CARE Rapid Gender Analysis COVID-19 Timor-Leste

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Contents

Acronyms

CITL	CARE International in Timor-Leste
COVID-19	Novel coronavirus 2019
CSO	Civil Society Organisation
DPO	Disabled Persons Organisations
EU	European Union
GBV	Gender Based Violence
IEC	Information Education Communication
INGOs	International Non-Governmental Organisations
MoH	Ministry of Health
NGO	Non-Governmental Organisation
RGA	Rapid Gender Analysis
SRH	Sexual and Reproductive Health
UN	United Nations
UNICEF	United Nations Children's Find
WASH	Water, Sanitation and Hygiene
WEE	Women's Economic Empowerment
WHO	World Health Organization

Executive Summary

As of 27 April, 2,986,751 confirmed COVID-19 cases and 206,669 deaths have been recorded across 210 countries and territories.[1] To date, Timor-Leste has 24 confirmed cases with the majority of cases (22 cases) in Dili.[2] 322 tests have been completed, with results pending for 80 suspected cases.[3]

An outbreak of COVID-19 would be devastating for Timor-Leste. As one of the world's least developed countries and the poorest country in southeast Asia, it is feared that the pandemic would easily overwhelm the country's weak healthcare system. In international and regional rankings Timor-Leste is assessed as having weak health systems, low capacity to respond to infectious disease outbreak, high rates of underlying health issues that increase risk of COVID-19 mortality and overall high COVID-19 risk.[4] Timor-Leste is ranked second of 25 countries in the Asia Pacific in terms of risk for COVID-19.[5] The 2020 INFORM Global Risk Index identifies that, Timor-Leste is most at risk for; access to healthcare, existing health conditions and food insecurity.[6] Current gaps in the capacity to effectively respond to the virus include under-resourced healthcare facilities, limited communication channels to communities, lack of adequate water, hygiene and sanitation (WASH), difficult geographical terrains, and widespread poverty. Systemic gender inequality and the exclusion of marginalised groups from leadership positions and decision making, service provision, and access to and control of resources, would exacerbate the impact of the pandemic on vulnerable groups.

A COVID-19 outbreak would disproportionately affect women and girls, including their education, food security and nutrition, health, livelihoods, and protection. Timor-Leste is ranked at 111 out of the 187 countries in the UN Gender Inequality Index (GII) and has one of the highest rates of GBV.[7] In Timor-Leste, women are often the primary caregivers in the family, placing them at heightened risk of infection. Women's unpaid workloads may increase with the need to care for sick family members and children at home due to school closures. Maternal, sexual and reproductive health services may be less available as resources are diverted to respond to the pandemic, putting women at greater risk of maternal mortality and disability. As with all crises, there is an increased risk of gender-based violence (GBV) in a country where pre-existing rates of GBV are already extremely high.

Key Findings: Potential impacts of COVID-19

- Women's unpaid workload as primary caregivers may increase.
- Women's food insecurity may increase due to reduced livelihoods and gender norms in which men and children eat first.
- Women's access to maternal, reproductive and sexual health services may be reduced.
- Risks of gender-based violence may increase.
- Women's lower levels of education, employment, and economic security makes them more vulnerable to financial shocks.
- Current WASH facilities are not gender- or disability-inclusive.
- COVID-19 Prevention and response strategies are not gender-sensitive or disability-inclusive.
- People with disabilities, children, and rural communities face additional vulnerabilities,

Prevention and response strategies developed by the government and non-government actors may exclude or be inaccessible to women. With lower levels of participation in the public sphere, women may not be involved in the design and implementation of COVID-19 prevention strategies. Communication materials may not reach women due to lower literacy levels and responsibilities in the home. WASH facilities may not be safe and accessible to women, and financial assistance and food security initiatives may benefit male members of the household before reaching women and children.

Men's gender roles and norms also need to be taken into account in developing responses to COVID-19 to ensure that men are properly targeted to reduce their vulnerability to illness, and to leverage their roles as leaders and decision makers in the home and community to help prevent the spread of the disease.

In addition, rural populations in Timor-Leste have significantly less access to a range of services, including water and sanitation, health, education, food supplies, and finance.[8] Rural populations also experience greater levels of poverty and food insecurity, and lower levels of education and literacy. Persons with disability represent another vulnerable group, who face accessibility issues, discrimination and higher rates of poverty. An intersection of attributions and vulnerabilities, such as gender, age, disability, literacy, socio-economic status, and geography, have the potential to compound the impacts of the COVID-19 pandemic on individuals, families and communities.

Key recommendations

1. Ensure COVID-19 **prevention and response strategies and measures** by the Government of Timor-Leste, government ministries and agencies at all levels, and other actors (e.g. United Nations, EU, INGOs, local CSOs) are developed and implemented in a **gender-sensitive** manner, with an understanding of their impact on different genders and vulnerable groups, and with measures to mitigate gender-related risks.

2. Ensure **information education communication (IEC) materials** on COVID-19 **reach all members of the community**, including women, children, the elderly, persons with disabilities, and rural communities.

3. Ensure availability of **sex, age and disability disaggregated data**, including on differing rates of infection, economic impacts, care burden, and incidence of gender-based violence.

4. Prioritise **services for prevention and response to gender-based violence** in communities affected by COVID-19 and consider different ways people can access services in isolation and how services can be more inclusive of people with disabilities.

5. Protect essential **health services for women and girls**, including maternal, sexual and reproductive health services.

6. Ensure that **WASH** services and facilities are **safe and accessible** for women, girls, and people with a disability. Ensure that WASH services are adequately available in rural communities.

7. Ensure **financial assistance strategies and food security measures** are developed and implemented in manner that is **inclusive of women** and builds women's economic resilience.

8. Continually **update Rapid Gender Analyses** (or equivalent) with contextualised recommendations as the crisis evolves.

Introduction

Background information – COVID-19 and Timor-Leste

As of 27 April, 2,986,751 confirmed COVID-19 cases and 206,669 deaths have been recorded across 210 countries and territories.[9] To date, Timor-Leste has 24 confirmed cases with the majority of cases (22 cases) contained in Dili and 2 cases in Liquica.[10] 322 tests have been completed, with results pending for 80 suspected cases.[11]

The trajectory of the pandemic in different countries is varied, with numbers continuing to rise in some and stabilising in others. Evidence indicates that older persons and people with compromised immune systems are most likely to suffer serious complications, and men are more likely to experience higher mortality rates than women.[12] Many developing countries are still in the early phases of the pandemic compared to developed countries. However, developing countries present unique challenges in their capacity to respond to the coronavirus. There has also been growing recognition of the gendered impacts of the pandemic, such as risks of gender-based violence and an increase in women's unpaid caring responsibilities.

An outbreak of COVID-19 would be devastating for Timor-Leste. In international and regional rankings Timor-Leste is assessed as having weak health systems, low capacity to respond to infectious disease outbreak, high rates of underlying health issues that increase risk of COVID-19 mortality and overall high COVID-19 risk.[13] Timor-Leste is ranked second of 25 countries in the Asia Pacific in terms of risk for COVID-19.[14] According to the Ministry of Health (MoH) and World Health Organization (WHO) situation reports, Timor-Leste has major gaps in the capacity of health facilities to prepare and respond to the pandemic; the availability of reliable information and communication channels to communities; and access to public and private handwashing facilities. The Government of Timor-Leste has requested all UN, international and national agencies, including faith-based institutions, to disseminate community health messages on prevention and to distribute supplies to support handwashing.

The Government of Timor-Leste has identified populations bordering Indonesia as particularly vulnerable to the virus and in urgent need of information and support to prevent transmission. Over 230,000 people in 45,000 households live on the border.[15] The land border with Indonesia is porous with shared language groups and traditional kin groups living on either side and high levels of informal and undocumented travel and trade. The risk of undetected virus transmission is very high. Health facilities on both the Timor-Leste and Indonesian sides of the border will not cope with a COVID-19 outbreak; the consequences of a virus cluster in these communities will be catastrophic. Actions to reduce transmission through promotion of good hygiene practices and provision of handwashing facilities will fill a gap in transmission prevention and potentially avoid massive financial and human costs of a COVID-19 outbreak in this area.

More broadly, Timor-Leste has put in place a range of preventative measures to limit the spread of COVID-19 including:[16]

- The H.E President of the Republic declaring a State of Emergency spanning 28 March to 26 April 2020, which on 20 April was extended to end-May.[17] Prevention strategies include: (i) suspending collective passenger transportation (ii) closing all schools and training facilities; (iii) restricting international travel, including prohibiting the entry of foreigners; (iv) imposing compulsory isolation to all those infected with COVID-19; (v) prohibiting meetings or demonstrations involving more than five people and any social, cultural and sporting events; and (vi) limiting public administration to essential public services.[18]

> *"Coronavirus has a far-reaching impact on everyone, on their health, their socio-economic wellbeing, and on their rights."*
>
> Andrew Jacobs
>
> European Union Ambassador to Timor-Leste

- The Prime Minister established a 'Monitoring and Evaluation Committee on the Strategy for Prevention and Combating COVID-19' on 20 March 2020. The Committee will provide technical and strategic advice to the Prime Minister on preventing and combating COVID-19.[19]

- In coordination with WHO, Timor-Leste has increased surveillance and contact tracing, isolation and quarantine measures, laboratory testing, provision of Personal Protective Equipment (PPE) for health workers and emergency responders, and risk communications. The Ministry of Health has established a hotline for community members to call to receive information on COVID-19 and provides regular updates on the MoH Facebook page.[20]

- The Government of Timor-Leste has approved an emergency budget of USD 250 million to stimulate the economy in response to the impact of COVID-19, and USD 150 million for coronavirus preparations, including medical equipment, small business credit lines, and direct financial support for citizens.[21] The government stimulus package includes: (i) cash transfers with a monthly basic income to over 214,000 households for 3 months; (ii) wage subsidies (60% of wages) for formal sector employees; (ii) purchase of 3-month emergency supply of rice; (iii) maintaining transportation channels open for essential goods and medical/emergency goods; (iv) partially waving the payment of electricity and water bills and social security contributions; and (v) providing stipends to Timorese students studying overseas.[22]

INGOs in Timor-Leste are ready to respond, and have secured funding from a range of donors for awareness raising, hygiene promotion and support essential WASH services.

Timor-Leste faces significant challenges responding to the pandemic including difficult geographical terrains, a multitude of local languages, limited resources, and weak healthcare services which lack infrastructure, equipment, and qualified personnel. Healthcare services within the country are easily overwhelmed, and the provision of specialised services and intensive care is limited. Large households (average 5.8 people) pose potential problems for transmission containment.[23] Timor-Leste is ranked at 111 out of the 187 countries in the UN Gender Inequality Index (GII) and has one of the highest rates of GBV.[24] Systemic gender inequality and the exclusion of marginalised groups from leadership positions and decision making, service provision, and access to and control of resources, will compound the impact of the virus on vulnerable groups.[25] Preventative measures such as handwashing are difficult to practice with significant variation in WASH facilities, including much lower access in rural areas and many WASH facilities not being gender and disability inclusive. This includes rural healthcare services, with approximately 50 % of rural health facilities having no access to piped water.[26]

The Rapid Gender Analysis Objectives and Methodology

This Rapid Gender Analysis (RGA) aims to:

- Analyse and understand the different impacts, needs, capacities and coping strategies that COVID-19 potentially has on women, men, girls and boys and other vulnerable groups in Timor-Leste.

- Inform humanitarian programming in Timor-Leste based on the different needs of women, men, girls and boys and other vulnerable groups with a particular focus on gender-based violence (GBV); health; WASH; and women's economic empowerment (WEE).

Research methods for this RGA focus on secondary data review of existing gender information from CARE International and CARE Pacific gender analysis', existing CARE International in Timor-Leste project gender analysis, secondary research from sources such as UN, WHO, Government of Timor-Leste, and peer agencies, and the most recent COVID-19 data for Timor-Leste.

Demographic Profile – Timor-Leste

Sex and Age Disaggregated Data

Population	Timor-Leste	Rural	Urban
Female	582,531 (49%)	412,888 (49%)	169,643 (49%)
Male	601,112 (51%)	421,547 (51%)	179,565 (51%)
Total	1,183,643	834,435 (70%)	349,208 (30%)

Timor-Leste's population is 1,183,643 people – 51% (601,112) male and 49% female (582,531), with 30% in urban (349,208) and 70% (834,435) in rural areas.[27] Over 230,000 people in nearly 45,000 households live in high risk border areas (Covalima, Bobonaro, Oecusse).[28]

At least 3.3% of the population are categorised as people with disabilities (38,118), of which 51% are male and 49% are female. The most prevalent form of disability for both men and women is sight impairment, followed by difficulties walking. [29]

Life expectancy in Timor-Leste is 70.4 years for women and 66.8 years for men, with a median age of 19.6 years.[30] Timor-Leste has a significantly younger population, with over half under the age of 19 years[31] and only 8% over 60 years.[32] The average household size is 5.8 people, with 6.4 in urban and 5.6 in rural areas.[33] 18% of households are headed by women.[34]

Findings and Analysis

A COVID-19 outbreak in Timor-Leste would disproportionately affect women and girls in several ways, including their education, food security and nutrition, health, livelihoods, and protection. In Timor-Leste, women are often the primary caregivers in the family and are the key frontline responders in the healthcare system placing them at increased risk of infection. Women's unpaid workload may increase with the need to care for children who are unable to attend school due to closures, as well as caring for sick family members. Maternal, sexual and reproductive health needs continue in an emergency, but can be overlooked or deprioritised. As with all crises, there is the potential for an increase in gender-based violence in a country where pre-existing rates of GBV are already extremely high.

Men's gender roles and norms also need to be taken into account in developing responses to COVID-19 to ensure that men are properly targeted to reduce their vulnerability to illness, and to leverage their roles as leaders and decision makers in the home and in the community to help prevent the spread of the disease.

Rural populations in Timor-Leste have significantly lower levels of access to a range of services, including water and sanitation, health, education, agriculture and finance.[35] Rural populations also experience greater levels of poverty and food insecurity, and lower levels of education and literacy. Persons with disability represent another vulnerable group, who face accessibility issues, discrimination and higher rates of poverty. An intersection of attributions and vulnerabilities, such as gender, age, disability, literacy, socio-economic status, and geography, have the potential to compound the impacts of the COVID-19 pandemic.

Gender at a glance in Timor-Leste

- Timor-Leste is a patriarchal society with strong cultural, social and gender norms and practices that maintain gender inequality. Timor-Leste ranks at 111 out of 187 countries on the UN Gender Inequality Index (GII), indicating high levels of gender inequality.

- The division of labour is strongly gendered inside the home. Women and girls are responsible for unpaid household work, reproductive work, child rearing and caring for the elderly. Men are expected to sustain their family's financial needs through agricultural activities or paid labour. The practice of *barlake* and the involvement of extended family members can place pressure on women (and men) to maintain traditional gender roles.

- Men have higher levels of literacy, education and employment than women. The paid labour force is also significantly divided by gender, and men generally have higher income, more opportunities, and less barriers to paid work than women.

- School enrolment at lower levels is generally equal among boys and girls, but girls have lower rates of completing higher levels of education (secondary and tertiary). Girls in rural areas face greater educational disadvantage than urban areas.

- Women have a high level of representation in national government, supported by a gender quota. However, women's participation in local and community decision-making remains low.

- Sixty percent of women have reported problems accessing healthcare services, particularly maternal and child healthcare. High rates of maternal mortality and child malnutrition persist.

- Gender-based violence remains widespread and is one of highest in the world. Family violence is one of the most common forms of GBV. Younger women are particularly at risk of sexual violence and early marriage.

- Rural populations, the urban poor, and persons with disability experience higher levels of poverty, disadvantage and discrimination.

Gender Roles and Responsibilities[36]

Gendered division of labour

The gendered division of labour influences the different impacts that COVID-19 will have on women, men, girls and boys, and the role that different genders will have in the prevention and response to COVID-19.

The division of labour in Timor-Leste is strongly gendered and is legitimised by traditional patriarchal values, norms and practices. Women and girls have primary responsibility for unpaid household work, reproductive work, child rearing and caring for the elderly, and married women are expected to be of service to their husbands by cooking, cleaning, collecting water and taking care of the domestic sphere.[37] Men are expected to sustain their family's financial needs through agricultural activities or paid labour.

The payment of bride price (dowry) by the husband's family members means that they can have a significant influence on the household division of labour. Family members and the wider community expect the wife to be in service of her husband by cooking, taking care of the house, collecting water and other domestic work. Perceived failures to do so can lead to gender-based violence.

Most people work in the agricultural sector (65%), followed by services and sales (15%).[38] Work within these sectors is also divided by gender. In the agricultural sector, men undertake work that is perceived as 'labour intensive', such as working in rice and maize fields, coffee growing, raising and selling livestock, burning gardens for new cultivation, and ploughing,[39] whereas women undertake 'less heavy' work such as planting, weeding, harvesting and selling produce. A significant proportion of women's work is in subsistence cultivation, informal small-scale trading (such as weaving and trading tais) and home-based industries. Men hold almost all other service sector positions such as taxi and truck drivers as well as higher positions in government.[40] However, gender segregation in other occupations is not as stark, such as office clerk positions (32% female) and retail sales workers and street vendors (50% female).[41] The employment rate in Timor-Leste is higher for men (61%) than women (32%), with women generally earning less than men.[42] Several barriers prevent women from gaining better paid employment, such as limited education and training, access to opportunities, and domestic obligations.[43]

The gendered division of labour may become further entrenched through the spread of COVID-19. As family and community members fall ill, the burden of caring work will fall on women and girls. This may be exacerbated for communities without access to healthcare services, or as the demands of the pandemic stretch healthcare systems beyond capacity.[44] This is of particular concern in Timor-Leste where healthcare systems are already under-resourced and under staffed. Caring for ill family members also puts women at greater risk of contracting COVID-19 and they may spread the disease to others as they also care for non-sick family members. In addition, the closure of schools will further exacerbate the burden of unpaid care work on women as they absorb the additional work of caring for children at home.[45] The potential increase in unpaid care work, potentially coupled with illness, may mean that women are unable to meet their household obligations for which they may face consequences of varying severity.

Participation in public life

Government authorities and community leaders are instrumental in developing and implementing Timor-Leste's response to the COVID-19 pandemic. The national government has taken decisive action in declaring a State of Emergency, introducing lockdown and quarantine measures, strengthening surveillance and testing, and developing public communication materials.[46] Directors at the municipality level and district health directors have also contributed to prevention measures, such as distributing information materials, and Chiefs of Sucos and Aldeias, village leaders and church leaders have engaged in awareness raising sessions to equip them to mobilise the local community behind COVID-19 containment strategies.[47]

The representation and participation of women in governance structures is essential for the design and delivery of gender-inclusive COVID-19 prevention and response measures. At the national level, women's representation in parliament is at 38%,[48] the highest rate in the Asia Pacific region, which has been supported by electoral laws requiring at least one in three people on a party list to be female.

Women are represented on the national '*Monitoring and Evaluation Committee on the Strategy for Prevention and Combating COVID-19',* established by Prime Minister Taur Matan Ruak on 20 March 2020. The Committee provides technical and strategic advice to the Prime Minister on preventing and combating COVID-19.[49] The Ministry of Health has been the key ministry in responding to the COVID pandemic and has established a crisis management team consisting of five pillars: 1.Coordination and monitoring; 2.Risk communication and community participation; 3.Entry point surveillance and investigation; 4.Prevention, infection control, laboratory testing and case management; 5.Supporting operations and logistics.[50] Each pillar has a representation of women and includes focal points from international and national organisations as well as government counterparts.

While successful at the national level, these initiatives have been slow to shift stubborn barriers to women's participation at the local and rural level. At the local level, only 5% of Suco Chiefs are women and Suco structures are comprised primarily of men.[51] Women also remain underrepresented in decision-making forums at a community level. While women attend public meetings organised by the village Chief, the

church, and traditional life and death ceremonies, their participation is generally limited to domestic tasks and women are not involved in decision-making.[52] Women have limited scope for influencing and shaping local planning and governance processes, related to rigid social norms governing decision making within the community. When women do participate, research across five Sucos found that only 24 - 45% of women felt confident to participate in public planning processes and only 10 - 29% of women felt that they had been listened to.[53] Limitations on women's participation stem from social norms in which women are expected to be subordinate to men, to be shy and not express their opinions. Women's overall lower levels of education and literacy may also contribute to their reluctance to speak up.

As community members will abide by the decisions made by the Chiefs,[54] they can be a powerful force in preventing the spread of COVID-19 and implementing containment and response measures in a gender-sensitive way. However, the low representation of women in local decision-making and leadership structures means that there is a lack of women's voices and knowledge in developing COVID-19 response strategies at a community level.

Women's economic empowerment

In Timor-Leste, a number of gendered barriers prevent women from gaining paid work beyond subsistence cultivation, informal small-scale trading, and home-based industries. Women have lower levels of literacy; education and training; and professional skills and experience in the formal sector. Women also have more difficulties accessing information about employment opportunities.[55] Women's potential to engage in paid work is further restricted by their domestic and reproductive obligations,[56] the reluctance of some families to support wives or daughters to engage in work outside the home,[57] and limited mobility due to safety concerns or domestic responsibilities.[58] Consequently, women have lower levels of employment (32%) compared to men (61%) and women generally earn less than men.[59]

Women in Timor-Leste also have limited knowledge and resources to effectively control productive assets, such as micro-credit, training, and bank facilities, and productive resources, such as land, marketing facilities and information. Women's access to and control over arguably the most valuable asset – land – is not equal to men. Although, constitutionally and legally, women have equal rights to land ownership,[60] traditionally land is owned by men and passed down patrilineally.

Women's economic empowerment also includes the ability to make decisions on the use of financial resources, both shared income and personal income. In Timor-Leste, there is evidence that wives and husbands make some household decisions together and that women do contribute to decisions about household finances and purchases. However, it appears that decision-making power ultimately rests with men. Levels of female decision-making are particularly low across inland areas.[61]

Women's more precarious economic status can increase their vulnerabilities during the COVID-19 pandemic. Lower levels of income, savings, and access to productive assets can make women more dependent on men, including for potentially lifesaving decisions such as access to healthcare services which come with related costs (e.g. transportation). As the main income earner, the husband's health and wellbeing may be prioritised, and women may be expected to more readily 'sacrifice' their smaller income to manage impacts of COVID-19 on the family, such as caring for sick family members, further disempowering women economically. As the rate of death for COVID-19 appears to be higher for men than women, widowed women may also face significant financial strain to support their family as they have more limited opportunities to improve their financial status and less access to and control over financial resources.

Control of and Access to Resources and Services

Food and essential items

The potential for self-isolation or quarantine in other countries has resulted in panic buying of food and essential items such medicines, soap, hand sanitiser and toilet paper, particularly in urban areas. Whilst news of the first confirmed COVID-19 case at the end of March triggered some panic buying in Timor-Leste, this was largely confined to Dili and a few larger shops and has not spread widely across the country to affect markets, villages or street side vendors.[62]

Food insecurity and malnutrition are already significant and widespread concerns across Timor-Leste. Despite recent progress, the level of hunger is still rated as 'serious' by the Global Hunger Index[63] with a 27.2% rate of undernourishment and a 50.9 % rate of stunting among children under the age of 5.[64] Access to food and non-food essential items differs among rural and urban populations, genders, and other subgroups. Around 70% of Timor-Leste's population live in rural areas[65] and largely depend on subsistence agriculture and fishing for daily sustenance. The poverty rate in rural areas is significantly higher (47.1%) than in urban areas (28.3%).[66] However, the higher cost of living in urban centres has driven many into poverty, with the World Bank reporting in 2014 that the highest poverty line was in Dili.[67] Internal migration from rural to urban areas (for employment, education, or marriage) is also significant, compromising, for example, 37.3% of Dili's total population.[68] The majority of internal migrants are female (51.6%) and face additional livelihood challenges with an unemployment rate of 14%.[69]

In addition to economic resources, access to and control over food is influenced by gender norms. Gender norms can impact women's access to food with cultural practices in which men eat first, and women and older children eat second. Sometimes, women eat last after children have eaten. However, young children are often allowed to eat when they are hungry and families make efforts to provide pregnant women with sufficient nutrition if they have the resources.[70]

Hence, access to food and other essential items is influenced by a range of intersecting factors such as urban/rural, gender, age, income, migration status and other attributes. The impact of COVID-19 on access to food and essential items will vary among individuals and groups. Depending on the length of the pandemic and individual/family circumstances, it has been projected that average households may suffer an income loss ranging between $170 and $670, potentially pushing more vulnerable persons into poverty and food deficit.[71] In urban areas, a possible resurgence in panic buying and a potential 250,000 losses in jobs[72] would impact the ability of many to access food and other supplies. In particular, the urban poor, the elderly, women, persons with a disability and migrants have reduced capacity to build up supplies against future shortages from panic buying or to store sufficient provisions during shelter-at-home restrictions. In rural areas, the continued supply of food may depend on the ability to continue subsistence agriculture or other forms of livelihoods. The more widespread and deeply entrenched levels of poverty in rural areas reduces communities' resilience to disruptions in their subsistence livelihoods, such as through illness or death from COVID-19. Women, in particular, as primary caregivers to ill family members may face additional workloads which may impact on their ability to continue with their subsistence livelihoods. The isolated geography and lack of access to other food sources, as well as limited savings and discretionary income, may result in significant food shortages if communities are unable to maintain subsistence level farming. If food shortages occur, women may be adversely impacted due to gender norms that permit other family members to eat first and require women to eat last.

Healthcare services

Access to healthcare services is essential in stemming preventable deaths from COVID-19. If the coronavirus were to spread throughout Timor-Leste, there are fears that it would easily overwhelm the

weak healthcare system.[73] 70% of the population live in rural areas, and rural health care facilities in particular are under-resourced, lack qualified staff, and have limited access to running water, reliable electricity, medicines and supplies.[74] Other barriers to accessing healthcare include lack of transportation, significant additional expenses despite the provision of free basic healthcare, discrimination and nepotism by healthcare providers, and preferences for traditional medicine.[75]

60% of women have reported problems in accessing healthcare. Although maternal and child health have improved in Timor-Leste, maternal mortality is still amongst the highest in the world at 557 death per 100,000 live births[76] and many more deaths likely occurring unreported in the community. The use of modern family planning methods is low at 13%, contributing to Timor-Leste's high fertility rate (5.7 births per woman) and increasing the number of women at risk. Girls aged 15-19 years are particularly at risk, facing double the rate of maternal mortality.

With a focus on responding to the COVID-19 pandemic, there is likely to be considerable interruption to sexual and reproductive health services for women in Timor-Leste. Evidence from past epidemics, such as Ebola, indicate that efforts to contain outbreaks often divert resources from routine health services, including pre- and post-natal care and contraceptives, and reduce often already limited access to sexual and reproductive health services.[77] There is also an increased risk for pregnant women in quarantine or self-isolation who may need to access antenatal care, and for women in general to be able to access contraception.[78] Adolescent girls' access to family planning is important to protect them from unwanted pregnancies, sometimes as a result of coercive sex. Early pregnancy is a major concern in Timor-Leste, with almost one quarter of women having a baby by the age of 20. Early pregnancies are often swiftly followed by marriages, with 19% of girls married by the age of 18. With school closures due to the pandemic, adolescent girls may be at risk of pregnancy and the resultant early childbirth and marriage. Lockdown can also increase risks of sexual violence which require medical attention.[79]

People with disabilities

The 2015 Census recorded 38,118 people with a disability (defined as physical, visual, hearing, or intellectual impairments), totalling 3.3% of the population, of which 51% are male and 49% are female. However, due to the definition of disability used, and the understanding of disability among the community, many persons with disabilities may not have been counted.[80] Of those counted, the vast majority were recorded in rural areas (86%), consisted of visual impairments (64%), and stated the cause of the disability as age related (43%). These patterns were consistent between genders. 15% of persons with disabilities had completed primary school, which was higher for men (20%) compared to women (10%), and 5% had completed high school, which was again higher for men (6%) than women (3.5%). 53% of persons with disability were employed (men 70%; women 47%).[81]

As well as lower levels of education and employment, women with a disability in Timor-Leste face more barriers due to the intersection of disadvantages associated with their gender and disability. This includes sexual abuse and violence; limited participation and decision making in communities; less inclusion in development programs; and lack of access to vocational training and income generating activities.[82]

People with disabilities, both female and male, are at higher risk of contracting COVID-19 due to exclusion from, or inability to practice, community strategies to contain the virus. In Timor-Leste, there are currently limited resources and no government requirements to make public information accessible to persons with disabilities, such as through providing the information in alternative formats.[83] There is also a lack of technical expertise in effective communication with persons with diverse disabilities.[84] Widespread community awareness and information about preventing the spread of COVID-19 has been an essential strategy of containment in many affected countries. The lack of access to this information for persons with disabilities makes them more vulnerable to infection and less able to seek effective treatment.

Persons with disabilities are also at greater risk due to reliance on physical contact with the environment or their carers. Containment measures such as social distancing and self-isolation may be impossible for those who rely on the support of others to fulfil basic needs such as food, healthcare, sanitation, and communication, or may disrupt necessary services which may lead to abandonment, isolation and institutionalisation. People with disabilities may also have pre-existing health (including respiratory) conditions due to their impairment, which leaves them more at risk of not only contracting the virus, but also of developing serious illness or dying from COVID-19.

In Timor-Leste, women with a disability are significantly more at risk of experiencing violence, including sexual violence, as is the situation globally.[85] This violence can be perpetrated by their partners, family or carers, and caregivers and family members may prevent women from reporting the abuse to authorities, such as the police.[86] Social isolation measures may place women with disability at greater risk of violence and act as an additional barrier to seeking help.

If persons with disabilities become ill with COVID-19, there is concern that health services would not be able to provide adequate care that meets their complex health needs. Despite government efforts to improve health services for persons with disability, such as through the National Disability Policy and partnerships between the Ministry of Health and Disabled Peoples Organisations, a number of challenges remain.[87] There continues to be a lack of knowledge among healthcare professionals on how to provide disability-inclusive care, as well as barriers such as distance, cost, and physical accessibility.[88] Stigma and discrimination are also key deterrents for people with disability in accessing services and can compromise the level of healthcare provided.[89] These barriers may be exacerbated in a pandemic during which healthcare workers are overburdened, possibly further reducing the quality of care for people with disabilities.

Access to education

On 22 March 2020, schools and higher education institutions were temporarily closed following the confirmation of the first COVID-19 case in Timor-Leste.[90] Shortly afterwards, the national government declared a State of Emergency from 28 March to 26 April, during which schools will continue to be closed, which on 20 April was extended to the end of May. Children in Timor-Leste have now joined the estimated 1.57 billion students globally who have been affected by school closures across more than 190 countries.[91]

Children in Timor-Leste, in particular girls, may be adversely affected by COVID-19 related school closures. Despite increasing school enrolments for girls, which at lower primary school levels has even outnumbered boys, girls experience lower completion rates and additional gender-related barriers to their education, such as sexual harassment and violence in schools.[92] The school dropout rate for girls is further compounded by obstacles such as early pregnancy and lack of adequate sanitation facilities, especially in rural areas.[93] As a result, adult women have lower education levels than men. More than half (58%) of women aged 25 and above have never been to school, compared with 43% of men, and only 16% of women have completed secondary or tertiary education, compared with 25% of men.[94]

The impact of COVID-19 on children's education may be two-fold: the temporarily closure of schools which may affect children's immediate education; and the risks of children not returning to school (early school dropout) due to the impact of COVID-19 on livelihoods or further entrenching gender-related roles. Prior to COVID-19, research has found that the most common reason for children to not complete late primary or early secondary schooling in Timor-Leste has been economic, as many children leave school to earn money or help with work on a family farm or business.[95] If COVID-19 were to negatively impact livelihoods, children may be kept out of school to support families with their economic survival or to help with subsistence farming. Furthermore, as more family and community members fall ill, girls may be kept out of school to assist with caregiving. This jeopardises not only girls' education but also their health and wellbeing by increasing their risk of contracting the virus. Sexual and gender-based violence have also been shown to increase during the COVID-19 pandemic which may interfere with girls being able to continue their studies at home, and puts girls at risk of early pregnancy which would prevent their return to school. If, following the reopening of schools, families are only able to send some children back to school

due to the financial impact of the pandemic, families may prioritise the education of sons over daughters, which is the trend among families in Timor-Leste experiencing economic hardships.

To support the continued education of children during the COVID-19 pandemic, UNICEF and Microsoft have announced an expansion of their global learning platform, the *Learning Passport*.[96] Timor-Leste (alongside Ukraine and Kosovo) will be the first countries to trial the online curriculum with curated digitised textbooks and supplementary materials.[97] Whilst online learning platforms are invaluable for children to be able to continue their education at home, government authorities and educators need to be mindful of the 'digital divide' in which children from poorer, particularly rural, backgrounds lack access to the necessary technology to engage with these platforms. Additionally there is the 'gender digital divide' in which women and girls have less access to technology than men and boys.[98] In addition, the gender-based barriers mentioned above, such as girls needing to provide caregiving or an increase in sexual violence, will also make the continuation of girls' education difficult despite alternative delivery methods such as online platforms.

Access to information

Efforts have been made by the Government of Timor-Leste to provide information about COVID-19 to its citizens. These communication efforts include members of parliament producing video messages and the distribution of information education communication (IEC) materials.[99] UN agencies, INGOs, local CSOs, churches and faith based groups have also coordinated information campaigns about COVID-19.[100] The Ministry of Health has established a telephone hotline for members of the community to call to receive updated information, and the Ministry of State Administration in collaboration with various UN agencies has launched a national awareness raising campaign which has involved municipal directors across 12 municipalities and district health directors distributing printed IEC materials.[101]

Access to information about prevention and response during a novel pandemic is an important life saving measure for communities. Access to information requires not only the availability of information but also the capacity to receive and understand the information. Women's traditional gender roles, which assigns them primary responsibility for unpaid domestic labour, requires them to remain in or near the home. Women in Timor-Leste have a lower rate of paid employment and a lower level of attendance at higher level educational institutions than men. Alongside women and girls' reduced physical mobility, which is often restricted by families or communities, women and girls have less access to public spaces and exposure to information and messaging on COVID-19. Although women do attend public meetings, such as within the community and faith-based gatherings, they have a lower level of participation, thereby potentially impacting their ability to engage with new information that is presented on the pandemic.

Furthermore, women over the age of 15 have a lower literacy rate (64%) compared to men (72%).[102] There are also a number of other literacy divides, including higher rates of illiteracy among rural (79%) compared to urban (94%) communities, as well as among people with disabilities, young parents particularly young mothers, young female farmers, working children, and older persons (aged 65 and above).[103] People with disabilities not only face barriers due to increased illiteracy but also inaccessible communication formats. Hence, it is essential that all information material produced on COVID-19, whether by government or non-government actors, is tailored to suit the communication needs of all members of the community including women, children, the elderly, people with diverse disabilities, and rural communities.

Access to WASH services

Global guidelines issued by WHO to contain the spread of COVID-19 strongly emphasise the need for thorough handwashing. This guidance has been repeated by the Government of Timor-Leste to its citizens.[104] Improving WASH facilities has been a national priority of the government. The Ministry of Public Works, Transport & Communications, Department of Program and Technical Support, National Directorate

of Basic Sanitation and Municipal Service of Water, Sanitation, and Environment have the mandate to provide WASH services. Water Users Groups (GMFs) and Association of Water Users Groups (AGMFs) are functional at local levels mainly for rural water system maintenance. Nonetheless, only 74% of rural households have access to an improved source of drinking water and 43% of rural households have access to an improved sanitation facility, including latrines and hand-washing facilities.[105]

Despite efforts by the government and non-government actors to improve WASH, women's organisations, disability organisations and other agencies have reported not being systematically involved in the WASH sector. As such, the specific needs of women, adolescent girls, people with disability and other vulnerable groups are generally absent from national and municipal planning processes. Many health facilities are not equipped with disability friendly services including toilets, water taps and disposal facilities. Gender-sensitive WASH in healthcare facilities, such as hygiene and sanitation for menstruating women and post-birth, are also under resourced. Schools, particularly in rural areas, do not have separate toilets for girls and boys or sanitary disposal facilities, and are not accessible to children with disabilities. Additional barriers to improving WASH include some communities having limited water sources, effects of community conflict, low awareness of WASH practices, lack of income to construct toilets and buy soap, and social norms that create certain restrictions for women around menstruation.[106]

In the prevention of COVID-19, hand washing (and social distancing) have been the key strategies deployed by governments and communities globally, and have proven to contain the spread of the coronavirus. Members of the community with less access to adequate WASH facilities or information on WASH practices are most at risk of contracting the virus. In Timor-Leste, the systematic exclusion of women and people with disabilities from mainstream efforts to improve WASH has decreased their access to gender and disability inclusive WASH facilities, thereby increasing their vulnerability to COVID-19. Additional gender related barriers, such as the risk of gender based violence when accessing mixed-sex WASH facilities, act as further deterrents to women and girls to be able to practice hand washing during the COVID-19 pandemic.

Protection

Gender Based Violence (GBV)

An increase in gender-based violence related to COVID-19 has been reported globally. Countries that have experienced longer periods of shutdown have seen an increase in police reporting,[107] demand on GBV services,[108] and anecdotal evidence on media and social media.[109] From past experience, it is known that GBV increases in times of disasters.[110] COVID-19 is creating a number of triggers for violence such as financial pressures, close confinement of families, and isolation from support networks.[111]

Timor-Leste already has alarming rates of GBV. Gender based violence is the largest category of crimes reported to police, and family violence is the most common form of GBV. Timor-Leste's rate of GBV is one of highest in the world with 59 % of ever-partnered women aged 15-49 years experiencing intimate partner physical and/or sexual violence at least once in their lifetime.[112]

Timor-Leste's emergence from a long history of conflict has left a traumatic legacy of violence embedded across generations. It is common for post-conflict communities to experience high rates of family violence as "an end to violence in the public sphere is widely seen to precipitate the escalation of violence in the private sphere."[113] The trauma of post-conflict, coupled with patriarchal traditions which legitimise male domination over women and cultural practices such as *barlake*, place women in a particularly vulnerable situation to experiencing violence. Women may be subjected to violence for a broad range of 'reasons' such as not performing their household roles, substandard preparation of food, or participating in activities

outside the house without asking for permission.[114] Male partners primarily inflict violence on women, but mothers-in-laws may also 'punish' women.[115]

Crisis and emergencies can exacerbate gender-based violence. CARE's research in Timor-Leste has found that violence can worsen during times of disaster, such as due to increased pressures from having less work or insufficient food. Women's caring responsibilities can also place them at risk of violence as they may be considered to have 'failed' if a family member is harmed or falls ill. Children and people with disabilities who are dependent on their families may also be at increased risk of violence in times of crisis, as they may be seen as using limited household resources without contributing in return.[116] All of these circumstances may present themselves if the COVID-19 pandemic takes hold in Timor-Leste.

Although the national government has passed a *Law Against Domestic Violence* and adopted the National Action Plan on Gender-based Violence, levels of GBV remain high.[117] The legal system is ill equipped to protect women, with a focus on prosecution rather than prevention.[118] Cultural norms deter women from reporting GBV, and women who do report cases to their families, police or village chiefs may find little resolution or protection.[119] There is a lack of support services available to assist women, such as safe houses, and most are run by NGOs rather than funded by the state.[120]

Reports have yet to emerge from Timor-Leste on the impact of COVID-19 and shut down measures on levels of gender-based violence. However, given trends across Europe and Asia and significant pre-existing levels of GBV within Timor-Leste, it is reasonable to anticipate a worsening situation if shut down measures continue. With police and security forces in Timor-Leste being diverted to enforce lockdown measures,[121] and healthcare services being diverted to concentrate on surveillance, testing and response,[122] potential lines of support for women experiencing GBV have been further reduced.

In light of these increased risks, various donors have recently committed USD1 million in funding via the Spotlight Initiative to address GBV in context of the pandemic in Timor-Leste.[123] The funds are dedicated to providing technical assistance to develop policies and programmes to address GBV during COVID-19; support communication and awareness raising; support CSOs to continue providing services; and promote healthy and respectful relationships in the context of remote learning.[124] GBV service providers and NGOs have also started to prepare and adapt to the pandemic. For example, the Asia Foundation has set up two emergency reception centres to monitor and receive new shelter clients during the 14 day lockdown and is working with the Ministry of Social Solidarity and Inclusion to develop guidelines for shelter staff to prevent the spread of COVID-19.[125] There has also been increased funding to improve water and hygiene within shelters[126] and dissemination of helpline and referral information.[127] Other NGOs are also distributing essential items to ease the stress of reduced food security and livelihoods.[128] Whilst these initiatives are warmly welcomed and an essential first step, the GBV support services in place in Timor-Leste - both for prevention and response - were already inadequate to address the scale of the problem. A much greater response is needed to adequately prevent and address the potential increase in GBV if the pandemic takes hold, and needs to be tailored to meet the diverse needs of all women and girls, including in both rural and urban areas, persons with disability, and other vulnerable groups.

Child Protection

The vulnerabilities experienced by children can be heightened during a pandemic as their dependency on adults for protection and survival increases. Children under the age of 18 comprise a substantial proportion of Timor-Leste's population (48 %), which is sustained through a high fertility rate (5.7 births per woman).[129] Emerging from the conflict, during which child exploitation and abuse posed a significant issue, Timor-Leste has made notable progress in establishing child protection systems, including a Child and Family Welfare System with policies, procedures, and formal structures to protect children, Child Protection Officers based at district levels and a National Commission on the Rights of the Child.[130]

Despite these efforts, a range of child protection issues in Timor-Leste persist. This includes emotional, physical and sexual violence, exploitation and abuse, which is often perpetrated by someone known to the child such as parents, other family members, carers, teachers, employers, law enforcement authorities, state and non-state actors, and other children.[131] However, there is little reliable data on the extent of violence against children. In particular, sexual abuse is grossly under-reported. Girl children are particularly vulnerable to sexual and other forms of abuse, with almost a third of girls aged 15-19 reporting experiencing violence in the last 12 months.[132] Children are also subjected to broader family violence, as survivors or as witnesses, which is a significant problem in Timor-Leste. Corporal punishment as a means of 'disciplining' children continues to be used both within the home and at school, with two-thirds of children subjected to violence as a form of punishment.[133]

The ability of parents to care for children in conditions of poverty and insecurity can be challenging and increase the risk of child neglect. Older children commonly assist with the caring for younger siblings, particularly in larger or poorer families. Traditionally, extended family members have also supported the upbringing of children, particularly those that are separated from their parents. Almost 1 in 4 households in Timor-Leste contain a foster or orphan child under the age of 18.[134]

Child protection issues can become heightened during the COVID-19 pandemic. The closure of schools results in children spending more time at home, increasing their risk to physical, verbal or sexual violence in homes that are unsafe. The additional stress experienced by parents or other caregivers required to home school their children may result in increased corporal punishment to 'discipline' children. Children may also be subjected to the global trend of increasing family violence during COVID-19 lockdown measures.

Furthermore, children may experience neglect as parents and caregivers struggle to manage reduced livelihoods and food security. Parents may increasingly rely on older siblings or extended family members to care for children as they spend more time maintaining their livelihoods. Children may also be required to help parents economically by engaging in paid work or assisting with subsistence family farming, which may affect their education. Economic pressures are a key driver of children leaving school early in Timor-Leste.[135] For girls, sustained economic hardship following the COVID-19 pandemic may result in early marriage. Child marriage continues be a problem in Timor-Leste with 19% of girls married by the age of 18.[136] The additional economic strain created by COVID-19 may increase the incidence of child marriage as a 'coping' mechanism.

Sexual Exploitation and Abuse

An overall economic downturn can result in increased sexual exploitation and abuse where at-risk groups, such as women, children, those in poverty, and other vulnerable groups, may be forced or coerced to provide sex in exchange for food or other essential needs.[137] Emerging evidence suggests that the COVID-19 pandemic has the potential to increase the risks of sexual exploitation and violence[138] as decreased livelihoods and food security force women and girls to find other means of survival.

The changing security situation in Timor-Leste, with police and security forces deployed in public spaces to enforce lockdown measures, travel restrictions, and a declared state of emergency, may also create circumstances that provide opportunities for perpetrators to take advantage of those in more vulnerable situations and to commit acts of sexual harassment, exploitation and abuse.

Capacity and Coping Mechanisms

WASH

CARE's previous research and current programming in Timor-Leste[139] has found a number of current strengths in WASH that can be leveraged in developing responses to the COVID-19 pandemic. Municipality and national government stakeholders are aware of WASH systems and multi stakeholder engagement for implementing WASH initiatives are current practice. There is a broad acknowledgement that WASH needs to be inclusive of women, men, girls and boys, including initiatives to improve proper pipeline systems, storage tanks for water source protection in villages, clean drinking water, household toilets, separate toilets for women and men in public spaces, and water taps in schools, hospitals, markets, churches, Suco/Aldeia offices and community buildings. Considering the importance of handwashing for the prevention of COVID-19, recognition that a broad range of WASH facilities need to be inclusive is a strong basis for engaging authorities and communities to develop more gender-inclusive WASH facilities.

In Timor-Leste, there are networks (such as Rede Feto) working on gender and inclusion issues and these have been authorised by ministries and departments to mainstream gender and inclusion objectives in policies, planning and practices. National and municipal governments are working to reach 20% women's participation (akin to government) which will increase the inclusion of women's voices in WASH initiatives. The key role of WASH in COVID-19 prevention can be a motivation to accelerate reaching this target of including women sooner.

In the past, government authorities have conducted some training on gender-inclusive WASH, however, these were attended mainly be female staff and considered to be women's capacity building initiatives. Many local leaders and department representatives consider 'gender' issues as the inclusion of women (e.g. in employment, in training), which, albeit limited, is a starting point from which more gender-sensitive and gender-transformative understandings can be built.

Livelihoods and Agriculture

Seventy percent of Timor-Leste's population lives in rural areas and many depend on subsistence farming for their sustenance and livelihoods. Subsistence farming is less likely to be affected by the economic impacts of COVID-19 in regard to immediate basic food supply for families. However, a contracting global and national economy may impact earnings made through the sale of excess produce.

To date, Timor-Leste has avoided the impacts of panic buying, which has been minimal and largely confined to a few bigger supermarkets in Dili. This has prevented disruptions to the food supply chain and has not affected supermarkets, markets or street vendors. Although food supply chains may be disrupted by COVID-19 for a range of other reasons (e.g. global supply chains), the minimal discretionary income available to most of the population may prevent to excessive panic buying which can cause food shortages within the country.

Timor-Leste has a universal social protection programme for the elderly (over 60 years) and persons with disability, which has been praised as good practice, particularly for a developing country.[140] The national government is actively looking at ways to expand coverage and overcome challenges, thereby ensuring that more citizens will be covered in the future.[141] However, there is still limited coverage related to unemployment, which is likely to increase due to COVID-19. Nonetheless, Timor-Leste's social protection programme will provide some security for the more vulnerable members of the community during the pandemic.

Women play an important role in Timor-Leste's agriculture as cultivators, labourers and family workers however compared to male farmers, women produce 15% less per hectare of land.[142] The main factors contributing to this gender gap are the distinct gendered roles in agricultural production, income generation, management of natural resources and household activities, whereby men tend to have more authority and control of power and resources within the household and community.[143] Furthermore, there is high food insecurity and malnutrition, which particularly affects women and girls.[144] Local entrepreneurs, particularly women, work with low margins and very limited ability to withstand shocks. Safety nets to support rural farmers, aggregators, vendors and entrepreneurs during difficult periods are limited. If COVID-19 outbreak spreads in Timor-Leste, gender gaps could be exacerbated, with women at heightened risk to bear the responsibility of finding alternative income while maintaining responsibilities in the home.

In Timor Leste, CARE designed and implemented dedicated training (sustainable agricultural techniques, home gardening), and supported the application of climate-resilient crops, sustainable water and land management practices, as well as risk mitigation, specifically for women. As a result, female members of farmer groups have increased knowledge, skills and confidence to apply sustainable techniques learned, and to apply knowledge and skills to mitigate risk.

Household capacity

As a result of the global pandemic, Timor-Leste is vulnerable to increased levels of food insecurity, and consequently higher malnutrition, particularly wasting, and potentially increased mortality rates. Women and girls in rural areas are more likely to be affected by food insecurity particularly when a crisis strikes.[145] Recent research has shown the COVID-19 pandemic could have a severe impact on livelihoods and food security, affecting the wellbeing of vulnerable women and men, girls and boys. Factors such as interrupted in-country economic activity leading to unemployment and declining wages, reduced food access due to weakened purchasing power, rising food prices as well limited production due to agricultural land left uncultivated and suspended school feeding make up only a few of the major challenges that households are facing. These heightened insecurities put families under a lot of pressure and given the existing division of domestic and community work that falls more on women and with school closures, increased economic pressures and household needs, it is expected that women will carry an even higher burden during the COVID-19 pandemic.[146]
There are several means of support within the communities, such as churches and local civil society organisations engaging in food distributions. However, with a high percentage of the Timorese population living below the poverty line, the COVID-19 global outbreak could have devastating impacts for many families.

Healthcare

Following the conflict for independence in Timor-Leste, which devastated more than 70% of the country's healthcare facilities, Timor-Leste has made concerted efforts to rebuild its healthcare system.[147] In recent years, improving healthcare has been a high priority for the Timorese government and has included the Ministry of Health's roll-out of a Basic Health Services Package and Hospital Services Package.[148] The government's *National Health Sector Strategic Plan for 2011–2030* sets the goal of providing comprehensive, free primary care and hospital services to all Timorese citizens until 2030.[149]

Although many legitimate concerns have been voiced over the weaknesses of Timor-Leste's healthcare system, which need to be addressed, the country's efforts in healthcare reform has also seen one of "the largest absolute improvements in the health-related SDG index" across all countries.[150] These

improvements, combined with Timor-Leste's aim to provide free basic healthcare to all (despite ongoing challenges in implementation), are strengths to draw on in responding to the COVID-19 pandemic.

Timor-Leste also has a younger population, with more than half the population under the age of 18. As the most devastating effects of COVID-19 have been on older persons, the country's demographic profile may act as a protective factor or temper the severity of the pandemic.

Gender Based Violence, Child Protection, Sexual Exploitation and Abuse

The Government of Timor-Leste introduced the *Law Against Domestic Violence* in 2010. This law supplements provisions in the *Penal Code 2009* which make domestic violence a crime. In 2017, the government adopted its second the *National Action Plan on Gender-based Violence 2017-2021.* The National Plan established four pillars or areas of a strategic priority for the government's response to GBV including: (i) Prevention of gender-based violence; (ii) Provision of services to victims; (iii) Access to justice; and (iv) Coordination, monitoring and evaluation.[151]

Timor-Leste has some of the highest rates of gender-based violence in the world. As COVID-19 continues to spread, families will face new and increased stressors, resulting in increased risk of injury, physical, sexual and emotional abuse, neglect, exploitation, and stigma, especially for women and children. Given the lockdown and quarantine measures in place, domestic violence, particularly violence against women and children, is expected to be even higher than the already high levels. In addition, this particular public health emergency adds to the Gender-Based Violence (GBV) risks as the measures of confinement and restricted movement make it more difficult for GBV survivors to distance themselves from their abusers and to reach GBV services.[152] Increased information sharing of referral networks as well as continuous support to GBV services can support women, children and other survivors to seek support and protection during the COVID-19 state of emergency. With support from international and national organisation GBV services across Timor-Leste remain open and able to ensure essential services for survivors of GBV. Nonetheless, the risk of GBV, Child Protection and sexual exploitation and abuse has increased drastically and needs to be considered in all aspects of the COVID-19 response.

Conclusion and Recommendations

Timor-Leste has yet to experience a serious outbreak of COVID-19 compared to other countries. With 24 confirmed cases as of 27 April 2020, and prompt action by the national government upon detection of its first case, the country still has the opportunity to prevent the serious human and economic costs of the pandemic. Nonetheless, if the virus were to take hold, it could result in widespread and devastating impacts across the country, particularly among the most vulnerable.

Timor-Leste's patriarchal social and gender norms creates particular vulnerabilities for women and other marginalised groups in relation to the COVID-19 pandemic. This includes the exclusion of women and other vulnerable groups from developing prevention and response strategies that are inclusive of and sensitive to diverse needs, particularly at the local level; the potential further entrenchment of traditional gender roles, such as an increase in women's unpaid care; reduced access to already limited health services, including sexual, reproductive and maternal healthcare; and increased risks of gender-based violence, child protection issues, and sexual exploitation and abuse. The vulnerabilities experienced by women may be further compounded by other attributes such as poverty, disability, age, literacy, and coming from a rural background.

Recommendations

1. Ensure COVID-19 prevention and response strategies and measures by the Government of Timor-Leste, government ministries and agencies at all levels, and other actors (e.g. United Nations, Donors, INGOs, local CSOs) are developed and implemented in a gender-sensitive manner, with an understanding of their impact on different genders and vulnerable groups, and with measures to mitigate gender-related risks.

The national government has taken swift action upon reports of the first COVID-19 case, declaring a State of Emergency with several containment measures and, more recently, approving a government stimulus package. Whilst the prevention strategies deployed by the national government (e.g. social isolation, handwashing) are based on good international practice, as outline in this RGA, these strategies have gendered impacts. The government and other actors must implement these measures to be inclusive of women and mitigate unintended negative impacts on women. For example, mitigation strategies need to be in place to respond to potential increases in GBV associated with social isolation measures, and police and security forces deployed to enforce lockdown measures need to be trained to support women and children fleeing family violence. Furthermore, newly announced measures that are part of the stimulus package (such as cash transfers, emergency rice supplies, and waiving of utility bills) must reach the most vulnerable, including women, disabled persons and rural communities.

The 'Monitoring and Evaluation Committee on the Strategy for Prevention and Combating COVID-19' established to advise the Prime Minister must provide gender-sensitive advice to ensure that prevention and response efforts are gender-inclusive. Whilst women are represented on the Committee, should engage gender technical experts in the development of their recommendations. Government ministries and agencies, at all levels of government, should also engage gender technical experts in the development and implementation of COVID-19 prevention and response strategies. Local governments (at the Suco and Aldeias level) need to ensure the participation of women in decision-making in recognition of the low female representation at these levels. All other actors (e.g. UN, INGOs, CSOs) involved in the prevention and response to COVID-19 must base their programming on sound gender and power analyses and aim for gender-sensitive (or transformative) outcomes.

Additionally, responders should work with Chiefs and local leaders at the community level to ensure that the implementation of community strategies are gender-sensitive and mitigate gender-based risks, such as GBV.

2. Ensure information education communication (IEC) materials on COVID-19 reach all members of the community, including women, children, the elderly, people with disabilities, and rural communities.

A key strategy in preventing the spread of COVID-19 in Timor-Leste has been the dissemination of information education communication (IEC) materials. From senior political leaders in the national parliament, to line ministries and government agencies, the UN, INGOs, local NGO, healthcare service providers, faith based institutions, and the general public, large segments of the Timorese community have been engaged in awareness raising on the most effective containment strategies for COVID-19.

However, due to differing rates of literacy and access to public spaces, IEC materials may not reach the most vulnerable sections of the community, such as women, children, the elderly, people with disabilities and rural communities. All actors need to ensure that their communications are tailored to reach and be understood by all members of the community, taking into account the complexity of language used, forms of communication (written or visual), means of communication (e.g. written, verbal, braille), and channels of communication (e.g. public spaces, urban/rural areas, households). Women and other marginalised groups should be engaged in the design and delivery of IEC materials. These materials should promote respectful relationships and sharing of household and caring work between men and women in the fight against COVID-19. Messaging should also target men on managing stress and not resorting to violence. Outreach to tailor messaging should include working with women's and disabled persons' organisations.

3. Ensure availability of sex, age and disability disaggregated data, including on differing rates of infection, economic impacts, care burden, and incidence of gender-based violence.[153]

All actors (government and non-government) recording data on COVID-19 must ensure that this data is disaggregated by sex, age and disability (using Washington Group Questions) and, if possible, also capture data on female headed households, pregnant and lactating women. As COVID-19 does not only impact health, data should also be collected on impacts on livelihoods, unpaid domestic labour, wellbeing, gender-based violence and child protection. This will enable the monitoring of key issues which will impact families and communities in the immediate and long-term, and enable the adaption of prevention and response strategies to meet the needs of all members of the community.

4. Prioritise services for prevention and response to gender-based violence in communities affected by COVID-19[154] **and consider different ways people can access services in isolation and how services can be more inclusive of people with disabilities.**

Timor-Leste has some of the highest rates of GBV in the world. Referral services and response mechanisms will need to be resourced and strengthened to be able to respond to the expected increase in violence due to COVID-19. Women, girls and people with disabilities may be at higher risk of GBV during social isolation, lockdown and quarantine. Systems that protect women, girls and people with disabilities, including community structures, may weaken or become inaccessible during the pandemic.[155] Information needs to be circulated on how to access services in a constrained environment. GBV referral pathways must be updated to reflect changes in available care facilities, while key communities and service providers must be informed about those updated pathways.[156] GBV service providers and protection services, such

as the police, should be consulted in the development of IEC materials and other awareness raising initiatives. Sufficient funding is needed to ensure the continuation of services and that they are not disrupted due to reallocation of resources to COVID-19.

5. Protect essential health services for women and girls, including maternal, sexual and reproductive health services.[157]

COVID-19 may place great strain on Timor-Leste's weak healthcare system and result in the diversion of resources to tackle the pandemic. However, the country's high rates of maternal mortality and early pregnancy places women at great risk of death and disability if sexual, reproductive and maternal healthcare services are insufficient or unavailable. Continuity of care must be ensured to prevent additional deaths of women and girls due to maternal or reproductive complications. Provision of family planning and other SRH commodities, including menstrual health items, may be impacted due to strains on supply chains and must be considered essential items in response strategies to maintain essential supplies during the pandemic. Obstacles and barriers must be addressed to enable women's continued access to emergency support services, including psychosocial support services, in case of GBV during isolation or quarantine.[158]

6. Ensure that WASH services and facilities are safe and accessible for women, girls and people with disabilities. Ensure that WASH services are adequately available in rural communities.

Whilst the improvement of WASH has been a national priority in Timor-Leste, access to adequate WASH facilities is not yet universal, particularly in rural communities. Women and people with disabilities have had limited participation in the development and implementation of WASH initiatives, and many WASH facilities are not fully gender- and disability-inclusive. Given that handwashing is a key prevention strategy in the spread of COVID-19, government and non-government actors responding to the pandemic need to improve access to safe WASH facilities in urban and rural areas, particularly for marginalised groups such as women, children, and persons with disabilities.

7. Ensure financial assistance strategies and food security measures are developed and implemented in manner that is inclusive of women and builds women's economic resilience.[159]

Women's economic empowerment can build resilience during times of crises and stress, such as the COVID-19 pandemic. Financial security provides women access to resources to buffer the potential economic impact of the coronavirus. It also provides women with the means to seek healthcare for themselves and their children in the event of illness and may support them to manage gender-related risks associated with COVID-19 prevention strategies, such as GBV. COVID-19 has the potential to increase food insecurity across Timor-Leste, disrupting both subsistence farming and waged labour. Due to women's more precarious economic status and gender norms around access to available food, COVID-19 response strategies related to livelihoods and food security need to be developed and implemented in a gender-sensitive way. For example, several measures in the national government's new stimulus package, such as a cash transfer system to provide a monthly basic income, the purchase of a 3-month emergency supply of rice, the partial waiver of utility bills, and increasing food supply in the South Coast and Viqueque,[160] are currently 'gender-neutral' and may further entrench gender inequality if implemented in a manner that mainly benefits male members of the household rather than women or children. Economic response and recovery activities need to consider their potential gendered impacts, and must be implemented and monitored in a way that ensures that they reach the most vulnerable members of the household and community. Response strategies also need to consider acute food security needs as well as plan for longer term livelihoods support, including building the longer term economic resilience of women.

8. Continually update Rapid Gender Analyses (or equivalent) with contextualised recommendations as the crisis evolves.

As Timor-Leste is only in the early phases of the pandemic, the RGA (or equivalent) needs to be regularly updated as the situation evolves. This initial RGA, based on secondary data, should be supplemented with primary data, if possible, to develop a more nuanced and accurate analysis of the gendered impact of COVID-19. Recommendations should also be updated as more information emerges and as government and non-government actors develop and implement their responses to the pandemic. Recommendations should not perpetuate harmful gender norms, discriminatory practices and inequalities, and should recognise how Timor-Leste's social, culture and gender norms, roles, and relations influence vulnerability to infection, exposure, and treatment[161] for women, men, boys, girls, people with disabilities and other marginalised groups.

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