collection and analysis
- Humanitarian inclusion Standards(HIS)
- Gender Equality and Disability Inclusion
- GBV prevention and Child Protection in Humanitarian Action
- Inclusive data management in DRR CVCA Spatial data collection and analysis

Both local partners, KHC and FOKUPERS, as a key informant interview respondents reported that they participated frequently in government coordination meetings and sometimes with civil society coordination meetings regarding local disaster preparedness or response coordination forum at different levels. However, one only participates in the discussion with no specific role, another one plays the leading role.

One of the indicated challenges by local implementing partners was limited capacity of volunteer staff in collecting Disaster preparedness and response data collection. This is partially due to the limited institutional capacity of local CSOs that need to be a focus under DRP 2.0.

**Key recommendation:**

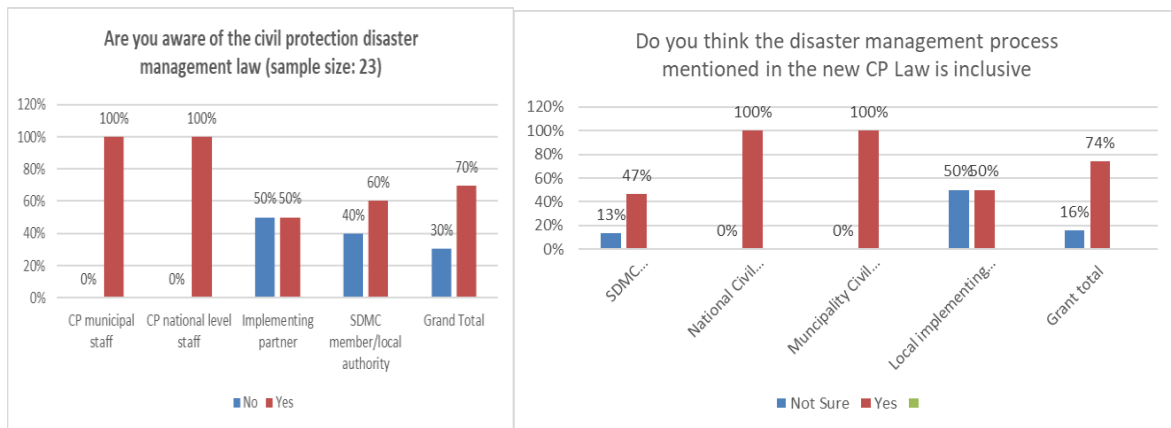
Project needs to strengthen the capacity of FOKUPERS, KHC and RHTO to participate effectively and advocate to national and municipal authorities for increased participation of local CSOs in national and municipal planning mechanisms for disaster preparedness and response, including sector (cluster) coordination systems.

DRP 2.0 project team need to work closely with two implementing partners to cross check the quality of existing inclusive preparedness plan and the implementation progress including the data collection system.

### **3. 2.3 Outcome 3: National and sub-national governments are supported to lead effective, inclusive, and coordinated disaster preparedness, climate change adaptation and response activities**

70% of the all-key informants interviewed mentioned they are aware of civil protection law and 74% out of 70% report disaster management processes mentioned in the new CP Law are inclusive. However, this represents 61% of all respondents including those who report not to be aware of the current civil protection law.

Figure 9: Perception of local authorities on Inclusiveness of Civil Protection Disaster Management Law



80% of all people living with disability and 50% of all female interviewed confirmed to be aware of Disaster Management Civil Protection Law. Respondents indicated that the law is inclusive because in the body of the law is prioritising vulnerable groups specifically women, men, children and people with disability, said by one of KII participants.

### Data management system at Civil Protection level

Viqueque Municipality Civil Protection asked about best practices of using Kobo collect application to submit data to CP/NDOC, the respondents confirmed yes currently he use kobo collect application to submit data collected to data center at National level (NDOC). In another hand, National Civil Protection also asked whether they used Kobo toolbox to manage DRR data at central level, 80% out of five national civil protection interviewed 60% male and 20% female confirmed that they used while 20% out of five respondents said no.

However, centered data encountered challenges while using the system such as the data from the field not controlled well, and collected related to houses but mixed with other data. Therefore, data analysis was challenged in terms of accuracy of the data interpretation.

Support needed requested from four staff of national civil protection on:

1. Kobo collect refresher training to both National and Municipality civil protection staffs including SDMC members
2. Training on Data analysis Reporting System functionalities
3. System functionalities Data analysis Reporting

National level monitoring and data management systems for DRM are not well developed and do not adequately collect information based on disaster management cycle.

The following are the gaps identified by Civil Protection Authority which relate to local organization and institutions being able to effectively participate in and influence local DRR preparedness and responses initiatives:

1. Limited capacity of SDMC members and local implementing partner's staff in using data collection tools for collecting data related to disaster preparedness and response using Kobo tools box.
2. CPA have a limitation of human resources at municipality level to effectively coordinate DRM processes.

3. Need to re-activate and review the roles and responsibility of MDMC to coordinate effectively climate adaptation DRR with all humanitarian agencies including local partners.
4. Need harmonization of the data collection tools for disaster preparedness and response at country level among different humanitarian actors.
5. There is a need for the Government budget allocation of inclusive climate adaptation DRR to build a resilient community.
6. Need to Improve the existing coordination mechanism between civil society and government in DRM and preparedness and response plan

New Civil Protection Decree Law only aware by both National and Municipality Civil Protection and some community leaders. It is crucial to socialize at all levels including community members in all aldeia.

**Key recommendations**

- DRP 2.0 AHP Consortium team needs to work with CP to strengthen NDOC systems for data collection and management with a focus on vulnerability and inclusion.
- AHP Consortium needs to share this finding to National Civil Protection Authority and encourage them to socialize civil protection law at Sub-national level to ensure local leaders and communities are aware and understand the required action to take regards disaster preparedness and response plan.

## 4 Conclusion and recommendations

The objective of this baseline was to track the situation before the intervention

Overall, the relevance of the project is unquestionable looking at both the baseline findings and the objectives of the project. However, the following recommendations and actions should be considered during project implementation:

- Continue strengthening existing of 11 locally multi hazard EWS that was established in DRP 1.0 and establish the same approach in four new suco under DRP 2.0.
- Put in place appropriate strategy for information sharing at household level especially by supporting women to participate effectively in DRR activities implementation processes to increase household level preparedness and response to disaster.
- Ensure that processes to facilitate the participatory development and integrated Suco DRR plan into Climate adaptation activities include the meaningful participation of persons living with disability and women.
- Facilitate training of women in leadership and public speaking to ensure their empowered participation as well as training of men and boys in gender equality to ensure meaningful participation of women.
- Introduce women led VSLA in DRP 2.0 and use VSLA as an entry point to build women's DRM leadership capacity using CARE's Women Lead in Emergencies (WLiE) methodology.
- Integrated DRR plans into Municipal Annual Plan documents with using a Community Score Card process to facilitate community's ability to monitor Municipal service delivery providers including PNDS and provide training to SDMCs in costed proposal development for effectively seeking support for implementing DRR and Climate adaptation plan.
- Project needs to strengthen the capacity of FOKUPERS, KHC and RHTO to participate effectively and advocate to national and municipal authorities for increased participation of local CSOs in national and municipal planning mechanisms for disaster preparedness and response, including sector (cluster) coordination systems.
- DRP 2.0 project team need to work closely with two implementing partners to cross check the quality of existing inclusive preparedness plan and the implementation progress including the data collection system.
- DRP 2.0 AHP Consortium team needs to work with CP to strengthen NDOC systems for data collection and management with a focus on vulnerability and inclusion.
- AHP Consortium needs to share this finding to National Civil Protection Authority and encourage them to socialize civil protection law at Sub-national level to ensure local leaders and communities are aware and understand the required action to take regards disaster preparedness and response plan.
- Support the establishment of 11 local multi hazard EWS from DRP 1.0, and continue the same approach in DR 2.0 in four new suco's, strengthening information sharing at the household level to increase household level preparedness and response to disaster rather than suco level
- Provide support for vulnerable groups from aldeia level to participate in Suku level DRM planning activities.
- Ensure that processes to facilitate the participatory development and integrated Suco DRR plan into Climate adaptation activities include the meaningful participation of persons living with disability and women.
- Facilitate training of women in leadership and public speaking to ensure their empowered participation as well as training of men and boys in gender equality to ensure meaningful participation of women.
- Introduce women led VSLA in DRP 2.0 and use VSLA as an entry point to build women's DRM leadership capacity using CARE's Women Lead in Emergencies (WLiE) methodology.

- Integrate DRR plans into Municipal Annual Plan documents with using a Community Score Card process to facilitate community's ability to monitor Municipal service delivery providers, including PNDS, and provide training to SDMCs in costed proposal development for effectively seeking support for implementing DRR and Climate adaptation plan.
- DRP 2.0 project team need to work closely with two implementing partners to crosscheck the quality of existing inclusive preparedness plan and the implementation progress.
- Strengthen the capacity of FOKUPERS, KHC and RHTO to participate effectively and advocate to national and municipal authorities for increased participation of local CSOs in national and municipal planning mechanisms for disaster preparedness and response, including sector (cluster) coordination systems.
- Need to work with CPA to strengthen NDOC systems for data collection and management with a focus on vulnerability and inclusion.
- AHP Consortium needs to share this finding to National Civil Protection to socialize at Sub-national level, as it is very crucial to be aware and well understood by all service providers at community level.



## Annex 1: Baseline values

	Statement	Indicators	Baseline Value
Outcome 1	Communities (especially vulnerable groups) plan and implement effective, inclusive and integrated disaster risk reduction and climate change adaptation activities	% of community members that have applied climate knowledge and information services to inform their adaptation strategies. (disaggregated by sex, age, ability)	overall: 51% of all women respondents: 55% of all men respondents : 46% of all people with disability respondents: 89%
		% of community members who have actively participated in climate-relevant decision-making at household level(disaggregated by sex, age, ability)	overall: 50% of all women respondents: 55% of all men respondents : 43% of all people with disability respondents: 46%
		% of women who have actively participated in economic decision-making in the household and/or community	Overall women: 31% Overall women with disability: 27%
Outcome 2	Local civil society actors (NGOs, CBOs, churches, informal groups) have improved institutional and technical capacity to fulfill their role in effective and inclusive disaster preparedness and climate change adaptation.	No of local NGOs that have developed inclusive disaster preparedness and responses plan	2
		No of local NGOs that have implemented inclusive disaster preparedness and response plans	1
Outcome 3	National and sub-national governments are supported to lead effective, inclusive, and coordinated disaster preparedness, climate change adaptation and response activities.	% of humanitarian emergency responders reporting the CP SOPs are inclusive	61%
		% of humanitarian emergency responders that have taken at least one action after receiving the training on GEDSI, and prevention of GBV	63%
		% of CP municipal staff reporting to have submitted data to Civil protection (NDOC) using	100%

		electronic data collection data collection system	
		% of CP staff who have taken at least one action after having received the gender responsive budgeting	0

## Annex 2: CARE DRP 2.0 MEL Framework



CARE\_TL DR 2.0  
MEL Plan Final 2022

## Annex 3: Quantitative data collection tools

HH survey: <https://ee.humanitarianresponse.info/x/ZBoWAI1I>



TL-Baseline-HHs  
survey.xlsx

Institutions survey: <https://ee.humanitarianresponse.info/x/Xv7KVs4L>



TL-Baseline survey  
KII.xlsx

# Annex 4: FGD Guide

## FGD transcription sheet

### Tabela transkrisaun ba Foku Diskusaun Grupu

#### Guidelines for Note taking:

#### Mata-dalan ba hola minutos:

- Please write clearly and legibly.  
Favor hakerek ho klaru no momós.
- Bullet points are best unless you want to include a good quote from a participant. Your note sheet should be a summary of what the participants said, not everything that the participants said.  
Tau tuir pontus sira deit diak liu anaunser ita boot hakarak atu inklui sitasaun ka *quote* husi partisipante. Ita bo'ot nia tabela minutos nian tenke sumariza saida mak partisipantes sira dehan, laos buat hotu ne'ebé partisipantes sira dehan.
- Use the probing techniques discussed in training. If a participant says something interesting, please continue to discuss with them before moving on – these questions act as a guide only.  
Uza tekniku haklean diskusaun iha trainamentu. Se karik partisipante dehan buat ruma ne'ebé interesante, favor kontinua diskuti ida ne'e antes muda ba oin – Pergunta hirak ne'e sai deit mata dalan ida.
- If the group is not giving very clear answer or does not understand, move on to another question and then come back later, asking the question in a different way.  
Se karik grupu la fo resposta ne'ebé klaru ou la kompriende, muda ba pergunta seluk no bele fila-fali ba pergunta ne'e depois, husu pergunta ho forma ka dalan seluk.
- The discussion and note taking should be done in Tetum.  
Diskusaun no hola minutos tenke halo iha Tetum.
- Soft copies of the translated version of the transcription sheets should be submitted to CARE together with the original Tetum version for analysis.  
Copia husi versaun tradusaun nian konaba tabela transkrisaun nia tenke submete ba CARE hamutuk ho versaun orijinal Tetun nian atu analiza.

### Focus Group Discussion members' identification

Identifikasaun membru foku diskusaun grupu nian.

	Identification information Informasaun Identifikasaun nian	Answer Resposta
	AHP Agency name Naran Ajensia AHP	
1	Name of the facilitator Naran facilitador nian	
2	Name of note taker Naran ema ne'ebé hola minutos	
3	Date of interview Loron Intervista	
4	Location of the group discussion  Fatin ba diskusaun grupu	Municipality: Munisipiu  Administrative Post: Postu Administrativu  Suco: Suku  Aldeia: Aldeia
5	Type of FGD (circle the one that applies):  Tipu FGD ka Foku Diskusaun Grupu (Halo sirkulu ba ida ne'ebé aplika)	A) Women Feto  B) Men Mane  C) Female Youth Joven Feto  D) male youth Joven Mane  E) Person with Disability Ema ho Difisiensia

6	<p>Number of participants (max 5) + coding:</p> <p>Options for anonymity:</p> <p>Numeru partisipantes (max 5) + Code:</p> <p>Opsaun ba anonimu:</p> <p>a) I prefer to stay anonymous Hau prefere atu sai anónimu</p> <p>b) Only my position can be referenced Hau nia pozisaun deit mak bele refere ba</p> <p>c) My name and position can be referenced Hau nia naran no pozisaun bele refere ba</p>	<p>Note for each participant their name, function (if any) or type of respondent and gender. Also add the anonymity option a, b or c (see left).</p> <p>Nota ba partisipante idak-idak sira nia naran, funsaun (karik iha) ka tipu respondende no Jéneru. Nune'e mos bele aumenta opsaun ba anónimu ho opsaun a, b ka c (hare iha liman karuk ne'e)</p> <p>A.</p> <p>B.</p> <p>C.</p> <p>D.</p> <p>E.</p> <p>F.</p> <p>G.</p> <p>H.</p>
7	<p>Spoken languages during FGD:</p> <p>Lingua ne'ebé koalia durante FGD</p>	
8	<p>Duration of the FGD (Start and End):</p> <p>Durasau ba FGD (hahu no remata):</p>	<p>Start: .....-End: .....</p> <p>Hahu: ..... Remata: .....</p>

Guide question	Respondent ID ID respondente	Answer Reposta	Note / observation by facilitators Nota/Observasaun husi Fasilitador
<p><b>1. Do you think community members in your suco are prepared to disasters ? Please give some examples of what factors indicate community members are well prepared</b></p> <p>Tuir ita bo'ot nia hanoin membru komunidadade sira iha ita bo'ot nia suku preparadu ba desastre ? favor bele fo exemplu fator saida mak indika katak komunidadade preparadu ona ?</p>			
<p><b>2. What do you think should be done and who should do what to increase community preparedness to rapid and slow onset</b></p> <p>Tuir ita bo'ot nia hanoin saida mak ita presija halo no se mak sei halo saida atu hasae komunidadade sira nia preparasaun ba desastre ne'ebé neneik no lalais</p>			
<p><b>3. Let's talk about Disaster risk reduction activities at community level : Can you explain the process of developing the</b></p>			



Guide question	Respondent ID ID respondente	Answer Reposta	Note / observation by facilitators Nota/Observasaun husi Fasilitador
<p><b>plan and how community members are involved ?</b> Ita bele koalia oituan kona ba atividade iha nivel comunidade : favor ita bo'ot bele esplika prosesu dezenvolve planu no oinsa membru comunidade sira involve iha prosesu ne'e ?</p>			
<p><b>4. How does the DRR development process consider the real community needs ? Waht should be done differently ?</b> Oinsa prosesu dezenvolve RRD konsidera nesidade real husi comunidade ? no difrensia saida mak presija ita halo ?</p>			
<p><b>5. Tell us about how(give examples) activities on DRR have considered and addressed the needs of vulnerable people and special groups such persons living with disability, women, and youth? Waht should be improved ?</b></p> <p>Hatete ba ami oinsa( fo exemplu) atividade RRD konsidera no tau matan ona ba nesidade husi ema vulneravel sira spesial ba grupo hanesan : ema ho difisiensia,</p>			

Guide question	Respondent ID ID respondente	Answer Reposta	Note / observation by facilitators Nota/Observasaun husi Fasilitador
feto, no juventude ? saida mak presija hadia diak liutan ?			
<p><b>6. What should be done to increase participation of persons living with disability, women, and youth in DRR processes ?</b></p> <p>Saida mak presija ita halo tan atu hasae partisipasaun feto no ema ho difisiensia, feto no juventude iha prosesu RRD ?</p>			
<p><b>7. What should be done to increase disaster and climate resilience at household level ?</b></p> <p>Saida mak ita presija halo tan atu hasae resiliensia husi uma kain sira ba iklim no Desastre ?</p>			

