



# Socio-Economic Impact Assessment of COVID-19 in Timor-Leste

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with technical lead from UNDP

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## Abbreviations

COVID-19	Novel Coronavirus 2019
DFAT	Department of Foreign Affairs and Trade
DHS	Demographic and Health Survey
FAO	Food and Agriculture Organization
FDTL	Timor-Leste Defence Force
GBV	Gender-based violence
GDP	Gross domestic product
GDS	General Directorate of Statistics
GoTL	Government of Timor-Leste
KII	Key-informant interview
HH or hh	Household
HDI	Human Development Index
ICMC	Integrated Crisis Management Centre
ILO	International Labour Organization
INGO	International non-government organization
LGBTI	Lesbian, gay, bisexual, and transgender and intersex
MAF	Ministry of Agriculture and Fisheries
MSMEs	Micro-, Small and Medium-sized enterprises
NGO	Non-government organizations
Oecusse	Special Administrative Region of Oecusse
PCA	Principal Components Analysis
PNTL	Timor-Leste National Police
PPE	Personal protective equipment
RFSAs	Rapid Food Security Assessment
SDGs	Sustainable Development Goals
SEIA	Socio-economic impact assessment
SoE	State of Emergency
TAF	The Asia Foundation

UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VAWG	Violence against women and girls
WASH	Water, sanitation and hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

## Executive Summary

### Background

COVID-19 is a global pandemic requiring varying degrees of countermeasures to prevent the further spread of the virus. In response to the threat, the National Parliament of Timor-Leste authorized the President of the Republic to declare a State of Emergency (SoE). Government Decree No. 3/2020 lists the measures for implementation of the Declaration, which was approved by the Council of Ministers on 28 March 2020 with an end date of 26 June 2020. Accordingly, the Government of Timor-Leste (GoTL) imposed various actions such as domestic and international travel restrictions, closure of schools and physical distancing.<sup>1</sup>

To date (26 August 2020), Timor-Leste has contained the spread of COVID-19 relatively well, recording 26 positive cases with no community transmission identified and no fatalities. Rapid containment measures undertaken by the GoTL and the country's relative geographic isolation have contributed to maintaining this low level. However, the country's dependence on agricultural production, high levels of persistent multidimensional poverty, unemployment and chronic malnutrition, lack of basic infrastructure, dependence on exports, and unequal access to essential services mean the ongoing socio-economic impact of the pandemic could be severe. According to the United Nations, the pandemic poses risks 'by directly reversing the hard gains made by countries toward the Sustainable Development Goals (SDGs), and impacting severely the existing infrastructure and services'.<sup>2</sup>

To understand the extent of the impact on vulnerable groups, poor households, and Micro-, Small and Medium-sized enterprises (MSMEs), the United Nations system in Timor-Leste conducted the rapid Socio-Economic Impact Assessment (SEIA). This assessment observed changes in livelihoods, employment, food security, healthcare, education and other basic services, including social protection and gender equality. In addition, it monitored variations in supply, demand, income and employment for MSMEs as a result of the GoTL measures. Information about the major challenges faced by various government agencies, non-government organizations and their response were also collected. The assessment can be used for informing socio-economic response and recovery programmes in Timor-Leste.

### Methodology

The data collection for the SEIA covered the period between 22 June and 14 July 2020 in the municipalities of Baucau, Bobonaro, Dili, and Viqueque and Special Administrative Region of Oecusse (Oecusse). The SEIA used a mixed methods approach:

- For the household survey, 13 *sucos* were selected based on geographic, socio-economic status and health service accessibility criteria. Then a two-staged stratified random sample was used. **Face-to-face interviews with 419 households (after weighting, 437 households) with 2575 members (after weighting, 2834 members, of which 18 percent were female-headed)** were conducted via CAPI (computer-assisted personal interview) method. It should be noted, the

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<sup>1</sup> Government Decree No. 3/2020 of 28 March - Implementing Measures of the Declaration of the State of Emergency Made by the Decree of the President of the Republic no 29/2020, of March 27

<sup>2</sup> United Nations. June 2020. Brief #2: Putting the UN Framework for Socio-Economic Response to COVID-19 Into Action: Insights, p.3

results are not nationally representative and can be generalizable only at the sampled *sucos* level. As households in the sample had different probabilities of selection, normalized weights were calculated based on the reversed probability of selection of each household. All information presented in this report is based on weighted statistical results.

- For the MSMEs survey, a total of **99 MSMEs** from 15 different industries including agriculture, tourism and construction were interviewed using the CAPI method. Responses reflect the dominance of men across MSMEs, with business owners responding to the MSME questionnaire (71 percent male and 29 percent female) and more men than women participating in the key informant interviews (83 percent male, 17 percent female).
- A total of **40 key-informant interviews** were conducted from service providers, government stakeholders, MSME owners, development partners and community leaders. The interviewees were from health, education, agriculture, social protection, state administration at national and local levels, justice, gender equality, finance and private sectors.

The SEIA differs from other studies conducted concurrently in Timor-Leste by highlighting the following:

- Providing an indication about how the COVID-19 crisis affected **vulnerable and non-vulnerable households** based on household members' characteristics related to 'pre-existing marginalization, inequalities and vulnerabilities'.<sup>3</sup> Out of the 437 households included in this study, 60.7 percent (267) can be characterised as vulnerable. For example, in defining vulnerabilities related to disabilities, detailed questions<sup>4</sup> were put to each of the 2575 household members.
- Analysing the differing impacts of the crisis by **households' wealth** between poorest (lowest wealth quintile) and relatively well-off (highest wealth quintile) as well as identifying differences based on **the household head's** gender.
- Quantifying the extent of the impact on a wide range of aspects, both at the **individual and household levels** among the survey population. This provides an understanding of the **intra-household inequalities** with regards to domestic work, income and receiving government COVID-19-related subsidies as well as an examination of **the pandemic's gender dimension**.
- Covering remote *sucos* and *aldeias* where data were collected in-person allowed comparison between Dili and municipalities outside the capital, and observed the potential **geographic inequalities** in COVID-19 response measures and impact.
- Examining the impact of the crisis **on MSMEs** regarding service provision, supply chain stability, shifts in employment and future economic uncertainty.
- Government and non-government organizations' response and challenges in **delivering essential services and implementing COVID-19 measures** and their implications for further recovery programmes.

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<sup>3</sup> United Nations. April 2020. A UN framework for the immediate socio-economic response to COVID-19. United Nations

<sup>4</sup> The Washington Group on Disability Statistics. 23 October 2017. The Washington Group Short Set on Functioning: Question Specifications.



## Main results

This study highlights how the COVID-19 crisis has magnified many of the underlying vulnerabilities within the country including lack of basic infrastructure, climate hazards, limited access to services as well as ongoing budget and political impasses. COVID-19-related negative impacts on small-scale farmers, people living in remote areas and urban settlements, and MSMEs, have been exacerbated by these compounding climate, development and governance factors. Intra-household inequalities have deepened, specifically regarding unpaid care work, with the burden carried by women. The poor and vulnerable households are among the worst hit by the COVID-19 crisis. Across results, where there is no breakdown by gender, the findings did not show significant differences between women's and men's experiences.

## Important social and economic impacts of COVID-19

Key findings on the social and economic impacts of the COVID-19 crisis on poor and vulnerable groups and the general population were the following:

1. **Household income** – income was reduced for the majority of individuals (both women and men), households and MSMEs, in particular for the youth, older people, vulnerable and poor households.
  - a. **There was a drastic reduction in the number of persons with any form of income before and after the SoE.** Almost 59 percent of people who had an income prior to the crisis, had lost it during the SoE period covered by the survey. Similarly, **at least 81 percent of the MSMEs reported a varying loss of earnings.**
  - b. The percentage of households without any form of income has increased considerably in just a few months. **More than half (56.6 percent) of all households have had to survive without revenue** as of July 2020, compared to 18.3 percent before the SoE.
  - c. Among the 295 people who retained their earnings during the SoE, **55 percent reported their income had decreased.**
  - d. **A larger number of men had an income compared to women before the SoE.** But they **lost their earnings more severely** during the SoE, and now the numbers of men and women with incomes are similar.
  - e. Number of **vulnerable households without an income** increased four times (from 46 to 185 households). The increase is noticeable for all types of vulnerabilities.
  - f. **'Kiosks and small trading' were among the most common sources of revenue** before the SoE and continued to be so, even after the SoE. **Women are more actively involved** in this type of economic activity, and their role during the SoE in coping with negative economic shocks was important.
2. **Employment** - At time of writing, SEIA is one of the few studies that measures how many people lost their jobs or what changes occurred in people's jobs within the study participants. The SEIA found **22.6 percent or at least 1 in every 4 households had someone in their household who lost their job because of the COVID-19 pandemic.** This shows their vulnerability; when an individual member loses a job, the household loses all of its income. Many households, especially those with limited financial resources, are in no position to cope with this loss.

- a. The number of people earning their **primary income from self-employment dropped by 85.0 percent, where self-employed men were hardest hit.**
  - b. Almost **50 percent of all employed people had experienced changes** in their work because of the COVID-19 crisis. The most important change was that **for 17 percent of working persons in the survey, economic activity had stopped completely. Women encountered this change more frequently** than men (23.1 percent versus 12.5 percent respectively).
  - c. Common reasons for these changes were cited as ‘activity forbidden by SoE’ (76.4 percent) and ‘could not go to work due to travel ban’ (53.3 percent). As key informant interviews reveal, information regarding which activities the SoE had banned might have been unclear to some, especially during the first SoE.
  - d. Among the survey areas, youth unemployment was extremely high. **Only 12.3 percent of persons between 15 and 29 years of age were at work** during the week before the interview. Among **those living with a disability, 83 percent were economically inactive.** There were **significantly more women than men among the economically inactive** persons who are not full-time students, **due to household work and providing care to others** (17.4 percent for women in contrast to 2.3 percent of men).
  - e. During the COVID-19 crisis, the impact on employment was felt more strongly in municipalities outside the capital Dili.
3. **Major difficulties** - Limited access to **market and disruption of public transportation** were the main channels through which the pandemic **impacted households (32 percent) and businesses (77 percent).** Following these issues, **weather and environmental shocks** such as heavy rains, floods and drought were prevalent (36.7 percent), making it especially difficult for households outside Dili to cope with the income shock.
- a. The impact of weather and environmental shock is especially significant for households involved in agricultural production. **86 percent experienced a major negative impact in their production** during the SoE. The most common difficulties cited were standing crops destroyed (31 percent), livestock loss due to diseases such as African Swine Fever (27.7 percent), crop disease/pests (26.6 percent), and unexpected rainfall and weather conditions (20.3 percent).
  - b. The difficulties mentioned by households reveal the compounding factors of COVID-19 measures with the existing negative shocks related to climate change.
4. **Domestic work and childcare** - The results show a **disproportionate increase in women’s time spent on domestic work compared to that of men.** 34 percent of women compared to 20 percent of men indicated that they spent more time on one or more of the six household chore activities.
- a. Eighty-three percent of the households indicated there was an increased responsibility for childcare.
  - b. **Overwhelmingly (almost 80 percent), mothers and other female members were identified as the primary caregiver for children during the SoE,** which impacts women’s ability to maintain or seek livelihood opportunities.

- c. Accordingly, when asked how the respondents were feeling the day before the interview, more women (74 percent) than men (56 percent) reported that they felt 'tired' to a certain extent.
5. **Food security** - Timor-Leste faces high levels of food insecurity. Up to 70 percent of its rice consumption needs are met through imports. As the study results suggest, the impact of the measures to contain the COVID-19 pandemic (especially those restricting the movement of people and the transportation of goods) have amplified these pre-existing conditions.
  - a. **Eighty percent** of the households had at least one type of food security related difficulty in one month preceding the interview.
  - b. Results show that **37.6 percent of the participating households were affected by moderate or severe food insecurity**. This corresponds to individuals living in households where at least one member reported being forced at times during the last month to reduce the quality of their diet due to lack of money or other resources.
  - c. More households in the lowest wealth quintiles 'had to skip a meal' (21.4 percent versus 7.9 percent) and 'ran out of food' (42.8 percent versus 22.3 percent) in contrast to highest wealth quintiles. Furthermore, among the households that 'ran out of food', 79.5 percent were vulnerable.
6. **Coping strategy**- Overall, **85.5 percent of all households employed at least one form of coping strategy during the SoE** to protect themselves from the economic consequences of the pandemic. Even those who are not affected strongly in terms of income and expenditure are generally taking measures that often contribute to contracting the economy (for example, by reducing essential and non-essential spending).
  - a. The most common coping strategy was to reduce essential non-food spending (61.7 percent of households) on transportation, health, education, sanitation and basic utilities. This may jeopardize the household's future capacity to maintain its well-being.
  - b. More **households in municipalities outside of Dili, lowest wealth quintile, female-headed and those with an informal worker tended to adopt coping strategies**.
  - c. For nearly half (49 percent) of surveyed **MSMEs, the main coping method was indefinite closure** while they waited for more certainty about the situation.
7. **Collective resilience measures** were undertaken showing high levels of social cohesion to overcome difficulties. The majority (96 percent) of respondents indicated they feel satisfied as part of the community.
  - a. Trust in the community is high and according to the majority of respondents, **trust was classed as 'better' (45 percent) and 'much better' during the SoE (15 percent)**.
  - b. Of the 439 households, **47 percent had received support** from outside their household while **27 percent had helped others** during the SoE. Seventy-two percent of the respondents stated they received support from the government though other means, including the private sector, while friends and relatives still played an important role in helping communities.
  - c. The most **common forms of support were cash, food and PPE** (e.g. masks, handwashing and cleaning materials). Overall, the highest wealth quintile had

received more support in terms of cash, food and emotional support in contrast to the lowest wealth quintile.

- d. Despite a myriad of obstacles, MSMEs in Timor-Leste remain resilient. **71 percent of the MSMEs surveyed remain optimistic for the future of their businesses**, 21 percent were neutral and 8 percent were pessimistic.

8. **Impact on MSMEs** - Although some businesses were able to supply goods and services for COVID-19 response demands (such as those selling PPE), the majority of businesses reported negative impacts. MSMEs stated that the first and second months of the SoE had the biggest impact on their businesses, while the third month alleviated some strain and allowed them to begin operating again, although in a limited capacity.

- a. The **majority of MSMEs interviewed (81 percent) reported a loss of income during COVID-19**. They cited this result as a combination of limited market access, supply chain disruption and changes in demand.
- b. Due to drops in income, **many businesses (26 percent) also reported difficulty in paying staff wages and tried to cope by reducing staff hours** or suspending their contracts temporarily. Employers expressed great concern over their inability to support their regular employees.
- c. **More women were terminated (61 percent, compared to 39 percent of men)**, both as a set of all those dismissed, and as a proportion of the women employed before the pandemic (13 percent of women and 3 percent of men lost their jobs by this measure).
- d. **Supply chain disruptions on MSMEs** - Outside Dili, MSMEs saw a significant increase in the time it took to receive supplies (35 percent outside of the capital, 8 percent within). Almost one third of respondents (33 percent) reported difficulty in accessing goods domestically, again with a wide gap between those outside Dili (25 percent) and in Dili (7 percent).
- e. **Drop in demand** - 65 percent of businesses outside Dili and 18 percent of those in Dili reported negative change in demand.

### Services needs of the communities and MSMEs

The GoTL reacted quickly and established a dedicated coordinating body to respond to COVID-19 and maintain essential services. Despite budget challenges, the government allocated funding to finance economic stimulus, food security, continue essential services, movement and trade. The role of international organizations and NGOs was also notable as the key-informant interviews revealed. The SEIA found the GoTL's COVID-19 measures were generally responsive to the needs of various groups, although individuals who faced multiple forms of vulnerability (e.g. women with disabilities in rural areas, informal men workers in lowest quintile, etc.) were most likely to face challenges in accessing available support measures.

9. **COVID-19 risk communication** - It was largely responsive to the needs of the respondents. The GoTL in partnership with various international and non-government organizations undertook extensive COVID-19 risk communication, even reaching those in remote areas through visits and loudspeaker announcements.

- a. **90.7 percent of all participants said they received timely or somewhat timely information** while 87.1 percent agreed that the information they received relating to COVID-19 was easy to understand.
  - b. As a result, **70.7 percent of respondents reported they were washing their hands and 69.6 percent were wearing a mask**. Although not statistically significant, more women reduced family visits, stayed at home, kept one-meter distance and avoided public space.
  - c. Use of various prevention methods was lower outside Dili, among the lowest wealth quintile and vulnerable households. Statistical tests showed households with water availability were more likely to use prevention methods.
  - d. Highest wealth households and those in Dili were more likely to receive information through media (TV, internet, newspaper, and SMS), and lowest wealth households and those outside Dili were more likely to receive information directly from other people (word of mouth, government officials, and NGOs).
  - e. A total of **55.9 percent of the households in this study were observed to be without water on the premises**, with Oecusse (83.6 percent) and Viqueque (71.4 percent) appearing to have the fewest dwellings with water availability.
  - f. In terms of **COVID-19-related measures and rules**, there were some reports of mixed messages from the government and police. According to key informants, several MSMEs were told directly by officers that they had to close fully during the SoE. Others reported that employees were turned away at police checkpoints for having two people on a motorbike.
10. **Most important services rated by respondents** - Three services that the respondents were most satisfied with during the SoE were **electricity supply** (38 percent said the service improved), **police operations** (36 percent) and **social security** (22 percent). Services said to have deteriorated or suffered disruption during the SoE were **food markets** (35 percent), **transportation** (33 percent) and **education** (38 percent). Two of the areas that the respondents identified as **most important** (food markets and the supply of drinking/cooking water) were also cited as most interrupted during the SoE.
- a. At the opposite end, the social security service (specifically, government emergency cash transfer), mentioned by 20 percent of people as their most important service need, was rated as improved during the SoE.
  - b. There was a difference in the service needs between vulnerable and non-vulnerable households. Vulnerable households prioritised further improvement of social security services (21.8 percent versus 9.9 percent among non-vulnerable) and supply of drinking water (33.2 percent versus 23.9 percent). Access to food markets was a priority for non-vulnerable households (50.7 percent versus 29.7 percent vulnerable).
  - c. The disruption in services might have a **disproportionate impact on women and girls** due to their roles in the markets and reliance on public transport compared to men. They might also be affected by their caregiving responsibilities when schools are not in operation and because they play a key role in household water collection and management.
11. **Access to health services** - **14 percent** (40 households) of 284 households with children below 10 years of age **missed a vaccination**; **24 percent** of 156 households who have women

aged 15-49 had **missed family planning** or reproductive-health services; of the 79 households which had a member with a health problem (of whom 90 percent were vulnerable households), **72 percent had used a health facility. Forty-seven percent of participants said their household's use of health services increased** while only nine percent said it decreased during the SoE.

- a. Key informant interviews on missing vaccinations and family planning or reproductive health services suggest the reasons could include the repurposing of community health centres for COVID-19 readiness, interruptions to public transportation, restrictions on movement and a lack of face masks.
- b. Health service needs varied slightly between Dili and other municipalities as well as between female and male-headed households. In Dili, the reported priority was to improve COVID-19 containment measures, such as refining quarantine facilities and stricter border controls. While in other municipalities, it was increasing availability of PPEs and establishing health facilities.
- c. For female-headed households, increasing availability of medicine and PPEs, providing health services through home visits and implementing targeted health programmes for vulnerable groups were more important.

12. **Education services** - Overall, **54.5 percent of respondents said their children continued education while schools were closed** during the SoE, but 44.5 percent said they did not. The **most common reason children did not continue education was the hope that 'children will catch up after going back to school' (26.1 percent)**, followed by a reported lack of learning materials at home (20.8 percent) and 'no one available to help the child study' (17.2 percent). **For children who continued their education, the highest percentage reported to have studied alone (85 percent)**. Watching educational shows on TV (28.4 percent), home-schooling (27.4 percent) and use of online courses/materials (21.6 percent) were other forms of continued learning.

- a. A majority (82 percent) of the households whose children did not continue education were vulnerable and one-third (32.5 percent) were from the lowest wealth quintile.
- b. There was a statistically significant difference between female and male-headed households. **Children in female-headed households were more likely not to continue education.**
- c. A higher proportion of children in households in the highest wealth quintile, non-vulnerable households and in Dili, watched educational TV shows (*Eskola ba Uma*), accessed online courses and materials, and did exercises set by the teacher and home-schooling.
- d. When asked what their main activities were during the SoE, the most common responses stated 'staying at home studying' (44 percent), 'staying at home playing' (24.4 percent) and 'staying at home helping with household chores' (23.4 percent). Although only indicative, the proportion of children helping with household chores was highest in Oecusse (67.6 percent).

13. **Food and agriculture related services** - were not considered essential under the SoE so there has been a massive disruption in the functioning of agricultural markets and value chains during the SoE, particularly in the first month. While the impact of this disruption on people's

diet is partly captured by this SEIA (and other surveys), the impact on the planting season and upcoming harvest is yet to be assessed.

14. **Services to support livelihoods** - When asked by households what are the main ways the Government **should** help sustain their livelihoods, **food, drinking and cooking water, social security and electricity supply were said to be the most important**. These areas are the ones GoTL is focusing on already and will continue implementing in the coming years.<sup>5</sup>
  - a. For female-headed households, measures to support **food availability** and programmes targeting vulnerable groups were most important, whereas for male-headed households, providing financial support was crucial both for themselves and for those in need.
  - b. For vulnerable households, those in the lowest wealth quintiles and in municipalities outside Dili, measures such as ‘improve basic services and infrastructure’ (especially water and electricity), ‘**provide building materials for the house**’, and ‘**provide support aimed at target groups**’ were cited as more important.
  - c. For the highest wealth quintile and non-vulnerable households, improving **credit and loan support** as well as **COVID-19 transmission prevention** were priorities.
  
15. **Social protection services** - The Government emergency cash transfer programme targeted households **based on their level of income** (not on their activity or livelihoods) so there has been no specific credit or financial package for smallholder farmers or labourers in the informal sectors. These groups are known to be particularly vulnerable to economic shocks and their long-term food security is likely to be disproportionately affected by the COVID-19 crisis.
  - a. Government figures highlighted that men were the majority of household representatives (80 percent) to receive the payment. Further observation suggested that the registry of households excluded women in shelters and other individuals who were not recognized by their local authorities. Payments under other social protection schemes were not conducted during the cash transfer process and more analysis is underway to monitor the experiences of different groups.
  - b. The GoTL also announced an extraordinary allowance of 60 percent of income for employees. However, to receive these benefits, employers were required to apply to the National Institute of Social Security documenting the list of their workers with suspended contracts or reduced hours as well as a declaration regarding the veracity of the information. These benefits were not, however, accessible by all qualified businesses and employees. Registration could only take place at the National Institute for Social Security, which is in Dili. Those who reside in other municipalities would have had to travel to the capital to register. As many live in remote areas or are unable to travel, and with the SoE directly restricting domestic travel, it precluded many eligible recipients from benefiting.

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<sup>5</sup> Government Resolution No. 12/2020 of March 31 - Policy for Reducing the Negative Economic Impact and Economic Recovery Following the Pandemic of COVID-19.

16. **Protection services** - Information gathered by the SEIA on violence against women and girls is consistent in that reports might not change significantly due to access barriers. But as with other countries, it is likely that there will be a future rise in demand for emergency shelters and psychosocial support for survivors of domestic abuse.<sup>6</sup> **Response services must be recognised as essential and be provided with resources to maintain operations during the recovery period.** Households continue to face economic and social stressors, which contribute to domestic violence, including violence against children. Based on information available from members of the Gender and Protection Working Group, essential services that remained operational to support survivors of gender-based violence include:

- **9 shelters** for women and children (including those with disabilities)
- **5 Safe Spaces, *Fatin Hakmatek***, operated by PRADET, funded by the Government of Australia through Nabilan, which are 'One Stop Shops' with comprehensive services, including temporary accommodation. The safe spaces are based at referral hospitals where there are Courts (in Baucau, Dili, Suai, Maliana and Oecusse).
- **Legal Assistance** (provided by Alfela) in 5 municipalities (same locations as above)
- Information on the impact of COVID-19 on operation of government services for survivors of violence (Vulnerable Persons Unit, Women and Child Protection Officers, etc.) was not available as of 31 August and will be an area for future monitoring.

17. **Services needs to support MSMEs** - Considerations shared by the MSMEs were **financial assistance** such as small loans, grants or other agricultural inputs (to purchase and prepare the goods they need to restart their business), **opening the borders** for importing supplies, **tax relief** to relieve the loss of income, **clear communication** about rules and guidelines, and the **maintenance of essential services including market access or alternative sales methods such as direct delivery to communities.**

### Who is currently and likely to be impacted?

We were able to construct a wealth quintile index based on information gathered about households' assets and ownership. Using this, we could analyse the impact by lowest and highest wealth quintiles. The SEIA results indicate COVID-19 SoE measures have negatively impacted **the lowest wealth quintile** in most areas and COVID-19 prevention measures have reached the groups disproportionately. Households in the lowest wealth group lack different types of resources compared to the highest wealth quintile in the study - physical resources (housing conditions, lack of access to water), financial resources (less access to savings), human resources (in terms of education and employment) and social network.

**Vulnerable households** (i.e. households that have at least one member belonging to a specific vulnerable group) have been negatively impacted. Most notably, households with specific types of vulnerability saw a considerable increase in loss of livelihood. In addition, the SEIA shows the pre-existing precarious conditions of these groups. Hence, the socio-economic status of these groups can be worsened by COVID-19 measures compounded with other external factors such as environmental

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<sup>6</sup>[www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic](http://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic)



shocks, disruption in basic services and being marginalised further. The vulnerabilities found in the SEIA:

- The **vulnerability of older women is demonstrated by their much higher percentage of widowhood**. Among all women 65 years of age and older, 63 percent were widowed, against only 9.7 percent among men.
- **Female heads of households are more likely to be unemployed or inactive than male heads of households**. Approximately 58.0 percent of households headed by women are inactive compared to 43.5 percent by men.
- Approximately 3.5 percent of the surveyed population (2834) was observed to have a disability. The data show that an overwhelming number of those who live with a disability are inactive and not participating in the labour market. The middle quintile has the most households with a disability (35.5 percent), while wealthier households have fewer members with one or more disabilities.
- In the survey, 207 people aged 60 and older were recorded (44.1 percent were men and 55.9 percent were women). In total, about 35.9 percent of households in the five sample municipalities had one or more older persons. Households with one older person are most commonly in the lowest wealth quintile, with this being the case in 30.2 percent of all households. Households with two older persons are also more likely to be in the lower wealth quintiles. Out of a total of 246 households without any income during the COVID-19 crisis and a week before the interview, 85 had one or more older members. This accounts for more than one third of all households without an income.

In most of the five municipalities included in this study, televisions (67.5 percent), internet connections (63.7 percent) and motorcycles (61.6 percent), were the assets owned by most households. Intra-household ownership is not available, but previous studies show the gender disparity and women's reduced access to these resources. Significant variation between municipalities exists, however, and **Dili households own the most items**. With televisions for example, 81.5 percent of households in Dili own one, while this fell to just 25.6 percent in Oecusse.

The assessment also revealed underlying vulnerabilities associated with location. It was found that both households and MSMEs located in municipalities outside Dili were more severely impacted than those in Dili in most socio-economic aspects. These include access to social services and various government subsidies, information, prevention materials and equipment, basic infrastructure and water, sanitization and hygiene. The UN Framework for the Immediate Socio-Economic Response to COVID-19, cautions that the crisis will exacerbate inequalities in vulnerable settings including rural areas.

### **Government and development partners' measures and actions against COVID-19**

There was general agreement among stakeholders that Timor-Leste has met immediate needs, such as containing the spread of COVID-19, responding to the livelihood needs of the communities and reopening economic activities within the country. However, the level of preparedness for dealing with COVID-19 differed during the first, second and third SoEs, with a lack of readiness cited during the first SoE.

Immediate response measures taken by government organisations include:

1. **Coordination and assistance** - The GoTL immediately created Task Forces between the Central Government and the Municipal Government to share information and ensure the prevention and protection measures were applied throughout the country. Various coordination groups between municipal governments and civil society organizations were also established to identify vulnerable people and to ensure that essential goods and services reached them even in the most remote areas. The cooperation between the government and organizations increased during the SoE, especially with the Task Forces created to define strategies and share information and activities in order to provide the best support to communities.
2. **COVID-19 risk communication** - Municipal government departments and other state entities were responsible for the dissemination of information in the communities for the prevention and control of COVID-19 and for ensuring that the Government SoE measures were enforced. Local NGOs working at the grassroots level were able to assist the community outreach activities, including vulnerable groups.
3. **Budget and funding** - During the SoE, the Government municipal departments had great difficulties in financing activities related to COVID-19 due to the duodecimal budget and the delay in the distribution/execution process of the COVID-19 measures. Among the interviewed organizations, the majority did not receive any more financial support during the SoE.
  - a. For most of the local NGOs, there was a lack of funding during the SoE which made it difficult to continue working with communities.
  - b. INGOs and local NGOs that receive funding from international agencies, were able to continue operations. Most organizations continued their programmes with some restrictions and adaptations due to the measures implemented by the government. But few had to stop or cancel any of their programmes.
4. **Digitalization and technology** - COVID-19 provided an opportunity for initiating a transformational way of doing business through digital disruptions.
  - a. In the case of public and non-government agencies interviewed for the SEIA, digital technology was used mainly for communication and remote training purposes. Most of the government agencies and NGOs had used WhatsApp and Facebook as a means of communication and some international organizations used Zoom. Many training sessions (mostly COVID-19 awareness modules) for government and NGO staff were conducted via video and online conferences. However, the informants said the effectiveness of these programmes was not high.
  - b. No notable efforts and initiatives were mentioned by the participants (key informant interviews) in introducing digital services (such as digital payment) in key public services.
  - c. Several barriers were mentioned by the participants in introducing digital disruptions within government. Lack of leadership, willingness, absence of computer literacy especially among the older employees, equipment limitations, and weak internet coverage in rural areas, constituted key challenges.

5. **The role of partners and NGOs** - The majority of PPE used directly and/or distributed by municipal governments was contributed by local and international organizations or agencies. The close relationship between NGOs and the local communities supported the government to reach a large portion of the population.

This summary highlights key information provided by the respondents and reveals underlying vulnerabilities faced by the population and MSMEs. The SEIA could be used by decision-makers to inform short- and medium-term socio-economic policy priorities and budgetary allocations of line ministries and municipalities. Human centric programmes such as cash-for-work, food assistance, school feeding programmes, water and sanitation investments, and protection services for the most vulnerable, should form the Government's priorities in the coming years.

It is also important to emphasize that one-off measures and quick fixes will only provide temporary relief. Well-designed, complex and medium-term poverty reduction, health, education and climate adaptation programmes, are needed to protect the population from the long-term impact of the pandemic, and to help the nation build resilience and self-reliance from within. The worst effects of COVID-19 can be minimised if the nation's leadership commits to a new social contract and implements forward-thinking and comprehensive programmes to tackle critical tipping points to lift the population from multi-dimensional poverty traps.

## 1. Introduction

### 1.1 Background

COVID-19 is a global pandemic requiring varying degrees of countermeasures to prevent further spread of the virus. According to the UN, the pandemic poses risks ‘by directly reversing the hard gains made by countries toward the Sustainable Development Goals (SDGs), requiring different sets of policies and solutions to respond, and impacting severely the existing infrastructure and services’.<sup>7</sup>

The first positive case of COVID-19 emerged in Timor-Leste on 21 March 2020.<sup>8</sup> A week later, the National Parliament of Timor-Leste authorized the President to declare a State of Emergency (SoE) in response to the threat of COVID-19 in the country. Government Decree No. 3/2020 lists the measures for implementation of the declaration and was approved by the Council of Ministers on 28 March 2020. The SoE has been extended to cover four 30-day periods, between 27 March and 4 September 2020 (with the period from 26 June to 6 August not included).

Accordingly, the Government of Timor-Leste (GoTL) imposed various measures such as domestic and international travel restrictions, closure of schools and physical distancing.<sup>9</sup> The SoE started easing as shops and restaurants were allowed to open provided physical distancing and hygiene measures were enforced from 28 May because Timor-Leste had recorded no new cases since April. These types of restrictions affected vulnerable households, communities and Micro-, Small and Medium-sized enterprises (MSMEs) severely, especially in remote areas. The GoTL, the United Nations (UN) Timor-Leste and other development partners have emphasized their intention to mitigate the negative impacts of COVID-19 response programmes, particularly on individuals and households living in poverty and those facing particular vulnerabilities.

For this reason, the UN Timor-Leste initiated a Socio-Economic Impact Assessment (SEIA) to gather objective evidence about the impacts of COVID-19 measures on the citizens and MSMEs of Timor-Leste. This assessment observed changes in livelihood, employment, food security, health care, education and other basic services, including social protection and gender equality for individuals, as well as shifts in supply, demand, income and employment for MSMEs as a result of the measures.

The data collection for the SEIA covered the period between 22 June and 14 July 2020 in the municipalities of Baucau, Bobonaro, Dili, Viqueque and Special Administrative Region of Oecusse (SAR). The assessment is crucial for informing socio-economic response and recovery programmes in Timor-Leste. There is an intention to repeat the SEIA in 2021 to gauge any time-lagged effects of the COVID-19 crisis.

### 1.2 Assessment approach and framework

This is a **micro-level socio-economic impact assessment** which focuses on how COVID-19 pandemic countermeasures affect households and individuals (specifically, poor and vulnerable groups in comparison to other non-vulnerable households and individuals) and MSMEs. As the SEIA is highly

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<sup>7</sup> United Nations. June 2020. Brief #2: Putting the UN Framework for Socio-Economic Response to COVID-19 Into Action: Insights, p.3

<sup>8</sup> To date, the country has 26 positive cases of COVID-19 and no deaths.

<https://www.worldometers.info/coronavirus/#countries>

<sup>9</sup> Government Decree No. 3/2020 of 28 March - Implementing Measures of the Declaration of the State of Emergency Made by the Decree of the President of the Republic no 29/2020, of March 27

time-sensitive, it used a **rapid assessment approach** to get a reliable picture in a short period of time and to increase its pragmatic orientation (with a focus on adequacy rather than on scientific perfection).<sup>10</sup>

The aim of the assessment is to identify the impacts of COVID-19 on the general population, poor and vulnerable households and MSMEs in Timor-Leste. The document is designed to provide the analysis based on the data available, which can be used by the GoTL to inform their policy responses and recovery interventions.

The specific objectives of the assessment are to:

1. Assess the social, economic and health impacts of the COVID-19 pandemic among poor and vulnerable households, with attention to intra-household inequalities.
2. Assess current prevalent local market conditions and trends affecting individual vendors and MSMEs at the national and local level.
3. Examine the gender dimension of the pandemic, particularly the extent to which women are more affected than men.
4. Provide useful information that can be used to identify the measures needed to support **the most vulnerable groups** and MSMEs.

The assessment framework and the indicators of the SEIA were developed based on a desk review of:

- the 'UN framework for the immediate socio-economic response to COVID-19' published in April 2020
- SEIAs conducted in response to Ebola by various organisations such as UNDP,<sup>11</sup> and the World Bank.
- the current response and recovery plans of the Government of Timor-Leste.
- the 'UN Comprehensive Response to COVID-19: Saving Lives, Protecting Societies, Recovering Better'.

It also draws on identified good practices in rapid gender analysis from the IASC Gender Handbook for Humanitarian Action,<sup>12</sup> the EU's SME Impact Assessment for COVID-19 Survey,<sup>13</sup> and the OECD SME Policy Responses survey.<sup>14</sup>

The research questions of the SEIA include:

- Who is currently and likely to be impacted? What are the barriers they face?
- What are the social, economic and health impacts of the pandemic on poor and vulnerable groups and the general population?
- What are the impacts on women and the possible implications on gender and social norms, as they relate to unemployment, changes in income, trends in unpaid domestic and care work, the maternal and reproductive health of women, and protection needs?

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<sup>10</sup> Westfalen-Lippe. 2004. "Rapid Assessment and Response (RAR) Guide on Problematic Substance Use Among Refugees, Asylum Seekers and Illegal Immigrants." Manual.

<sup>11</sup> UNDP. 2014. The socio-economic impacts of Ebola Virus Disease in Guinea, Liberia and Sierra Leone— The Road to Recovery. UNDP.

<sup>12</sup> IASC. 2018. "IASC Gender Handbook for Humanitarian Action."

<sup>13</sup> SME Europe. (2020, May 25). *SME Impact Assessment for Covid-19 - Survey Presentation*. <http://www.smeeurope.eu/sme-impact-assessment-for-covid-19/>

<sup>14</sup> OECD. (2020, March). *Coronavirus (COVID-19): SME Policy Responses*. [https://read.oecd-ilibrary.org/view/?ref=119\\_119680-di6h3qgi4x&title=Covid-19\\_SME\\_Policy\\_Responses](https://read.oecd-ilibrary.org/view/?ref=119_119680-di6h3qgi4x&title=Covid-19_SME_Policy_Responses)

- How are individuals, households and communities coping with and managing risks? What supports their resilience?
- What are the livelihoods, healthcare and other essential services needs of vulnerable and non-vulnerable groups?
- How responsive are the current COVID-19 prevention and protection measures to the diverse needs of vulnerable groups?

Based on the assessment framework, the assessment indicators were defined at three levels to allow the analysis of vulnerability in the context of COVID-19. **The first level** of the assessment is to review the decisions and changes made in relation to COVID-19 measures and their implementation. This involved key informant interviews, review of secondary data such as official minutes, and central/local government decisions at the sub-national level (Chapters 3 and 6 of the report). **The second level** of the assessment is to identify impacts of the COVID-19 measures on the livelihoods, health and access to essential services among general and vulnerable groups. **The third level** of the assessment is to identify impacts of COVID-19 and the government’s responses on the business operations and capacity of MSMEs.

Table 1 SEIA framework and indicators

Assessment level	Key topics	Indicators
<b>Level 1. Policy measures</b>	<p><b>1.</b> Responsiveness to the needs of population including vulnerable groups</p> <p><b>2.</b> Service provision, access and resources gaps</p> <p><b>3.</b> Emergency response &amp; recovery measures</p>	<p>1. Citizens’ access to COVID-19 information</p> <p>2. Satisfaction and support for COVID-19 prevention measures</p> <p>3. Initiatives taken by stakeholders – preparedness</p> <p>4. Coordination and enforcement at the local level</p> <p>5. Adherence to human rights</p> <p>6. Social protection related policies</p> <p>7. Priority needs</p> <p>8. Opportunities for digital technology use</p>
<b>Level 2. Citizens including poor and vulnerable groups</b>	<p><b>1.</b> The livelihoods, healthcare and other essential services needs</p> <p><b>2.</b> The social and economic impacts of the pandemic</p>	<p>9. Change in household income and expenditure</p> <p>10. Change in employment</p> <p>11. Food insecurity</p> <p>12. Livelihood difficulty and coping strategies</p> <p>13. Change in agricultural production</p> <p>14. Change in domestic work</p> <p>15. Access to health services</p> <p>16. Access to education</p> <p>17. Change in childcare</p> <p>18. Change in essential services</p> <p>19. Access to social security</p> <p>20. Access to protection (shelter houses etc.)</p> <p>21. Change in general trust</p> <p>22. Support – helping others and receiving help</p> <p>23. Subjective well-being</p>
<b>Level 3. Impact on MSMEs</b>	<p><b>1.</b> Impact on business operations and capacity</p> <p><b>2.</b> Current prevalent local market conditions and trends</p>	<p>24. Workforce capacity</p> <p>25. Market supply and demand</p> <p>26. Transport</p> <p>27. Capital access, income and sales</p> <p>28. Facility costs for COVID-19 response</p> <p>29. Information technology</p> <p>30. Policy and planning</p>

## 1.3 Sampling

### Households

In order to measure the effect of COVID-19 on people's living conditions, it was essential that the information was gathered in a timely fashion, when individuals were still experiencing the effects of the crisis. As time was of the essence and financial means were limited, it was not possible to organize a fully-fledged survey with a nationally representative sample, but rather conduct a rapid assessment operation. As such the SEIA was designed to interview 400 households randomly selected from 13 pre-identified *sucos* in five municipalities: Baucau, Bobonaro, Dili, Viqueque and Oecusse (SAR).

The 13 *sucos* were carefully selected based on characteristics such as:

- Density of poor and vulnerable groups in the municipalities, targeting areas of extreme poverty.<sup>15</sup>
- Health services accessibility (map provided by UNFPA).
- Geography, including both coastal and mountain areas, distance from the land border, and remoteness in terms of road accessibility and distance from health facilities.

Because of this *suco* selection procedure, no statistical inference can be made from the survey results to the entire population of Timor-Leste nor to the five municipalities in the study, but only to the selected households and *aldeias*. Results in this report should therefore be considered as purely indicative.

Within the selected 13 *sucos*, a two-staged stratified random sample was used. In total, 96 *aldeias* form part of the 13 *sucos*. In the first stage of sampling, 24 *aldeias* were selected. A systematic sample was used to draw 24 *aldeias* out of the total of 96. During the second stage, in each hamlet, 20 households were randomly selected to be interviewed, implying a total of 480 households, which is more than the 400 planned households. It was decided to oversample to take refusals, empty dwellings and absence of respondents into account. The oversampling was large, as it was expected that people might refuse to cooperate due to a fear of contracting the virus.

The fact that a systematic sample of *aldeias* was made had two important consequences. First, at least one *aldeia* was selected in each *suco*. Second, in the selection, each *aldeia* had an equal probability of being selected in the sample. The number of *aldeias* varies by *suco* so there was an increased probability of selection of *aldeias* in smaller *sucos* than in larger ones. For example, Batugade *suco* consists of only 3 *aldeias*, whereas Comoro *suco* has 16 *aldeias*.

Within the *aldeias*, a systematic sample of households was drawn. The initial plan was to make a selection of households on the basis of a dwelling listing in each *aldeia* and take GPS coordinates of each dwelling. This work had been planned to be conducted in cooperation with local authorities. However, their assistance in the *aldeias* was inconsistent and in some cases insufficient for this approach. In the end, existing administrative *aldeia* household lists provided by the authorities were used. Although these lists had several flaws and were not completely up to date (people may have

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<sup>15</sup> Fallah, Mosoka P., Laura A. Skrip, Shai Gertler, Dan Yamin, and Alison P. Galvani. 2015. "Quantifying Poverty as a Driver of Ebola Transmission." *PLoS Negl Trop Dis* 9 (12).

died, moved away or new households had been formed), they provided an elementary sampling frame for selecting households.

Figure 1 Geotag of the interview locations



As households in the sample had different probabilities of selection, normalized weights were calculated based on the reversed probability of selection of each household. Further weighting was applied to compensate for different levels of non-response in each *aldeia*. All information presented in this report is based on weighted statistical results.

### MSMEs

With the MSME assessment designed as a complement to the SEIA (rather than a standalone survey) and considering the aforementioned limitations of time and resources, the research team chose a smaller sample size for MSMEs with a target of 50 businesses across the same five municipalities (Baucau, Bobonaro, Dili, Oecusse and Viqueque).

Understanding that the small sampling size for the MSME questionnaire would not provide enough data to form statistically supported conclusions, the team focused instead on documenting the varying experiences of businesses in terms of size, industry and municipality. The data were then supplemented by information provided through key informant interviews (KIIs) to give a deeper understanding of context and a link to broader trends observed across the country.

Due to the challenges in contacting business owners and managers in advance, the team opted to use a convenience sampling strategy in each municipality. Considering that one aim of the MSME data collection was to hear from MSMEs of different sizes in a variety of sectors, the team agreed to focus more on urban centres. These areas naturally have a higher degree of variety in business types, sizes and models, while those in rural areas tend to be more homogeneous.

Due to these challenges, the final sampling strategy adopted was to collect 80 percent of MSME data from urban centres and 20 percent from rural areas. The team also focused on tracking down the owners or managers of one or two closed businesses in each municipality to ensure their perspectives were included.



## 1.4 Data collection methods

**Questionnaires.** The assessment used the CAPI (computer assisted personal interview) method to collect survey data in the field to improve quality assurance, allow for real-time data monitoring (record audio and track GPS location), reduce time to undertake each survey and to obtain more reliable databases. For the household questionnaires, CSPro was used and for the MSME questionnaires, the JotForm data collection app was used. All questionnaires were administered face-to-face by 13 trained interviewers (7 men and 6 women).

**Key informant interviews (KIIs).** A total of 46 KIIs, involving 16 women and 30 men, were conducted from service providers, government stakeholders, business owners and experts, development partners and community leaders. Through this method, we aimed to identify impacts of COVID-19, internal and external factors influencing social and economic domains, gather information on existing resource gaps, and identify potential changes and measures needed for improved response and recovery. The interviewees were from various industries including health, education, agriculture, social protection, state administration, justice, gender equality, finance and the private sector.

**Table 2** Number of interviewees participated in KIIs

Types of KIIs	Male	Female
Representatives of local government	10	0
Representatives of national government	1	2
International NGOs	0	3
Local NGOs	4	8
MSMEs and private sector specialists	15	3
<b>Total</b>	<b>30</b>	<b>16</b>

**In-depth interviews.** Four in-depth interviews (3 women/ 1 man) were conducted in the target municipalities with members from a household with vulnerability.

**Desk review.** A review of similar SEIAs conducted in similar contexts were consulted to inform the design of the SEIA. Government decrees and regulations on COVID-19 measures, reports on recommendations and responses undertaken by development partners are also included in the desk review.

## 1.5 Data analysis

As information was gathered using tablets, the quality of the raw data set was satisfactory with only a minimal amount of structural and consistency errors. Two databases were constructed in SPSS, one with variables related to household characteristics and one with data related to individual characteristics. After the construction of the databases, a quality assessment was made to identify possible problem areas. One issue related to the overuse of the 'other, specify' category in a number of questions. In many cases, 'other, specify' was indicated, when in fact one of the pre-coded categories could have been chosen. These 'other' responses were coded and integrated in the analysis.

To enable cross-tabulations between individual and household variables, the two databases were merged in SPSS. Two merged data files were created. The first data file was a household file in which information about all members of the household was added to the household record. The other

datafile was composed of individual records. In this data file, household information was added to each individual record.

During tabulation in SPSS, confidence intervals were added at the 95 percent level. However, for the sake of readability of the analysis, confidence intervals were not used in the text. It is important to note that in many cases, the differences observed between categories within the questions were not statistically significant, mainly due to the small sample size. As the survey was not based on a simple random sample, special statistical procedures for 'Complex Samples' were used during the analysis. These procedures do not have a direct effect on the outcome of the estimates but play an important role in the calculation of the standard errors and thus the confidence intervals. Because of the small sample size, it was decided not to use multivariate statistical techniques, but to limit the analysis to purely descriptive statistics.

### 1.6 Limitations and difficulties encountered during the survey

There are several limitations to the SEIA methodology due to specific constraints related to COVID-19 including available time, restricted travel, availability of government officers and general limits such as data gaps in household registration. These include:

- **Non-experimental design** – The assessment does not objectively compare the effects of COVID-19 before and after the pandemic measures or across groups that are differently exposed to the measures. Although general population groups are included in the assessment, they are also affected by the COVID-19 measures and hence cannot be considered as control groups.
- The assessment does not measure the **long-term impact** of COVID-19, for instance on human capital loss in education and health. Instead, it focuses on short-term impacts.
- **Scope** of the assessment is limited to citizens, households, communities and MSMEs. As such, it is not the aim of this assessment to conduct macroeconomic modelling of the COVID-19 impact and political effects.
- **Sampling** – the assessment did not aim to make a nationally representative sample or multi-layered disaggregate analysis and conclusions. It also does not include persons in institutions such as prison, domestic violence shelters or mental health centres, noting the ethical considerations for conducting research in these settings.
  - **Limited sample size** - High margin of error (small sample size) to draw any statistically sound conclusion for analyses per municipality, in some cases by gender, and of correlations between key variables and other parameters such as household size, agricultural activities or households with vulnerable persons.
  - The **small sample size of MSMEs** also prevents statistically supported conclusions. As such, the data is used to observe broad trends and experiences in the private sector and in combination with KIIs for necessary context.
- **Closed businesses:** The SEIA was conducted shortly after the third SoE had ended, and many businesses were still closed. Some owners and managers had also left, either to go overseas or back to their home villages. It became a challenge to include the voices of these MSMEs, who had clearly been severely impacted because we had difficulty reaching key decision-makers for the questionnaire. It also limited our access to medium-sized businesses as many were still closed. The team was able to contact some closed businesses through neighbouring

business owners and went to owners' homes to conduct interviews several times. We were able to reach 1-2 closed businesses per municipality, though this is unlikely to show a representative sample of the proportion of closed businesses. It is possible the results could show stronger negative trends if more of these businesses were included.

- **The data collection period** overlapped with the Government cash distribution for the monetary support for households' programme in Dili, followed by Bobonaro, Baucau and Viqueque and was preceded by one week in Oecusse. This might have affected responses related to income and expenditure in the household interviews. There could also be a 'recall problem' as most people referred to the COVID-19 emergency as the period of April and May.
- **The questionnaires** did not ask specific/detailed information on financial resources (e.g. household income and expenditure, amount of loan and savings and amount of production). This makes it harder to define poverty level and vulnerability from a financial perspective. However, we used information related to physical assets within the household to create wealth quintiles as proxy indicators.
- **International comparison and use of indices** - As the primary purpose of the SEIA is to understand the potential impact of COVID-19 on communities within the country context, the questions related to various international indices were modified to match the local context based on the pre-test results. For example, there are several questions in the SEIA that were 'inspired' by international indices including global 'livelihood coping strategy index',<sup>16</sup> 'food insecurity estimation scale',<sup>17</sup> and the 'subjective well-being index'.<sup>18</sup> However, the methodology and indicators were significantly changed to match the local context. Therefore, caution must be applied in interpreting these results and making comparisons with other contexts.

The report is structured as follows. **Chapter 2** presents the definition of vulnerability used in the SEIA and the key characteristics of vulnerable groups within the survey sample. **Chapter 3** provides an overview of the Government's COVID-19 response measures, funding and coordination to implement the measures. Chapters 4 to 6 present the findings of the assessment i.e. the impact of COVID-19 response measures from the perspectives of citizens, MSMEs and service providers (government and development partners). **Chapter 4** examines the impact of the COVID-19 SoE on households and individuals' livelihoods, access to services and well-being and community social cohesion by attempting to identify the impacts on different groups. **Chapter 5** provides key findings on the MSMEs' experience in the context of COVID-19 and how they were impacted. **Chapter 6** documents the government and NGOs' experience during the COVID-19 SoE in delivering services and impacts of COVID-19 on their operations. After concluding the report in **Chapter 7**, **Annex 2 and 3** provide an overview of Timor-Leste's development context and access to services based on the desk review results. Finally, **Annex 4 and 5** describe the households and MSMEs characteristics of the survey.

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<sup>16</sup> The global WFP indicator on 'livelihood coping strategies' comprises eight coping strategies and the strategies are classified into three categories - stress, crisis or emergency (WFP and REACH 2016, 24).

<sup>17</sup> FAO developed this experience-based metric of severity of food insecurity that relies on people's direct responses to eight questions regarding their access to adequate food.

<sup>18</sup> There is no one standard index but there are common guidelines such as by OECD. 2013. "OECD guidelines on measuring subjective well-being."

## 2. Contextualising Vulnerability

### 2.1 Defining vulnerability

The definition of vulnerable groups depends on the context and 'is a multidisciplinary phenomenon studied within many different scientific fields focusing on different components of risk.'<sup>19</sup> As vulnerability is related to the resilience of a household to cope with external shocks, the operationalization of vulnerability in research heavily depends on the type of these shocks. In this assessment we use the term vulnerability to examine the impact of COVID-19 in **a relative term** in comparison to the general population, and in a flexible manner. The 'UN Framework for the Immediate Socio-Economic Response to COVID-19'<sup>20</sup> calls for special attention on populations for whom the COVID-19 emergency compounds pre-existing marginalization, inequalities and vulnerabilities, as shown in Figure 2.

Figure 2 At risk populations experiencing the highest degree of socio-economic marginalisation

<b>AT-RISK POPULATIONS EXPERIENCING THE HIGHEST DEGREE OF SOCIO-ECONOMIC MARGINALIZATION AND REQUIRING SPECIFIC ATTENTION IN THE UNDS IMMEDIATE DEVELOPMENT RESPONSE:</b>	
<ul style="list-style-type: none"> <li>• Women</li> <li>• Older persons</li> <li>• Adolescents, children and youth, especially girls and young women</li> <li>• Persons with disabilities, persons with mental health conditions</li> <li>• Indigenous peoples</li> <li>• Migrants, refugees, stateless and internally displaced persons, conflict-affected populations</li> <li>• Minorities</li> <li>• Persons in detention or in institutionalized settings (e.g. persons in psychiatric care, drug rehabilitation centres, old age homes)</li> </ul>	<ul style="list-style-type: none"> <li>• Slum dwellers, people in informal settlements, homeless persons</li> <li>• People living with HIV/AIDS and other people with pre-existing medical conditions</li> <li>• Small farmers, fishers, pastoralists, rural workers in informal and formal markets, and other people living in remote rural areas as well as urban informal sector and self-employed who depend on market for food</li> <li>• The food insecure, particularly in countries affected by prolonged conflict and crisis</li> <li>• People in extreme poverty or facing insecure and informal work and incomes</li> <li>• Groups that are particularly vulnerable and marginalized because laws, policies and practices do not protect them from discrimination and exclusion (e.g. LGBTI people).</li> </ul>

Source: The 'UN Framework for the Immediate Socio-Economic Response to COVID-19' (p.7)

<sup>19</sup> Wim Naude', Amelia U. Santos-Paulino and Mark McGillivray (2009), Vulnerability in developing countries. World Institute for Development Economics Research (UNU-WIDER), Hong Kong, p.13

<sup>20</sup> United Nations. April 2020. A UN framework for the immediate socio-economic response to COVID-19. United Nations

The general statistics of vulnerable groups in Timor-Leste are shown in Table 3.

**Table 3 Number of vulnerable groups in Timor-Leste**

Groups	Number of people in TL	Comment/ source
Poor	299,937	There is no poverty rate data on the population aged above 16. Therefore, the total number of people that are poor (514,726) is multiplied by the proportion of the working age population (58%) in Timor-Leste. <sup>21</sup>
Older people	79,425	As of 2018, 41.8% of the total population were poor, 6.5% were persons aged above 60, and 5.01% were people with disabilities. <sup>22</sup>
People with disabilities	61,759	
Single heads of households	7,500	Of the total of 205 thousand private households, 7.5 thousand were single-parent households. <sup>23</sup>
Informal workers	227,226	66.5% of the total employed population aged 15-64 (341,694) were considered as having 'vulnerable employment' according to the Timor-Leste Population and Housing Census 2015, GDS and UNFPA. <sup>24</sup>

Accordingly, the SEIA sought to include both vulnerable and general population groups. However, the SEIA did not interview people living in institutions, and future assessments should include these groups, taking the ethical considerations into the research design and approach. The description of the groups represented in the SEIA can be found in Annex 4.

The SEIA distinguishes between **households with vulnerability** and **households without vulnerability**. Households that have at least one member belonging to a specific vulnerable group are considered vulnerable. In the analysis, comparisons are made between vulnerable and non-vulnerable households, in terms of the effect the COVID-19 crisis had on their living conditions. Although more possibilities exist, a household in this study was considered vulnerable if one or more of its members belonged to any of the following categories: living with a disability, female head of household, older than 60 years of age, a person recently joined the household because of COVID-19 or a female member who was pregnant or lactating. In the case of disability, a household member was considered as living with a disability if it was indicated that he/she had a 'lot of difficulty' or 'cannot do at all' one or more of the set of questions on functioning, as proposed by the Washington Group.<sup>25</sup> Other variables could have been taken into account, however, early tests showed that if more criteria had been applied, practically all households in the survey would be considered vulnerable. Therefore, only the most prominent variables were included.

In addition to overall vulnerability, **a wealth quintile variable was created** to describe households in terms of their living standard. In a way, this variable can also be considered as an indicator of vulnerability, with households in the lowest quintile being most vulnerable. The wealth index was

<sup>21</sup> GDS. 2018. *ESTATÍSTICA MUNICÍPIO*. General Directorate of Statistics.

<sup>22</sup> GDS. 2018. *ESTATÍSTICA MUNICÍPIO*. General Directorate of Statistics.

<sup>23</sup> GDS and UNFPA. 2018. Timor-Leste Population and Housing Census 2015: Analytical Report on Marriage. Thematic Report Volume 7, GDS and UNFPA.

<sup>24</sup> GDS; ILO and UNFPA. 2018. Timor-Leste Population and Housing Census 2015: Analytical Report on Labour Force. Thematic Report Volume 10, GDS and UNFPA

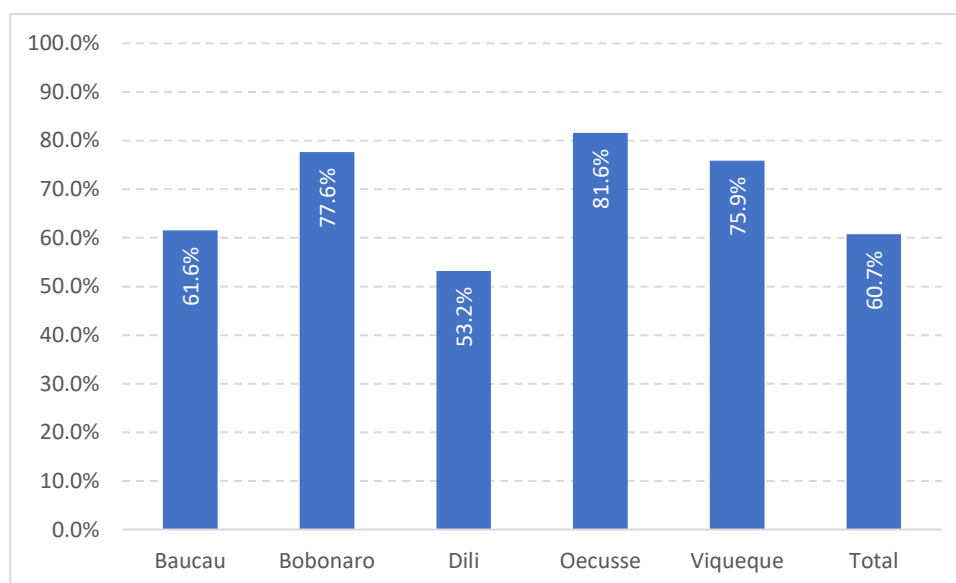
<sup>25</sup> The Washington Group on Disability Statistics. 23 October 2017. The Washington Group Short Set on Functioning: Question Specifications.

created following the same methodology used in the Demographic and Health Survey (DHS),<sup>26</sup> i.e. using Principal Components Analysis (PCA). In short, scores were given to individual households based on ownership of selected assets and characteristics of the dwelling.<sup>27</sup> Then, quintiles were calculated for these household scores and each household was given a code according to the quintile to which it belonged.

## 2.2 Vulnerable groups in the study

One of the purposes of this study is to describe the impact COVID-19 has had on vulnerable groups within society, including female or single-headed households, people with a disability, pregnant or lactating women and the elderly. Those informal workers could be added, though in the analysis this was not done, as so many people work in the informal sector, very few non-vulnerable households would be left. In each of the five municipalities, households and individuals were randomly sampled and were categorized by those belonging or not belonging to a vulnerable group. Out of the 437 households included in this study, 267 can be characterised as vulnerable (60.7 percent). If we include informal employment as an extra group of vulnerability, 83.8 percent of all households would be considered vulnerable. While noting that for municipalities the sample is not statistically robust to make meaningful comparisons, we can make indicative observations on where variations are found. Excluding households with members in the informal sector, Oecusse has the highest degree of vulnerable households, with 81.6 percent characterised as vulnerable. In Dili, 53.2 percent of households had someone in a vulnerable group (Figure 3).

**Figure 3 Percentage of households who are characterized as vulnerable, by municipality**



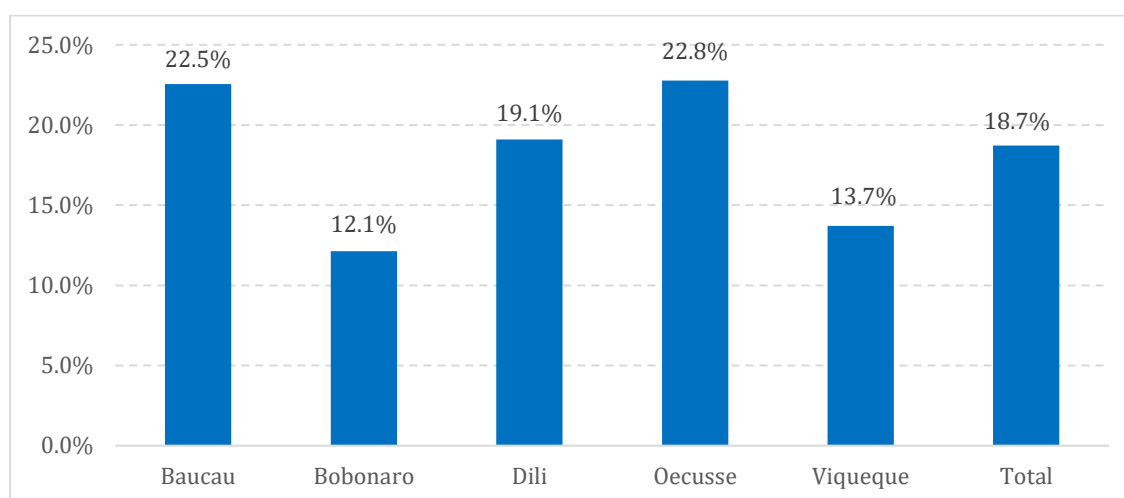
<sup>26</sup> Shea O. Rutstein, Steps to constructing the new DHS Wealth Index

<sup>27</sup> Individual ownership of radio, television, refrigerator, bank account, internet account, a motorcycle, bicycle, car/truck and dwelling characteristics: floor, wall, number of bedrooms per person roof and availability of water in the house.

## Female-headed households

Female-headed households are typically more vulnerable than those headed by men, as they face greater difficulty in accessing land, education, labour, healthcare services and credit.<sup>28</sup> In this study, 82 out of the total 437 households had a reported female headship. This accounts for 18.7 percent of all households in the survey. Generally, female-headed households are smaller than male-headed households. Male-headed households have an average of 6.7 persons in the households compared to 5.4 persons in female-headed households. At an indicative level only, we can observe that Oecusse and Baucau had the highest number of female-headed households in the sample, standing at 22.8 and 22.5 percent, respectively (Figure 4).

Figure 4 Female-headed households by municipality



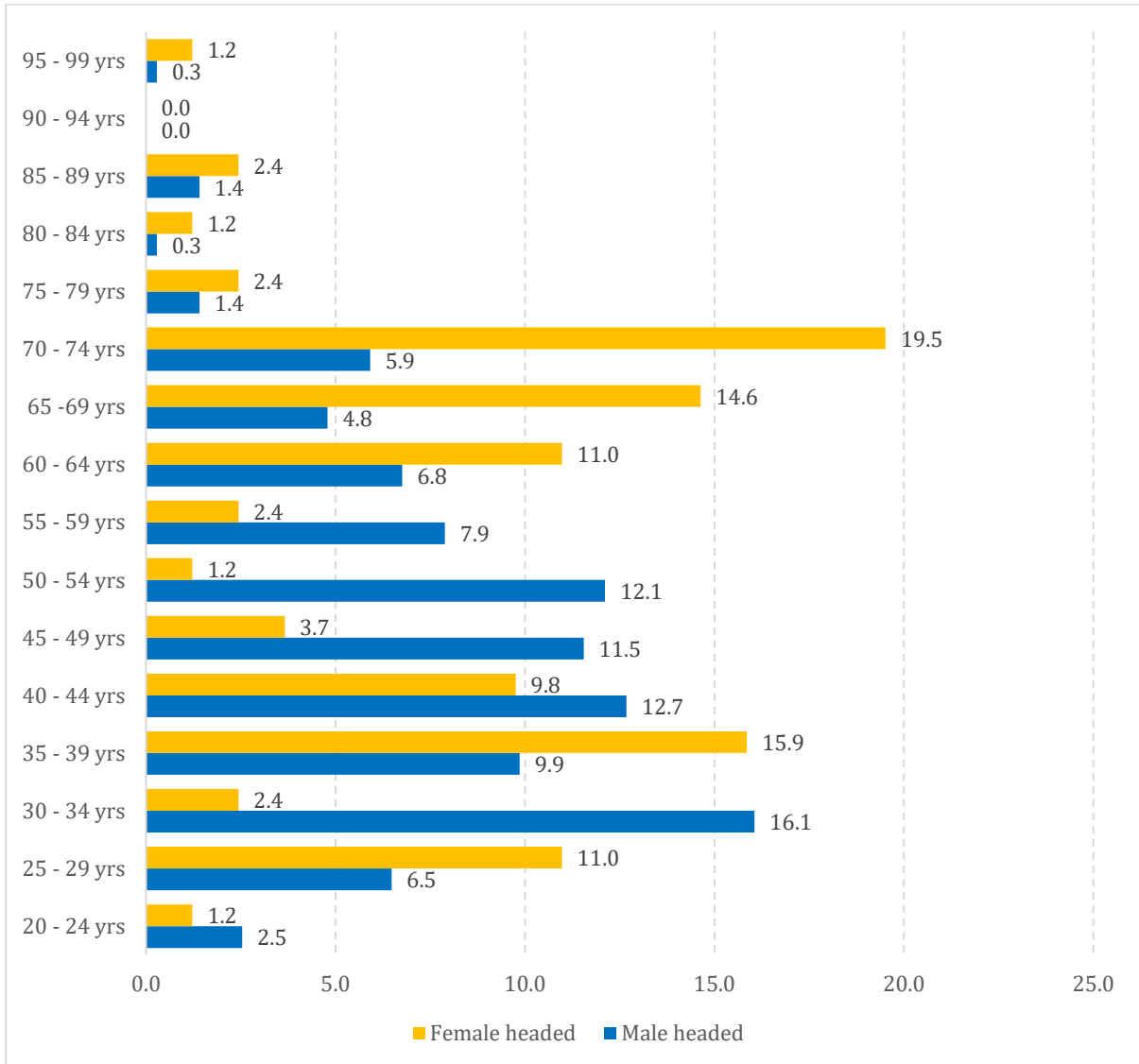
The 2016 Timor-Leste DHS reported a similar figure, where 18 percent of households were reportedly headed by women,<sup>29</sup> whereas the 2015 Census reported that 16 percent of Timorese households were female-headed.<sup>30</sup> Figure 5 shows the percentage age-distribution of male and female heads. Among female heads, those aged between 70-74 and 35-39 were most common, representing 19.5 and 15.9 percent of the total female-headed households. Among male heads, the age groups were between 30-34 (16.1 percent) and 40-44 (12.7 percent).

<sup>28</sup> OECD (2011). What about women? Female headship, poverty and vulnerability in Thailand and Vietnam. Retrieved from <https://www.oecd.org/dev/pgd/46982877.pdf>

<sup>29</sup> General Directorate of Statistics (GDS) and ICF. 2018. 2016 Timor-Leste Demographic and Health Survey Key Findings. Rockville, Maryland, USA: GDS and ICF.

<sup>30</sup> GDS & UNFPA (2018). Timor-Leste Population and Housing Census 2015. Analytical Report on Gender Dimensions. Volume 13.

Figure 5 Percentage of households by sex of head and by 5-year age-groups



When considering the wealth of female versus male-headed households (Figure 6), a higher proportion of female-headed households are in the highest wealth quintile; 25.4 percent versus 18.4 percent male-headed households. The fourth and middle wealth quintiles, however, include more male-headed households. The lowest wealth quintile has about the same number of households headed by males (24.7 percent) compared to females (22 percent).



Figure 6 Percentage of households by sex of head and wealth quintile

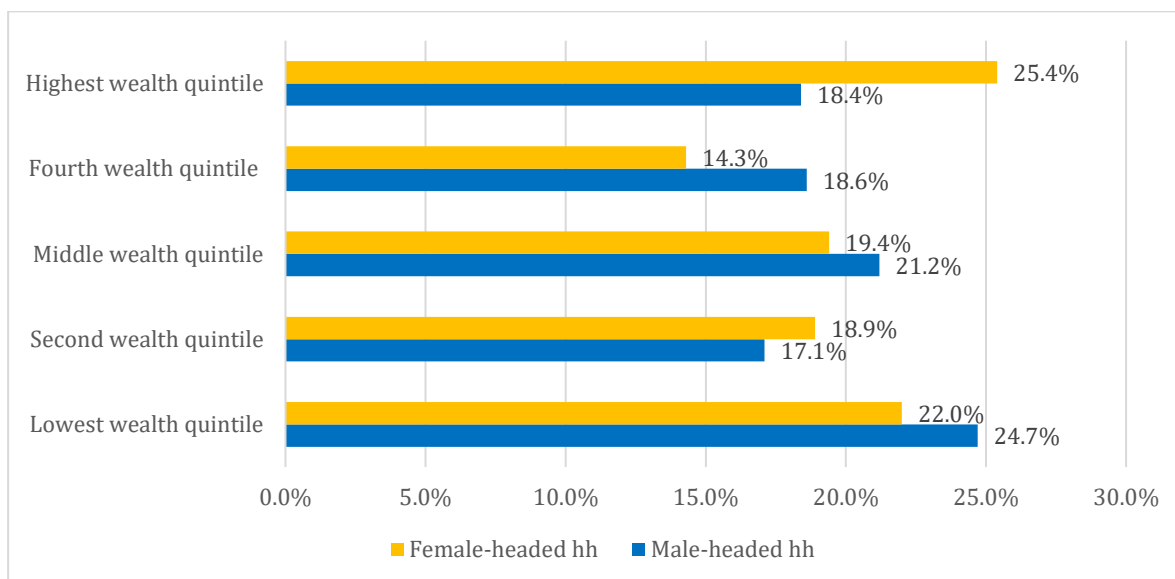
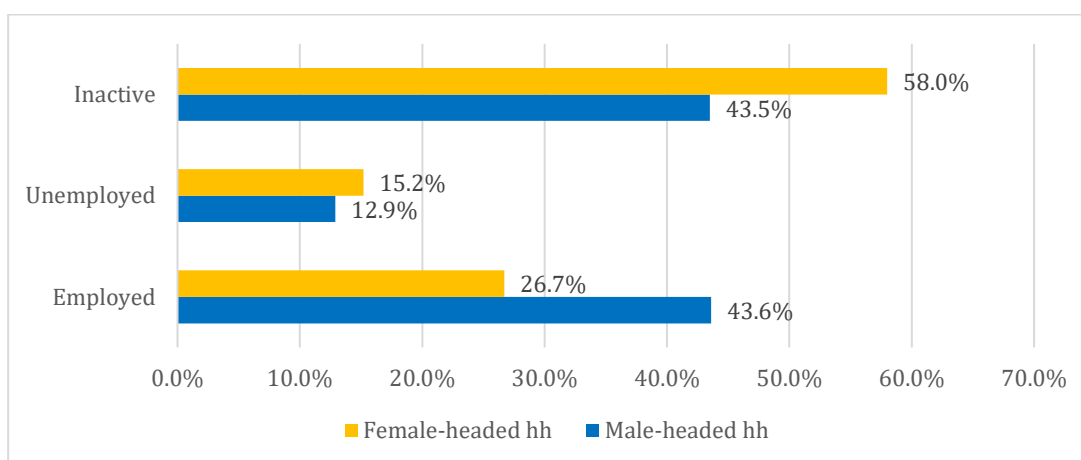
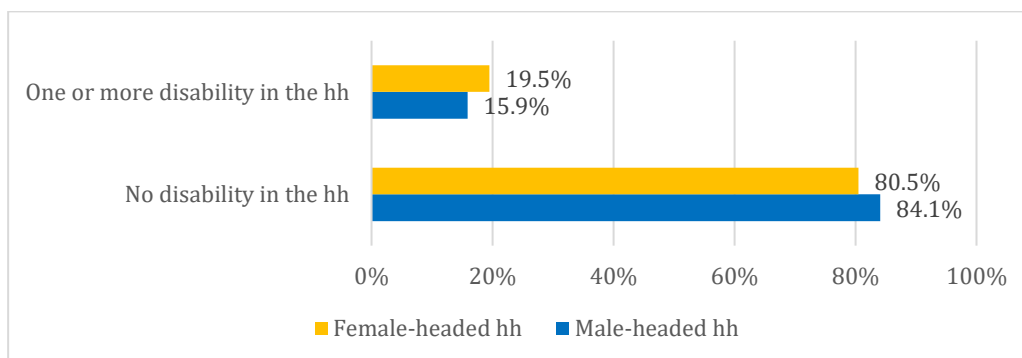


Figure 7 shows that female heads of households are more likely to be unemployed or inactive than male heads. Approximately 58.0 percent of households headed by women are inactive compared to 43.5 percent by men. Furthermore, of the male households, 43.6 percent have a head who is employed and in 12.9 percent, he is unemployed. Among female-headed households, these figures are 26.7 percent and 15.2 percent, respectively.

Figure 7 Households by sex of head and activity status



Households headed by females are somewhat more vulnerable in the sense that more often they have a person in the household with one or more disabilities. According to this study in five municipalities, 19.5 percent of female-headed households had one or more members living with disability, while this was 15.9 percent for male-headed households. Naturally, this means that households headed by men were more likely (84.1 percent) to have no disabilities in the household (Figure 8).

**Figure 8 Percentage of households with one or more persons living with a disability, by sex of head of HH**

Single-headed households can be considered more vulnerable as one person is likely to carry most (if not all) of the burden of taking care of the household members. In this study, a total of 20 households headed by a single parent were observed, seven single parent households were headed by men and 13 by women. It should be noted, however, that a number of these households were older persons who live with their children, instead of the other way around.

### Persons living with a disability

The World Report on Disability (2011) indicated that globally, there are more than a billion people who live with some form of disability, with 200 million of them facing significant difficulties in functioning.<sup>31</sup> Those living with a disability are disadvantaged in many ways and typically face lower health and education outcomes, participate less in the labour market and have higher poverty levels. Barriers in accessing education, health, transportation and employment are often the cause of these disadvantages. At the onset of the COVID-19 pandemic, there were concerns regarding its disproportionate impact on vulnerable groups such as those living with a disability. The WHO (2020) noted that people with disabilities may be at greater risk of contracting COVID-19 as they could be increasingly faced with barriers to implementing basic hygiene measures and accessing public health information, institutionalization, difficulty in applying social distance due to the need for additional support, and may have the need to touch things to obtain information.<sup>6</sup>

If a person with a disability becomes infected with COVID-19, they are at a greater risk of developing a more severe form of the disease due to several reasons:

- Pre-existing health conditions which underlie the disability.
- Disruption of support and healthcare services they usually rely on.
- Barriers to accessing healthcare services due to countermeasures.<sup>32</sup>

The definition of disability used in this study is based on the methodology and concepts developed by the Washington Group on Disability Statistics which was established under the UN Statistical Commission.<sup>33</sup> Individuals were asked about their ability in six functional domains – vision, hearing, walking and climbing, remembering and concentrating, self-care, and speaking and communicating.

<sup>31</sup> World Health Organization (2011). World Report on Disability. Retrieved from [https://www.who.int/disabilities/world\\_report/2011/report.pdf](https://www.who.int/disabilities/world_report/2011/report.pdf)

<sup>32</sup> World Health Organization (2020). Disability considerations during the COVID-19 outbreak. Retrieved from <https://www.who.int/publications/i/item/WHO-2019-nCoV-Disability-2020-1>

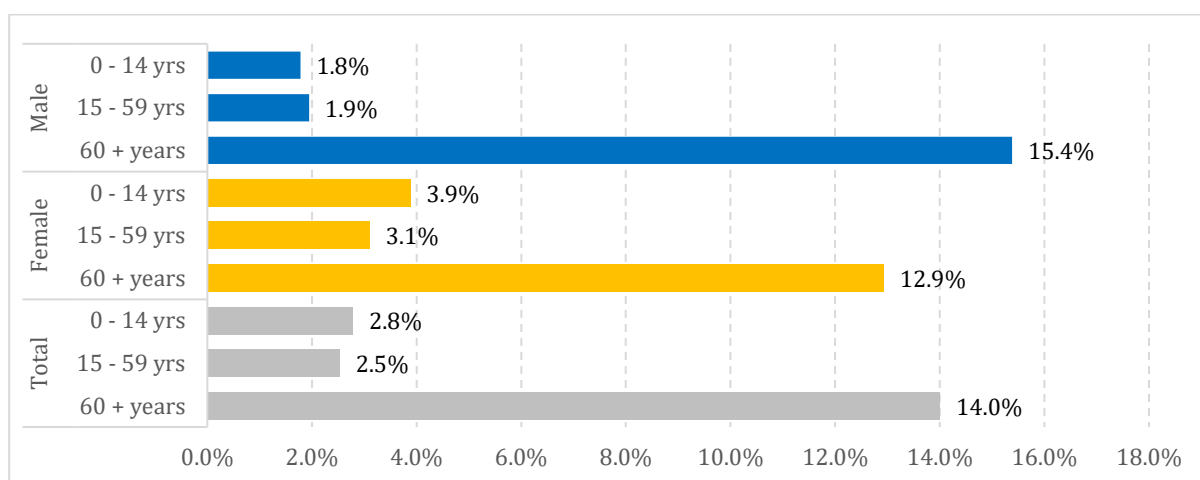
<sup>33</sup> The Washington Group on Disability Statistics. 23 October 2017. The Washington Group Short Set on Functioning: Question Specifications.

They were asked if they had no difficulty with this function, some difficulty, a lot of difficulty or cannot do this at all. Those who answered that they had ‘a lot of difficulty’ or ‘cannot do it at all’ to at least one of the questions were considered to be a person living with a disability. These are the six questions put to the respondents:

1. Does <name> have difficulty seeing, even if wearing glasses?
2. Does <name> have difficulty hearing, even if using a hearing aid?
3. Does <name> have difficulty walking or climbing steps?
4. Does <name> have difficulty remembering or concentrating?
5. Does <name> have difficulty (with self-care such as) washing all over or dressing?
6. Using usual (customary) language, does <name> have difficulty communicating, for example understanding or being understood?

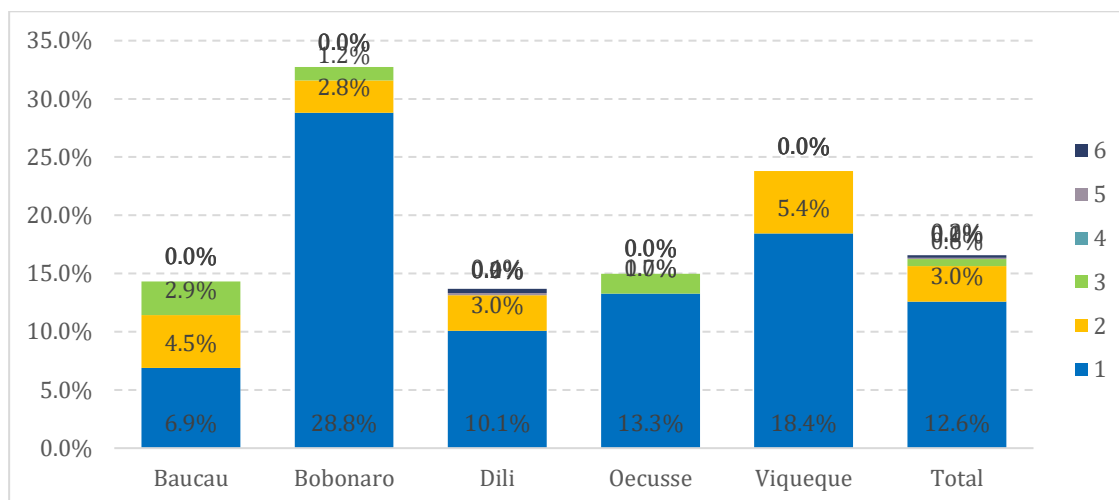
Approximately 3.5 percent of the surveyed population was observed to have a disability. As is often the case, disabilities are more common among older people, 14.0 percent of those 60+ had a disability compared to 2.5 percent of those aged between 15-59 and 2.8 percent of those aged from 0-14. More women below the age of 60 have a disability compared to men. In age-group 0-14, 3.9 percent of girls have a disability compared to 1.8 percent of boys. Of those aged 15-59 years, these figures stand at 3.1 percent for women versus 1.9 percent for men. Conversely, more men aged 60+ were observed to have a disability (15.4 percent) compared to women (12.9 percent), as seen in Figure 9.

**Figure 9 Percentage of household members living with a disability, by broad age group and sex**



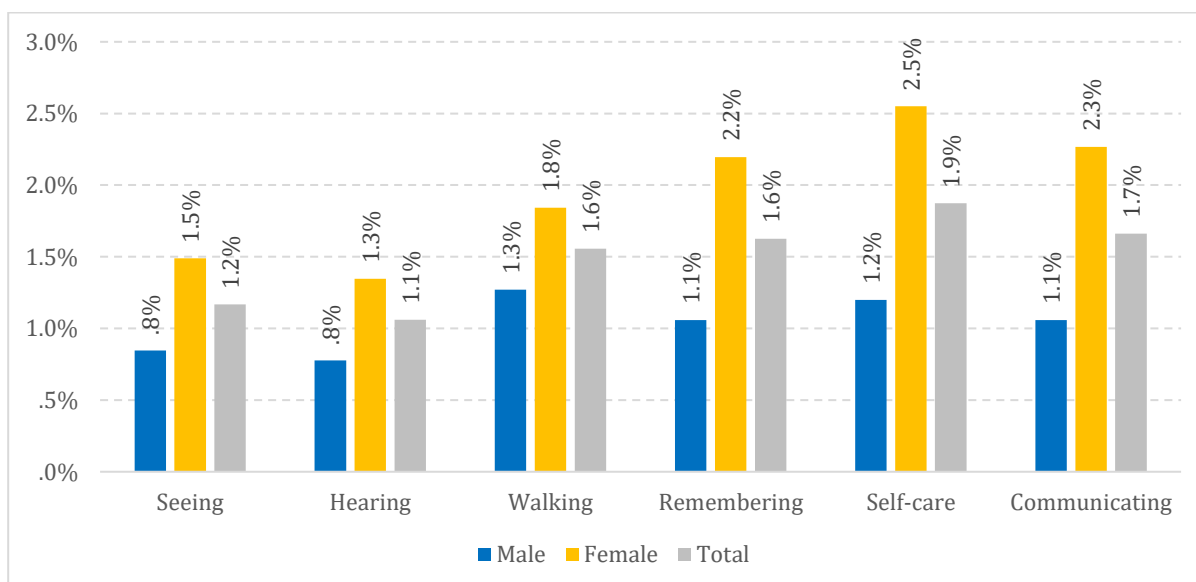
As mentioned earlier, 437 households were included in the analysis and each surveyed municipality had households which have one or more persons with a disability (Figure 10). While noting that for municipalities the sample is not statistically robust to make meaningful comparisons, we can make indicative observations on where variations are found. In Baucau for example, 14.3 percent of the households that were surveyed had one or more persons living with a disability. Within this group, 6.9 percent of households had one person with a disability, 4.5 percent had two persons with a disability, and 2.9 percent had 3 persons with a disability. Bobonaro had the highest number of households with at least one person with a disability (32.7 percent), followed by Viqueque which had 23.8 percent of households with one or more members with a disability. Dili had the lowest number of sampled households with a disability at 13.7 percent.

**Figure 10 Percentage of households in which persons living with a disability are present, by number of persons with a disability and municipality**



The most common disability among the surveyed population is self-care (1.9 percent), followed by communicating (1.7 percent), remembering (1.6 percent), walking (1.6 percent), and seeing (1.2 percent) (Figure 11). Hearing was the least common disability, standing at 1.1 percent. Among women, self-care is the most common disability, where 2.5 percent have difficulty with taking care of themselves or cannot do this at all (for example washing or dressing). Among men, the most common disability is walking (1.3 percent). Seeing and hearing are the least common disabilities among both men and women.

**Figure 11 Percentage of persons living with disability by sex and type of disability**

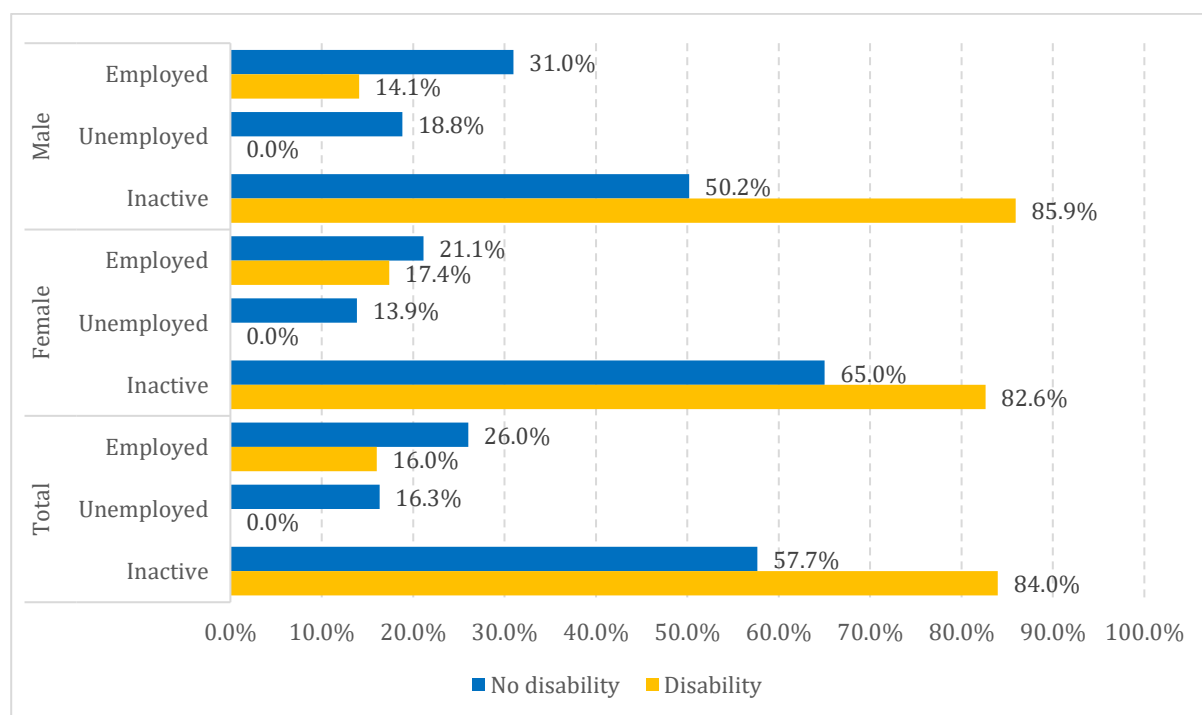


When comparing disability types obtained in this study to the DHS data, some differences can be seen. It should be noted, however, that the DHS is restricted to those aged 5 and above and is nationally representative, while this study also included those younger than 5 and was only conducted in five municipalities. The DHS results show that the most common disability among the Timorese population

is seeing, with 0.8 percent of the population having difficulty with their sight or cannot see at all. In this study, about 1.2 percent of the surveyed population faces this challenge.<sup>34</sup>

Figure 12 shows a comparison between the activity status (employed, unemployed or inactive) of persons without a disability compared to those living with a disability. In total, 26 percent of those without a disability are employed, 16.3 percent are unemployed and 57.7 percent are inactive. The proportion of those with a disability that are employed is less (16 percent). Most persons with a disability are inactive (84 percent) and no one was unemployed. Comparing males with females, Figure 12 indicates that more males than females both with and without a disability are employed. While there are more men without a disability (31 percent) who are employed than women (21.2 percent), the opposite is true for those with a disability. Approximately 17.4 percent of women with a disability are employed compared to 14.1 percent of men. Inactivity between males and females with a disability is similar and high, standing at 85.9 percent and 82.6 percent, respectively. As this survey's sample is based on several municipalities and is not nationally representative, it is difficult to compare these data to the employment status of persons with a disability before the COVID-19 crisis. Nevertheless, the data show that an overwhelming number of those who live with a disability are inactive and not participating in the labour market.

Figure 12 Percentage persons by activity status, sex, and disability status

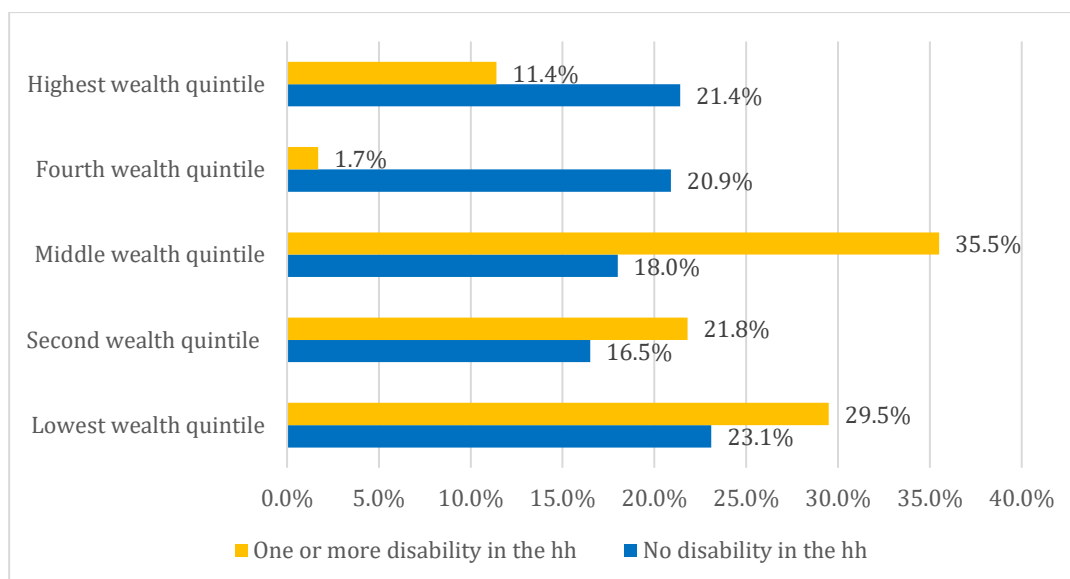


In an indicative sense, in the five municipalities that were surveyed during this study, households which have one or more persons with a disability are generally in the lower wealth quintiles. About 29.5 percent of households in the lowest wealth quintile have one or more members living with disabilities in the household compared to 23.1 percent of those without. In the second wealth quintile, 21.8 percent of households have one or more disabilities compared to 16.5 percent without

<sup>34</sup> Timor-Leste Demographic and Health Survey 2015.

disabilities. The middle quintile has the most households with a disability (35.5 percent), while wealthier households have fewer members with one or more disabilities.

**Figure 13 Households with or without persons living with disability by wealth quintile**

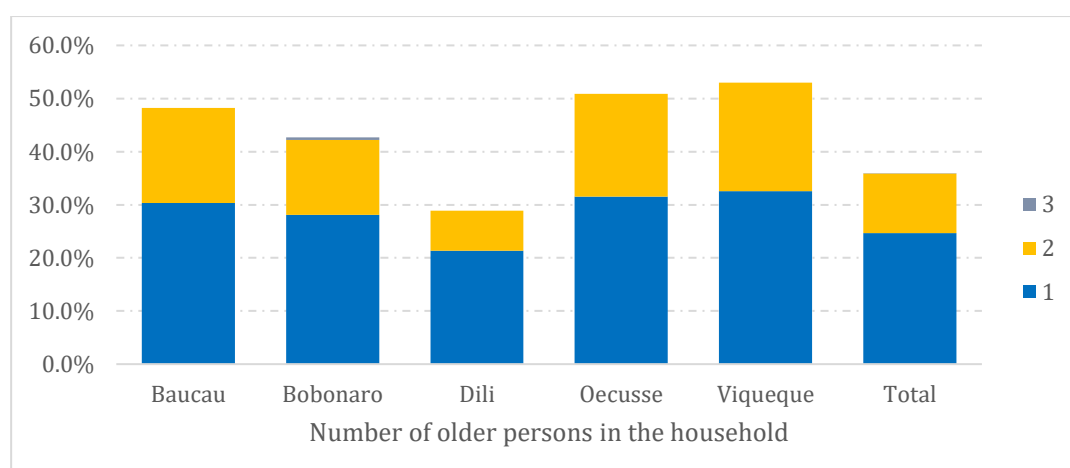


### Older persons

Older persons (60+) are characterized as a vulnerable group as they are more likely to suffer from loneliness, chronic diseases and face barriers in accessing healthcare, decent employment (if still needed), and other services. In the survey, 207 people aged 60 and above were recorded, 91 (44.1 percent) of them were men and 116 (55.9 percent) were women.

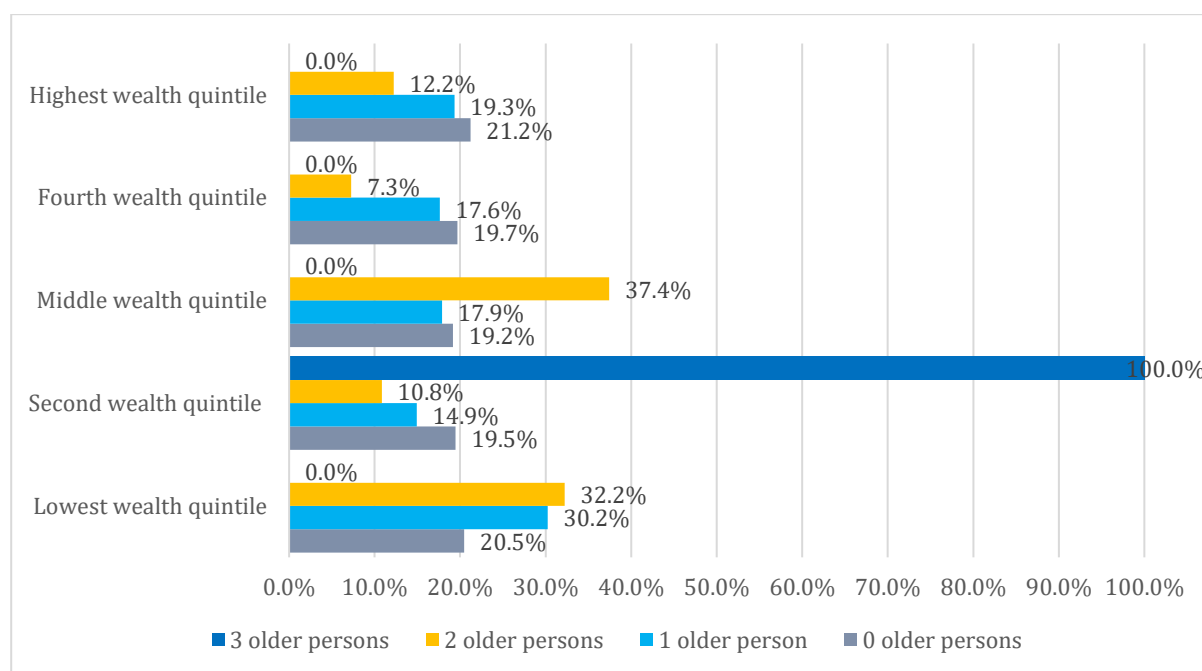
In total, about 35.9 percent of households in the five sampled municipalities had one or more older persons. About a quarter of all households had one older person, 11.2 percent had two older persons and 0.1 percent had three older persons in the household. Of the five municipalities, Viqueque had the highest percentage of households with older person(s), accounting for 53.0 percent. Dili had the lowest percentage of households in the sample with older persons (28.9 percent) (Figure 14).

**Figure 14 Percentage of households in which older persons are present by number of older persons and municipality**



When households have no older persons, they are almost evenly distributed across the five wealth quintiles. Households with one older person are most commonly in the lowest wealth quintile – with this being the case in 30.2 percent of all households. Households with two older persons are also more likely to be in the lower wealth quintiles, with 32.2 percent in the lowest quintile, 10.8 percent in the second quintile, 17.9 percent in the middle quintile, 7.3 percent in the fourth quintile and 12.2 percent in the highest quintile. As for the very few households with 3 older persons, all are in the second wealth quintile. In general, Figure 15 suggests that households with one or more older persons can be disproportionately found in lower wealth quintiles.

**Figure 15 Percentage of households in lowest and highest wealth quintile by number of older persons (60+) in the household**



### Pregnant or lactating women

In total, there were 114 women observed across the five municipalities who were either pregnant or lactating. Pregnant women are considered at an increased risk of serious illness from COVID-19. Furthermore, child marriage remains an issue in Timor-Leste with 14.9 percent of girls married by age 18,<sup>35</sup> most of them due to adolescent pregnancy, while 8.5 percent of 18-year-olds have already given birth.<sup>36</sup> These pregnancies put girls at high risk of maternal mortality and morbidity; in Timor-Leste, girls aged 15-19 have a maternal mortality rate twice as high as adult women.<sup>37</sup>

Among the 114 pregnant or lactating women, no girls aged below 18 were recorded as being pregnant or lactating. Two of the women recorded as pregnant or breastfeeding were younger than 20 and one was older than 40. The group with the highest number was in the 25-29 age group (39 women). Of the

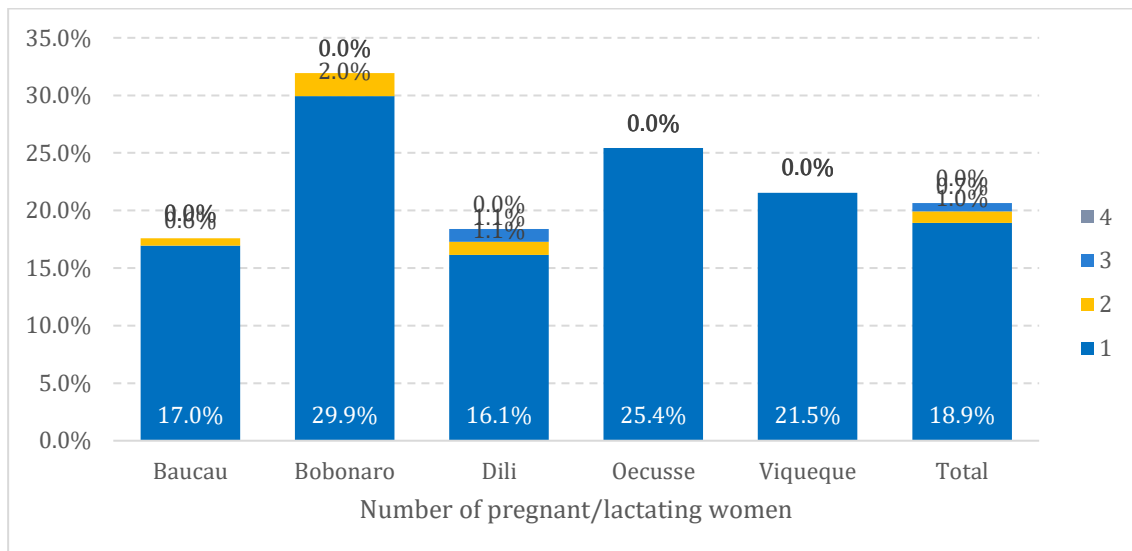
<sup>35</sup> *Timor-Leste Demographic and Health Survey 2016*. General Directorate of Statistics, Ministry of Health, and ICF. 2018.

<sup>36</sup> 'Teenage Pregnancy and Early Marriage in Timor-Leste: Research on the Decision-Making Pathways of Young Women in the Municipalities of Covalima, Aileu and Dili.' Plan International. UNFPA, 2017.

<sup>37</sup> National Statistics Directorate and UNFPA (2010), *Mortality Monograph: 2010 Timor-Leste Population and Housing Census*

total households, this represents 20.6 percent. The municipality which included the most households with pregnant or lactating women was Bobonaro (31.9 percent), followed by Oecusse (25.4 percent). The majority of the households had one person who was pregnant or lactating, though several households had two or even three persons in the households who were lactating or pregnant. There was no correlation between having a pregnant or lactating woman in the household and wealth quintile.

**Figure 16 Percentage of households in which lactating/pregnant women are present, by number of persons who are pregnant or lactating and municipality**



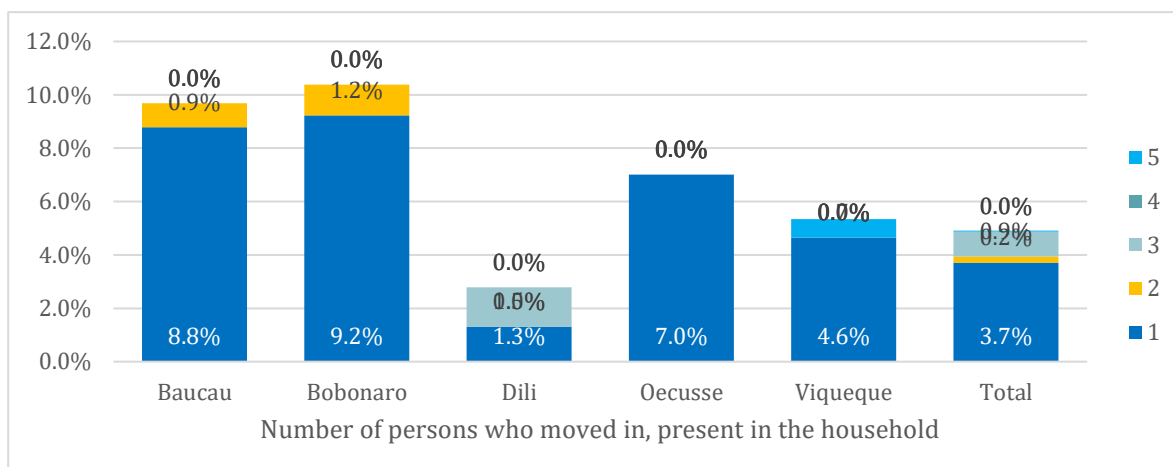
### Migrating persons

As shown in Figure 17, each municipality sampled during this study included households which had one or more people who moved in with the household as a result of COVID-19. Migrants moving back make the household more vulnerable, as they place an extra burden on limited resources and in many cases return because they have lost their work and do not provide any income. In all, 31 people in the survey indicated that they moved into the household, 16 men and 15 women. As an indicative overview of the distribution, in Dili, this number is the lowest, where only 2.8 percent of households had someone who moved in. In Baucau, 8.8 percent of households had 1 person who moved in and 0.9 percent of households had two persons move in. A similar trend can be seen in Bobonaro. In Oecusse, 7 percent of households had one person moving in, and Viqueque had 5.3 percent of households with people moving in (4.6 percent had one person moving in, 0.7 percent had five). This indicative trend is also observed in the Rapid Food Security Assessment (RFSA) conducted in May 2020 which found ‘rural households are absorbing more people’.<sup>38</sup> However, the proportion of households reporting an increase in the household size was slightly lower than the latter assessment (14 percent of surveyed households have increased in size, by an average of 3.2 members, in the last two months in the same assessment). As the SEIA data were collected almost two months later than the RFSA, those who had moved in might have returned home.

<sup>38</sup> MAF et. al. 2020. Rapid Food Security Assessment 2020: Full Report. Timor-Leste. 9 June 2020



Figure 17 Percentage of households in which people who moved in are present, by number of persons who moved in and municipality



### Informal workers

As stated in the UNDP position note, ‘informal workers—estimated at 1.3 billion people or two-thirds of the workforce in Asia and the Pacific –expected to be the hardest hit by the economic shock.’<sup>39</sup> Informal workers have a limited possibility to practise self-isolation as they are forced to prioritise their economic needs and concerns over their health. A major issue with the SoE is the work stoppage and loss of public transportation. Daily wage earners and informal workers have lost income sources for a month.

In the 2015 census, among employed women, 75 percent, compared to 64 percent of employed men, were in vulnerable employment, i.e. own-account workers, contributing family workers or those involved in the informal economy.<sup>40</sup> According to the 2013 Timor-Leste labour force survey, 83 percent of women in rural areas were active in the informal sector.<sup>41</sup>

In the SEIA 2020, informal work was approximated in a different way. Informal workers were identified as persons whose most important source of income was the sale of crop products or vegetables and fruit, cash crops, animals or animal products or those who are self-employed with sewing, carpenter, barber, or other skilled workers. Also included were seasonal and temporary/casual workers and those for whom the employer does not pay contribution to the Pension Fund and to other social support funds. According to this definition, 41.7 percent of all people who had an income before COVID-19 were working in the informal sector.

<sup>39</sup> The Social and Economic Impact of Covid-19 on the Asia-Pacific Region, Position Note, Prepared by UNDP Regional Bureau for Asia and the Pacific, April 2020. p., 2

<sup>40</sup> ILO, GDS and UNFPA. n.d. *Labour Force, Summary of the Thematic Report, Timor-Leste Population & Housing Census 2015*. ILO, Ministry of Finance, General Directorate of Statistics and UNFPA.

<sup>41</sup> UNWOMEN, SEM, ILO and SEPFOPE. 2017. *Gender analysis of the 2013 Timor-Leste Labour Force Survey: A statistical summary of women and men at work in Timor-Leste*. UNWOMEN, Secretary of State for the Support and Socio-Economic Promotion of Women (SEM, Secretary of State for Employment Policy and Vocational Training (SEPFOPE), and ILO

### 3. Government Measures to Prevent COVID-19 and Promote Socio-Economic Recovery

With the announcement of the first positive test case of COVID-19 in Timorese territory on 21 March 2020, it was up to the government to seek measures to prevent contagion among the population. On 27 March, the President issued Decree No 29/2020, declaring a SoE from 28 March until 26 April. On 28 March, the Council of Ministers adopted Government Decree 3/2020 specifying what was allowed and restricted during the following 30 days.<sup>42</sup> At the time of writing, the SoE has been extended to cover four 30-day periods, between 27 March and 4 September 2020 (with a period from 26 June to 6 August not included).

#### 3.1 Chronology of events

JANUARY	
<b>30 January 2020</b>	WHO declared COVID-19 as an international health emergency
FEBRUARY	
<b>6 February 2020</b>	Interdiction and Restriction on entry of foreigners and citizens from the People's Republic of China in the National Territory, Considering the Associated Risk to the Rapid Spread of Coronavirus 2019 <sup>43</sup>
	Government established a set of Measures for Prevention of Coronavirus Outbreak Control <sup>44</sup>
<b>18 February 2020</b>	Government created the Interministerial Commission for the coordination and implementation of measures to prevent and control Coronavirus outbreak <sup>45</sup>
MARCH	
<b>11 March 2020</b>	WHO declared COVID-19 an international pandemic
<b>19 March 2020</b>	Government established exceptional and temporary measures relating to the COVID-19 epidemic <sup>46</sup>
<b>21 March 2020</b>	First person confirmed to have COVID-19 in Timor-Leste <sup>47</sup>
<b>22 March 2020</b>	Government announced that all public and private schools would close between 23 to 28 March
<b>24 March 2020</b>	Government created an emergency telephone line for people who have symptoms of COVID-19
<b>27 March 2020</b>	State of Emergency declared from 28 March until 26 April <sup>48</sup>
	Due to the pandemic and the State of Emergency, the Government recommended that civil servants exercise their functions in a non-presential regime <sup>49</sup>

<sup>42</sup> <http://www.laohamutuk.org/Justice/2020/20Emergency.htm>

<sup>43</sup> Government Resolution No. 1/2020 of February 6 - Regulates the Application and Execution of Temporary Interdiction and Restriction Measures on the Entry of Foreign Citizens from the PR of China to the National Territory

<sup>44</sup> Government Resolution No. 2/2020 of February 6 - Adopts a Set of Measures for the Prevention and Control of the Coronavirus Outbreak 2019-NCOV

<sup>45</sup> Dispatch No. 005 / PM / II / 2020 - Creates the Interministerial Coordination Commission for the implementation of measures to prevent and control the 2019 Coronavirus outbreak-nCoV

<sup>46</sup> Government Resolution No. 10/2020 of March 19 – Establishes Exceptional and Temporary Measures relating to the Situation of COVID 10 Epidemiology

<sup>47</sup> Government Press Release - <http://timor-leste.gov.tl/?lang=pt&p=23807>

<sup>48</sup> Law No. 1/2020 of March 27 - Declaration of State of Emergency authorization

<sup>49</sup> Government Resolution No. 11/2020 of 27 March - Recommends that Public Administration Human Resources provide the respective activity in Non-Presential Regime

<b>28 March 2020</b>	Government established the COVID-19 prevention measures for the implementation of the Declaration of State of Emergency <sup>50</sup>
<b>31 March 2020</b>	Government approved a set of measures for reducing the negative economic impact and economic recovery following the pandemic of COVID-19 <sup>51</sup>
<b>APRIL</b>	
<b>06 April 2020</b>	Creation of the COVID-19 Fund to finance the expenditure relating to preventing and combating COVID-19 <sup>52</sup>
<b>07 April 2020</b>	Government signed an agreement with Airnorth that will allow for air services to continue between Dili and Darwin. Airnorth will operate three flights per week between Dili and Darwin for the transport of medical supplies, medical emergencies, and the provision of essential goods and services <sup>53</sup>
<b>08 April 2020</b>	The National Parliament advises the Government to adopt measures to prevent and combat COVID-19 and to standardize measures for economic and social development <sup>54</sup>
<b>28 April 2020</b>	Renewal of the State of Emergency - Starting on 28 April and ceasing on 27 May (Second State of Emergency) <sup>55</sup>
<b>30 April 2020</b>	The government adopted monetary support for households during the COVID-19 pandemic. This support consists of a monthly payment of \$100 per household <sup>56</sup>
	The government approved extraordinary and temporary support for private sector employers and workers, in order to respond to the reduction in workers' incomes and the financial difficulties of employers, seeking to ensure the maintenance of jobs <sup>57</sup>
	Creation of remuneration supplement for officials, agents and public administration workers who provide their professional activity in COVID-19 prevention or control services or under conditions of direct exposure to the SARS-Cov2 virus <sup>58</sup>
<b>MAY</b>	
<b>27 May 2020</b>	Renewal of the State of Emergency - Started on 28 May, and ceasing on 26 June (Third State of Emergency)
	Government Established the situation room of the Integrated Management Crises Centre
<b>JUNE</b>	
<b>5 June 2020</b>	Government created a temporary allowance for Timorese citizens who stay or live temporarily abroad <sup>59</sup>
<b>30 June 2020</b>	Government approved the second extraordinary transfer

<sup>50</sup> Government Decree No. 3/2020 of 28 March - Implementing measures for the Declaration of the State of Emergency carried out by the President's Decree Republic 29/2020, of March 27

<sup>51</sup> Government Resolution No. 12/2020 of March 31 - Policy for Reducing the Negative Economic Impact and Economic Recovery Following the Pandemic of COVID-19

<sup>52</sup> Law No. 2/2020 of 6 April - Authorization for an Extraordinary Transfer from the Petroleum Fund

<sup>53</sup> Press Release Government signs agreement with Airnorth to ensure continued air services connectivity - <https://www.laohamutuk.org/Justice/2020/AkorduAirnorth7Apr2020en.pdf>. Visualization in June 30th of 2020.

<sup>54</sup> National Parliament Resolution No. 2/2020 of 8 April - On the Adoption of Measures to Prevent and Combat Covid-19 and Recovery and Standardization Measures Economic and Social Development, and Monitoring of Execution of the State of Emergency Declaration

<sup>55</sup> Law No. 3/2020 of 27 April - Authorization to Renew the Declaration of the State of Emergency

<sup>56</sup> Law Decree No15/2020 of April 30 - Monetary support for households during the Covid-19 pandemic

<sup>57</sup> Law Decree No16/2020 of April 30 - Employment support measures during the COVID-19 pandemic

<sup>58</sup> Law Decree No 17/2020 of April 30 - Creates a remuneration supplement for officials, agents and public administration workers who provide their professional activity in Covid-19 prevention or control services or under conditions of direct exposure to the SARS-Cov2 virus

<sup>59</sup> Law Decree No. 21/2020 of 5 June - Creates a Temporary Allowance to be awarded to Timorese Citizens who are temporarily resident or residing abroad

	from the Petroleum Fund to strengthening the COVID-19 Fund <sup>60</sup>
<b>JULY</b>	
<b>28 July 2020</b>	The Management Council for the COVID-19 Fund released the COVID-19 Fund Budget Execution Report <sup>61</sup>
<b>AUGUST</b>	
<b>4 August 2020</b>	Timor-Leste identified the first person to test positive for COVID-19 since April
<b>6 August 2020</b>	Government declared State of Emergency - Starting on 6 August, and ceasing on 4 September (Fourth State of Emergency) <sup>62</sup>

### 3.2 Coordination mechanism of COVID-19 response and recovery

After the international public health emergency declaration by the Emergency Committee of the WHO, the Council of Ministers of the GoTL, approved the adoption and implementation of a set of preventive measures to control the COVID-19 outbreak. For an effective implementation, it was necessary to involve the coordinated intervention of government departments. To coordinate the prevention and control measures for COVID-19, an Interministerial Commission was created on 18 February 2020.<sup>63</sup>

This Interministerial Commission is chaired by the Prime Minister and composed of the interim Minister of Health, the Coordinating Minister for Economic Affairs, the Interim Minister for Finance, the Minister for Foreign Affairs and Cooperation, the Minister for Interim State Administration, the Minister for Transport and Communications, the Minister for Defence and Interim Minister of Interior, Minister of Justice, Ministry of Social Solidarity and Inclusion, Minister for Education, Youth and Sports, Minister for Higher Education, Science and Culture, Minister for Agriculture and Fisheries, Secretary of State for Social Communication, Head of State Major General of the Armed Forces, Commander-General of the National Police of Timor-Leste and Director of the Integrated Crisis Management Centre (ICMC or CIGC).

On 27 March, after the first SoE declaration by the President, an effective and coordinated response was needed on the part of the government departments. As such, and with an Interministerial Commission created, it was necessary to establish the ICMC to start working as a Situation Room.<sup>64</sup> The ICMC operates in direct dependence on the Prime Minister and aims to assist the technical and operational coordination of the activities that make up the Integrated System.

During the SoE, the ICMC worked as a situation room and its functions included providing technical support; preparing and consolidating necessary information - gathered from related services, studies and proposals and to coordinate and monitor the execution by the task forces of the measures incumbent on them.<sup>65</sup> The situation room is organized as follows:

<sup>60</sup> Law No. 5/2020 of 30 June - Authorizes the second transfer extraordinary contribution of the Petroleum Fund in the financial year 2020

<sup>61</sup> COVID-19 Fund Budget Execution Report. Period from 17 April to 24 July 2020. Government of the Democratic Republic of Timor-Leste

<sup>62</sup> Law No. 6/2020 of 12 August - Confirmation of the Declaration of the State of Emergency

<sup>63</sup> Dispatch No. 005/PM/II/2020, of 18 February, amended by Dispatch No. 012/PM/III/ 2020, of 20 March, and 014/PM/III/2020, of March 28

<sup>64</sup> Ministerial Diploma No. 14/2020 of March 31 - Establishes the Situation Room of the Integrated Crisis Management Center

<sup>65</sup> Ibid

1. **Operational Command** - headed by the Prime Minister, responsible for directing all operations carried out by the situation room, for coordinating the units in the situation room and for liaison with the Interministerial Commission.
2. **Coordinating Staff** - responsible for the operational coordination of the containment and mitigation actions of COVID-19.
3. **Task Force for the Prevention and Mitigation of the Outbreak of COVID-19** - responsible for the preparation and promotion of the necessary steps to prevent and mitigate any outbreak of COVID-19.
4. **Coordination of Task Force Liaison Officers** - responsible for integration, articulation and communication with the Task Forces, ensuring their participation in the planning and decision processes regarding their tasks, technical advice and/or support of operations.
5. **Risk Studies and Analysis Team** - responsible for analysing and evaluating information related to the prevention or mitigation a COVID-19 outbreak, for the purposes of operational planning
6. **Secretariat for Administration and Finance** - responsible for administrative and financial support for it and its activities.
7. **Detachment of Rapid Reaction** - responsible for the execution of urgent operations that cannot be carried out effectively and efficiently by the competent government department.
8. **Public Information Unit** - responsible for preparing and disseminating all information related to the prevention and mitigation of the COVID-19 pandemic in Timor-Leste.

### 3.3 Summary of COVID-19 containment measures and restrictions

The summary of key response measures undertaken by the GoTL is presented in the table below based on a review of relevant government decisions and regulations.

Table 4 Government COVID-19 containment measures and restrictions

Measures	Description
<b>COVID-19 Fund Approval</b> <sup>66</sup>	<p>The purpose of the Fund is to finance expenses related to preventing and combating COVID-19:</p> <ul style="list-style-type: none"> <li>● Purchase of medicines, materials and equipment for prevention and fight against SARS-CoV-2 and COVID-19, including contracting air transport services;</li> <li>● Installation and maintenance of the places allocated for quarantine and isolation;</li> <li>● Training and operationalization of professionals involved in preventing and fighting SARS-CoV-2 and COVID-19;</li> <li>● Acquisition and supply of essential goods.</li> </ul>
<b>National territory entry and exit</b> <sup>67</sup>	<ul style="list-style-type: none"> <li>● Prohibition on the entry of foreign nationals into national territory</li> <li>● Foreign nationals responsible for transporting or releasing goods do not need the authorizations however they may only remain in the international zone of seaports, airports or land border crossing posts.</li> </ul>

<sup>66</sup> Law-Decree No. 12/2020 of April 14 - Regulates the COVID-19 Fund

<sup>67</sup> Government Decree No. 3/2020 of 28 March - Implementing Measures of the Declaration of the State of Emergency Made by the Decree of the President of the Republic no 29/2020, of March 27

Measures	Description
	<ul style="list-style-type: none"> <li>The international zone of seaports, airports or land border crossing posts and for the time strictly necessary for the completion of the procedures of delivery or release of goods</li> </ul>
<b>Health control of national territory entry and exit</b>	<ul style="list-style-type: none"> <li>Mandatory health control for all individuals wishing to enter or leave the national territory are subject to mandatory health control, namely through the measurement of their body temperature or other means of diagnosis;</li> <li>Individuals who present symptoms of COVID-19 cannot board ships or aircraft;</li> <li>Mandatory therapeutic isolation for all individuals who are diagnosed with COVID-19;</li> <li>Individuals entering the national territory are subject to <i>prophylactic</i> isolation with a minimum duration of fourteen days.</li> </ul>
<b>Voluntary isolation</b>	<ul style="list-style-type: none"> <li>Individuals who were not subject to mandatory isolation and who do not carry out any professional activity or are exempt from fulfilling the duty to be present at the workplace must remain inside their homes;</li> <li>Individuals who were not subject to the mandatory isolation regime must travel unaccompanied, observing the distance of at least one meter from other passers-by and avoiding the formation of crowds of people.</li> </ul>
<b>Gatherings and demonstrations</b>	<ul style="list-style-type: none"> <li>It is forbidden to hold gatherings or demonstrations involving more than five people;</li> <li>Any social, cultural and sporting events that involve the gathering of people are prohibited.</li> </ul>
<b>Collective cult or religious activities</b>	<ul style="list-style-type: none"> <li>It is prohibited to hold any religious celebrations and other worship events that involve the gathering of people;</li> <li>Funerals are subject to the adoption of organizational measures that prevent the transmission of COVID-19 and should not have more than ten people present at the same time</li> </ul>
<b>Law on private enterprise and markets</b>	<ul style="list-style-type: none"> <li>Suspension of collective passenger transport activities;</li> <li>Individuals wishing to access the commercial and services premises are required to use a mouth and nose protection mask, clean hands before entering the facilities and respect the distance of at least one metre from other individuals;</li> <li>Those responsible for commercial and services premises have an obligation to make available, at the entrance of their facilities, the necessary conditions for customers to wash their hands;</li> <li>Street vendors and their customers are obliged to respect the distance of at least one metre.</li> </ul>
<b>Public Administration Human Resources<sup>68</sup></b>	<ul style="list-style-type: none"> <li>Identification of the human resources strictly necessary to ensure the functioning of the public administration in a regime of minimum services.</li> <li>Ensure that the human resources dismissed remain contactable by telephone and attend the services which usually provide their professional activity whenever for that purpose they are summoned by the respective hierarchical superior;</li> </ul>
<b>Education (School)</b>	<ul style="list-style-type: none"> <li>Suspension of in person classroom activities and closure of the facilities of education, teaching and professional training establishments</li> </ul>

<sup>68</sup> Government Resolution No. 11/2020 of 27 March - Recommends that the Public Administration Human Resources provide the respective activity in a non-presential regime.

### 3.4 Summary of Government Response and Recovery Measures

On 30 April, the government approved an economic stimulus and response package consisting of **19 strategic measures**. As reported on the government website, the purpose of this package was ‘to counteract the expected negative effects of the COVID-19 on the economy’ for a three-month period, from May to July and ‘to support households and businesses, cushioning the economic impact of the health emergency’.<sup>69</sup> The amounts allocated for these measures totalled US\$139,777,982.<sup>70</sup>

**Table 5 COVID-19 social and economic measures identified by the government**

Measures	Description
Maintain at least three weekly flights between Darwin and Dili	Guarantee a subsidy of \$15,000 per flight over a 10-week period
Subsidize sea freight transport between Dili - Atauro – Oecusse	Guarantee 2 round trips/month
Ensure a sufficient emergency rice stock and a safe distribution of approximately 30 thousand tons	Ensure food security during pandemic COVID-19 and minimize the impact of food supply and demand
Support permanent cargo transport (24h) between the port and the warehouse	Ensure a safe and effective distribution
Guarantee production by purchasing agricultural and aquaculture production factors	Supports agriculture and aquaculture production
Purchase SMS packages	Support pulse distribution of electricity, money transfer and other communications.
Subsidy for the internet	Subsidy for the internet to 67,500 higher education students and teachers and 165,000 secondary education students.
Implement an alert system to track COVID-19 known cases	Identify cases of COVID-19 and detect contacts
Renegotiation of payment terms for credits	Renegotiation of payment terms for credits, both for individuals and companies, across the banking sector
Implement emergency credit lines and guarantee mechanisms for importers of essential goods	<i>Details not found online</i>
Provide short-term liquidity support	<i>Details not found online</i>
Monetary support for households in the context of the Covid-19 Pandemic <sup>71</sup>	Monthly payment of \$100 per household where no individual earned more than \$500 per month (during the SoE). This reached approximately 300,000 households
COVID-19 Pandemic Employment Support Measures <sup>72</sup>	Extraordinary and temporary support, to private sector employers and workers, in order to respond to the reduction of workers income and the financial difficulties of employers, seeking to ensure the maintenance of jobs.

<sup>69</sup> The Government Approved a Forceful Stimulus Package to Manage the Economic and Financial Risks from The Coronavirus, <http://timor-leste.gov.tl/?p=24159&lang=en&lang=en>

<sup>70</sup> COVID-19 Fund Management Board. (2020). Budget Execution Report for the COVID-19 Fund - Period from April 17 to July 24, 2020. Ministry of Finance of RDTL.

<sup>71</sup> Law-Decree No. 15/2020 of 30 April - Monetary support for households in the context of the Covid-19 Pandemic

<sup>72</sup> Law Decree No. 16/2020 of 30 April - COVID-19 Pandemic Employment Support Measures

	<p>The following support shall be granted to interested parties who comply with the following conditions:</p> <ul style="list-style-type: none"> <li>• An extraordinary allowance in the event of suspension of the employment contract or reduction of working hours;</li> <li>• Exemption from the duty to pay social security contributions;</li> <li>• Extraordinary allowance in case of loss of income to individual entrepreneurs; self-employed workers; managers and administrators and domestic service workers.</li> </ul>
Compensation Supplement for Public Administration Employees, Agents and Workers <sup>73</sup>	<ul style="list-style-type: none"> <li>• Creation of a remuneration supplement for employees, agents and employees of public administration providing the respective professional activity in the services of prevention or control of COVID-19 or direct conditions exposure to SARS-CoV-2 virus.</li> </ul>
Electricity support measures for the population during the SoE <sup>74</sup>	<ul style="list-style-type: none"> <li>• The value of \$15.00 equivalent to 125kWh for each domestic consumer;</li> <li>• The value of \$15.00 equivalent to 62.5kWh for other types of consumers;</li> <li>• An exemption from the payment of 50% of the tariffs for electricity consumption in respect of post-paid scheme during the SoE;</li> </ul>
Provide free water to all households	Exempt the consumption of water provided by the Water and Sanitation Services during the period corresponding to the SoE.
Creating a Temporary Allowance for Timorese Citizens who meet or reside temporarily abroad <sup>75</sup>	Financial support to be granted to Timorese citizens who are or reside temporarily abroad and depend exclusively on family income resident in Timor-Leste, while the SoE or the closure of borders lasts decided within the framework of measures to prevent and combat COVID-19 pandemic.
Exempt payments from state property rents to 4,057 tenants <sup>76</sup>	Temporary exemption from payment of all property lease contracts in the private domain of the State. The exemption prevails for a period of 3 months (1 April 2020 until 30 June 2020)

<sup>73</sup> Law Decree No. 17/2020 of 30 April - Creates a Compensation Supplement for Public Administration Employees, Agents and Workers who provide the respective Professional Activity in the Prevention or Control Services of COVID-19 or in Conditions of Direct Exposure to the SARS-Cov2 Virus

<sup>74</sup> Dispatch No.: 804 / MOP / V / 2020 - Support measures for the population during the State of Emergency in the field of electricity and water supply

<sup>75</sup> Law-Decree No. 21/2020 of June 5 - Creates a Temporary Allowance for Citizens Timorese who meet or reside temporarily abroad

<sup>76</sup> Ministerial Diploma No. 24/2020 of 27 May - Temporary Income Payment Exemption Regarding Properties Belonging to the State's Private Domain



### 3.5 Financing the SoE implementation measures

In order to phase out exceptional expenditures, at a time when the country is on a duodecimal regime regarding the State Budget of 2020, it was necessary to proceed. On 6 April, Law No. 2/2020 was approved, authorizing the transfer from the country's Petroleum Fund in the amount of \$250,000,000 to guarantee the functioning of the Public Administration as well as the coverage of expenses related to preventive measures and combating COVID-19. Of this amount, \$150,000,000 was allocated to finance expenses related to the measures to prevent and combat the COVID-19, within the scope of the COVID-19 Fund.

Later on 30 June,<sup>77</sup> the government realised that the first extraordinary transfer from the Petroleum Fund was insufficient to finance essential expenses, guarantee the exercise of the sovereign functions of the State and to guarantee the provision of minimum social protection services. A second transfer of \$286,300,000 was authorised. Of that transfer, \$69,500,000 went to reinforce the COVID-19 Fund. The COVID-19 Fund<sup>78</sup> was distributed over three main programmes detailed in Table 6.

Table 6 COVID-19 Fund information

1 - COVID-19 disease prevention and mitigation programme
<ul style="list-style-type: none"> <li>● Ensure the acquisition of materials and services related to disease prevention and mitigation;</li> <li>● Ensure adequate quarantine;</li> <li>● Identify cases and detect contacts;</li> <li>● Isolate and treat COVID-19 cases;</li> <li>● Reinforce social distance measures including hygiene and protection in communities;</li> <li>● Social support and economic rescue for the population affected by activities to prevent and combat COVID-19;</li> <li>● Contingency plan for COVID-19;</li> <li>● Inspection of the prevention and mitigation activities of COVID-19</li> </ul>
2 - Programme for the sustainable increase of production and productivity
<ul style="list-style-type: none"> <li>● Minimize the impact of COVID-19 disease on food production;</li> <li>● Guarantee the food security in the country;</li> </ul>
3 - Access to food, non-food products and services
<ul style="list-style-type: none"> <li>● Improving access to goods and services;</li> <li>● Training for personnel assigned to the ICMC;</li> <li>● Sustainable increase in production and productivity of food and vegetable crops;</li> <li>● Acquire rice for the State's food stock reserves;</li> <li>● Non-scholarship Student Allowance;</li> <li>● Payment of supplementary remuneration to the front lines (PNTL<sup>79</sup>, FDTL<sup>80</sup>, Civil Protection and Ministry of Health (clinics, hospitals);</li> <li>● Economic stimulus package (19 measures implemented by the government).</li> </ul>

According to the COVID-19 Fund Budget Implementation Report, between April and July, \$102.6 million was spent, equivalent to 47 percent of the total budget of the COVID-19 Fund ( \$220.2 million). These results include the **prevention and mitigation programme payment** in the amount of US \$85.7 million (39 percent of the total budget of the Fund), payment of the **sustainable increase in production and productivity programme** in the amount of \$0.4 million (0.2 percent of the Fund's total

<sup>77</sup> Law No. 5/2020 of 30 June - Authorizes the second transfer extraordinary contribution of the Petroleum Fund

<sup>78</sup> COVID-19 Fund Budget Implementation Report - Period from April 17 to July 24, 2020

<sup>79</sup> Timor-Leste National Police

<sup>80</sup> Timor-Leste Defence Force

budget), and the \$16.5 million on food, non-food and services programme (7 percent of the Fund's total budget).

## 4. COVID-19 Measures' Impact on Households and Individuals

This chapter presents relevant findings to identify impacts of the COVID-19 measures on different dimensions of households and individuals including livelihood, health and access to essential services among vulnerable groups and the general population. The findings in this section are presented at two levels. First, each indicator is analysed separately using descriptive statistics, providing an overview of the most common problems faced and the resulting needs for each of the target areas. Second, the descriptive analysis is further complemented and triangulated with key informant interview and desk review results where necessary.

### 4.1 Impact on livelihoods

#### Income

The effect of the COVID-19 crisis and SoE on income levels of households and individuals can be measured on the basis of two questions that were asked in the household survey. First, information was asked about whether persons ten years of age and older had any form of income before COVID-19. Subsequently, it was asked whether the person had any form of income during the week before the interview. Looking at both observation points can indicate differences that took place during COVID-19. As only one individual below 15 had an income, the study on income restricts the rest of its analysis to those aged 15 and older.

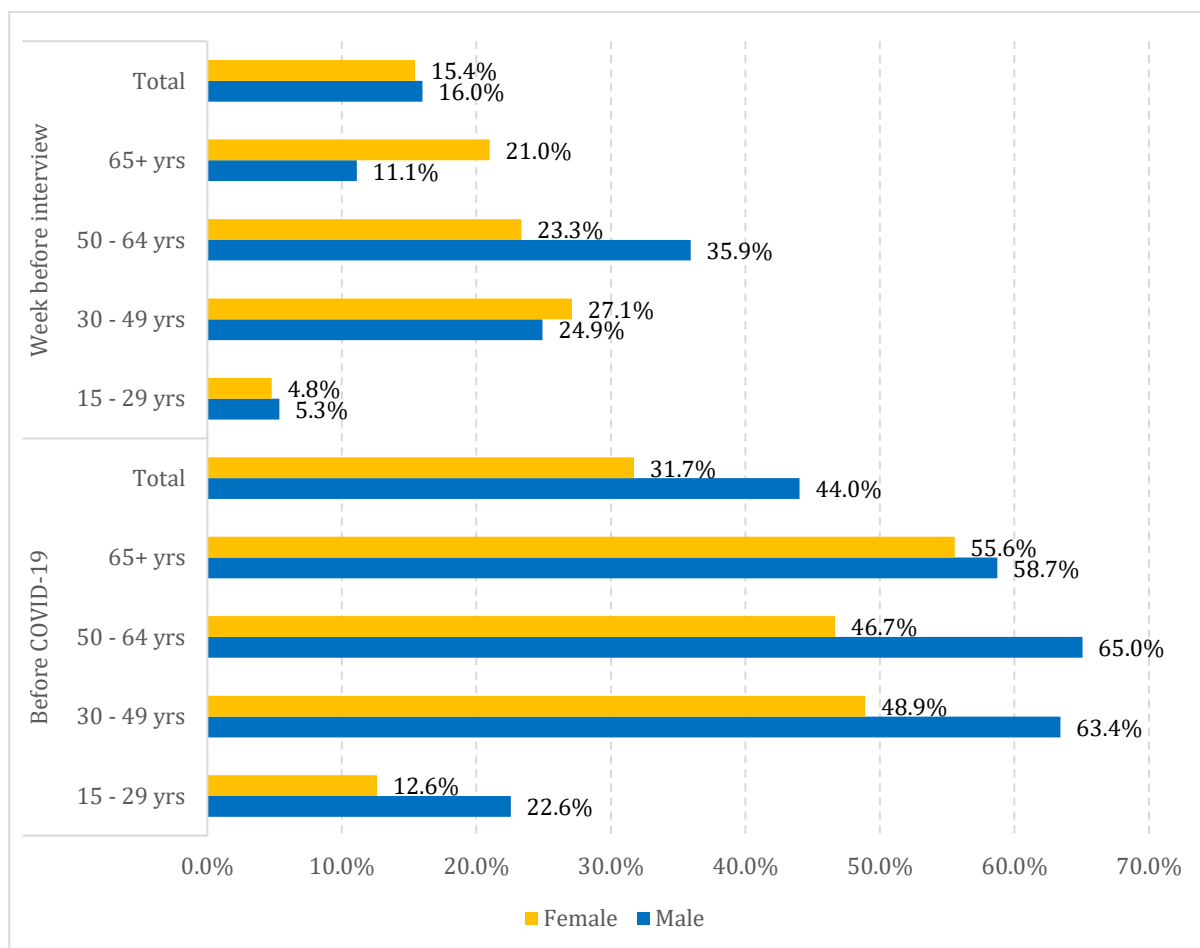
Out of the (weighted) 1,865 persons 15 years of age and older in the survey, **704 had a source of income before the COVID-19 crisis, which accounts for 37.7 percent**. Among this group, 41.8 percent had income from temporary or casual work, 18.1 percent had seasonal work and 40 percent had stable/permanent work. The percentage of men with an income was notably higher (44 percent) than the percentage of women with an income (31.7 percent).

The devastating effect of COVID-19 and the measures taken can be seen in the drastic reduction of people that had any form of income. **Therefore, only 41 percent of those who had an income before the crisis were left with an income during the week before the interview** (out of 704 persons, 411 no longer had any earnings). Figure 18 shows the percentage of persons who had some form of income before COVID-19, by broad age-groups and sex, before the COVID-19 crisis and during the week before the interview.

The graph shows that the reduction for men has been more severe than the reduction for women. Before the SoE, 44 percent of men and 31.7 percent of women had some form of income. During the SoE, the higher number of men with an income was erased and the percentages for both sexes were almost the same (15.4 percent for women and 16.0 percent for men). Young people in the 15-29 age-group and older persons have been hit especially hard. Before the COVID-19 crisis in Timor-Leste, 58.7 percent of older men (aged 65 and older) had some form of income. A few months later, just 11.1 percent of older men had a source of revenue. The effect in the younger and older age-groups was more severe for men than for women. Job loss was somewhat more severe for persons holding a

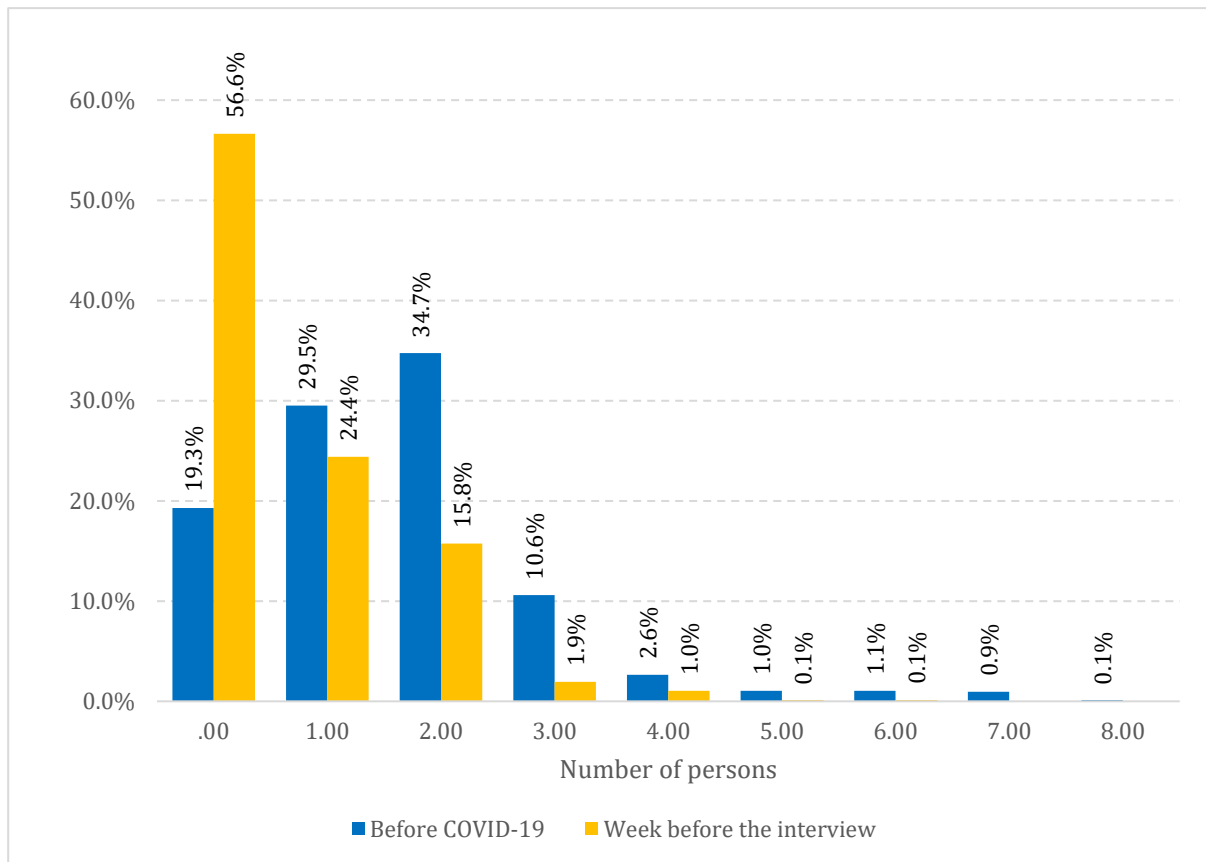
stable/permanent job than for temporary/casual workers (58.6 percent) and for seasonal workers (41.4 percent).

**Figure 18 Percentage of persons who had any form of income before COVID-19 and during the week before the interview, by broad age-groups and sex**



**An important aspect of the well-being of households is that at least one member is able to retain an income.** Figure 19 shows that the percentage of households without any form of income has increased considerably over just a few months. Before COVID-19, 19.3 percent of all households in the municipalities covered by the survey indicated they did not have any persons with any form of income. This figure is already high and a cause for serious concern. However, the data shows that **in the week before the interview, more than half of all households (56.6 percent) had to survive without any form of income.** Before the COVID-19 crisis, about 50 percent of all households had two or more breadwinners. This has been reduced to less than 20 percent.

Figure 19 Percentage of persons in the household with any form of income, before COVID-19 and during the week before the interview



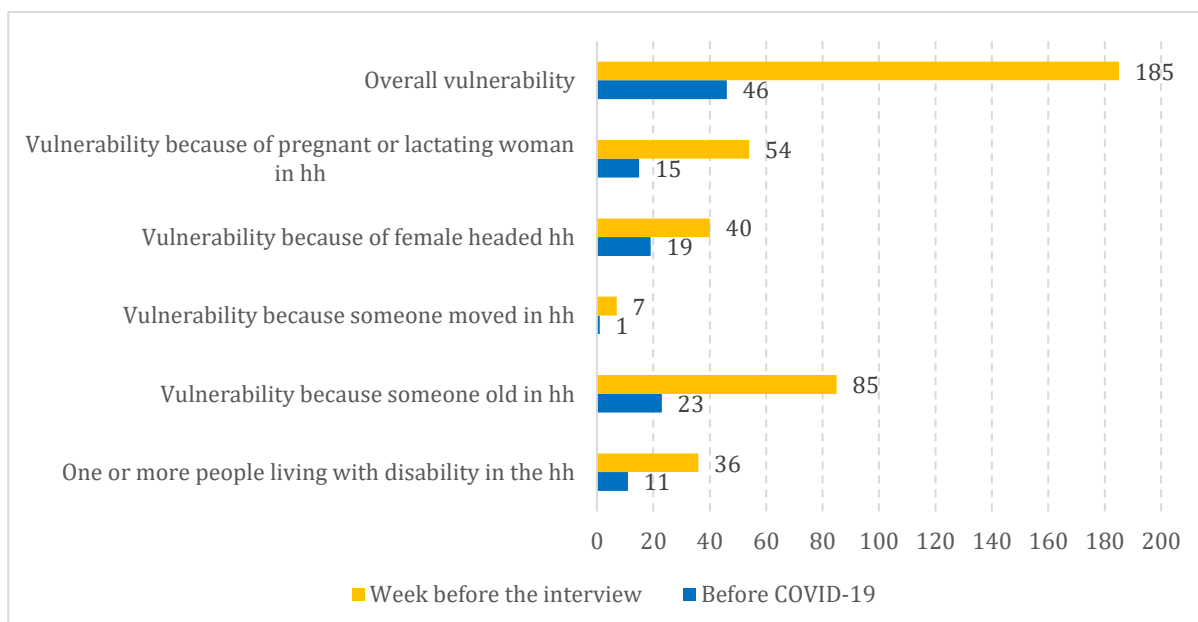
Losing any form of income hits hardest those households where one or members belong to a vulnerable group. Figure 20 shows the observed number of households in the survey without any form of income before COVID-19 and during the week before the interview by vulnerability of the household. For this analysis, the following vulnerable households were distinguished:

- Households with one or more persons living with disabilities
- Households with one or more older persons (60+ years)
- Households where one or more persons moved into the household from elsewhere
- Female-headed households
- Households with one or more lactating or pregnant women

An extra variable 'overall vulnerability' was added in the analysis, indicating all households which have at least one member that falls in the above-mentioned vulnerable categories. Out of a total (weighted) number of 437 households, 366 had at least one vulnerable member. Before COVID-19, out of these 366 households, 46 did not have any form of income, which accounts for 12.6 percent. **The COVID-19 crisis increased the number of vulnerable households without any livelihood to 185, which means that 50.5 percent of all vulnerable households at the time of the survey were without any form of income.** The biggest group of vulnerable households without any income are those with older persons. Out of a total of 246 households without any income during the COVID-19 crisis and a week before the interview, 85 had one or more older members. This accounts for more than one third of all households without an income. **Households with specific types of vulnerability saw a considerable increase in loss of livelihood.** By comparison, non-vulnerable households were less severely affected

by the COVID-19 crisis; before COVID-19, 39 non-vulnerable households had no income, against 64 in the week before the interview.

**Figure 20 Number of households in the survey without any form of income before COVID-19 and during the week before the interview, by type of vulnerability of the household**



To be able to help people who have lost their livelihoods, it is important to understand what sources of income were lost. In the survey, people who had a source of income before COVID-19, were asked what their source of income was and also later, whether they had any income during the week before the interview and what type of income that was. Figures 32 and 33 show the number of persons who had any form of income before COVID-19 and during the week before the interview. For both variables, the answer categories were very high and almost all of the values could be placed in one of the pre-coded categories.

Before the COVID-19 crisis, the most important activities from which people obtained an income were 'kiosk/small trading' and 'other salaried work'. Out of 702 persons who reported having an income, 152 had earnings from a kiosk and 149 from other salaried work, 21.7 and 21.2 percent of all income, respectively. Women were more actively involved in kiosk/small trading than men (102 against 50), while more men than women had other salaried work. Other important groups of income were from self-employment and from government salaries, each category was reported by 107 persons. Both had more men than women involved. Other important sources of income were old age pension, mentioned by 52 persons (7.4 percent), and sale of crop production (65 persons and 9.3 percent of all persons with an income). A somewhat higher percentage of women than men indicated pension as a source of income (8.7 percent against 6.4 percent), while the percentage sale of crop production was almost the same for both sexes.

Comparing Figures 21 and 22, one can immediately see the **drastic changes that took place in people's income during the few months of the COVID-19 crisis**. The number of people in the survey with some form of income dropped from 703 to 293, implying a reduction of 58.3 percent. Some types of income were harder hit than others. The number of people earning an income from self-employment dropped by 85.0 percent from 107 to just 16, self-employed men were harder hit than women (87.2 percent against 76.2 percent).

One would assume that people earning a salary from the government or an old age pension would be spared from not getting paid. According to the household data from the SEIA, many government salaried workers (of whom almost 80 percent are in Dili) reported their primary source of income as a salary from the government decreased (from 107 before the SoE to 37, a 65.4 percent drop). Some KIIs conducted with directors in government agencies indicated there was no reduction in staff or their salaries, stating that ‘they only have budget for salary, subsidy and administrative expenses’. Whereas others mentioned there was reduction in pay through various ways - extra hours salary and per diem incentives had been reduced, there were delays in some ministerial budget spending where cleaners and nursing volunteers were not paid or were still waiting to get paid. It should be noted as well that the reduction in income from agriculture may also have been caused by heavy rain, drought and pesticide issues which preceded and overlapped with the COVID-19.

People getting a pension were even worse off. While 52 persons indicated they had a pension before the pandemic, only one indicated this as his/her source of income at the time of the interview. Compared to the other categories, people getting an income from a kiosk or small trade business were slightly better off. Among this group of 152 persons, 74 lost their earnings (48.7 percent). Women were slightly harder hit than men.

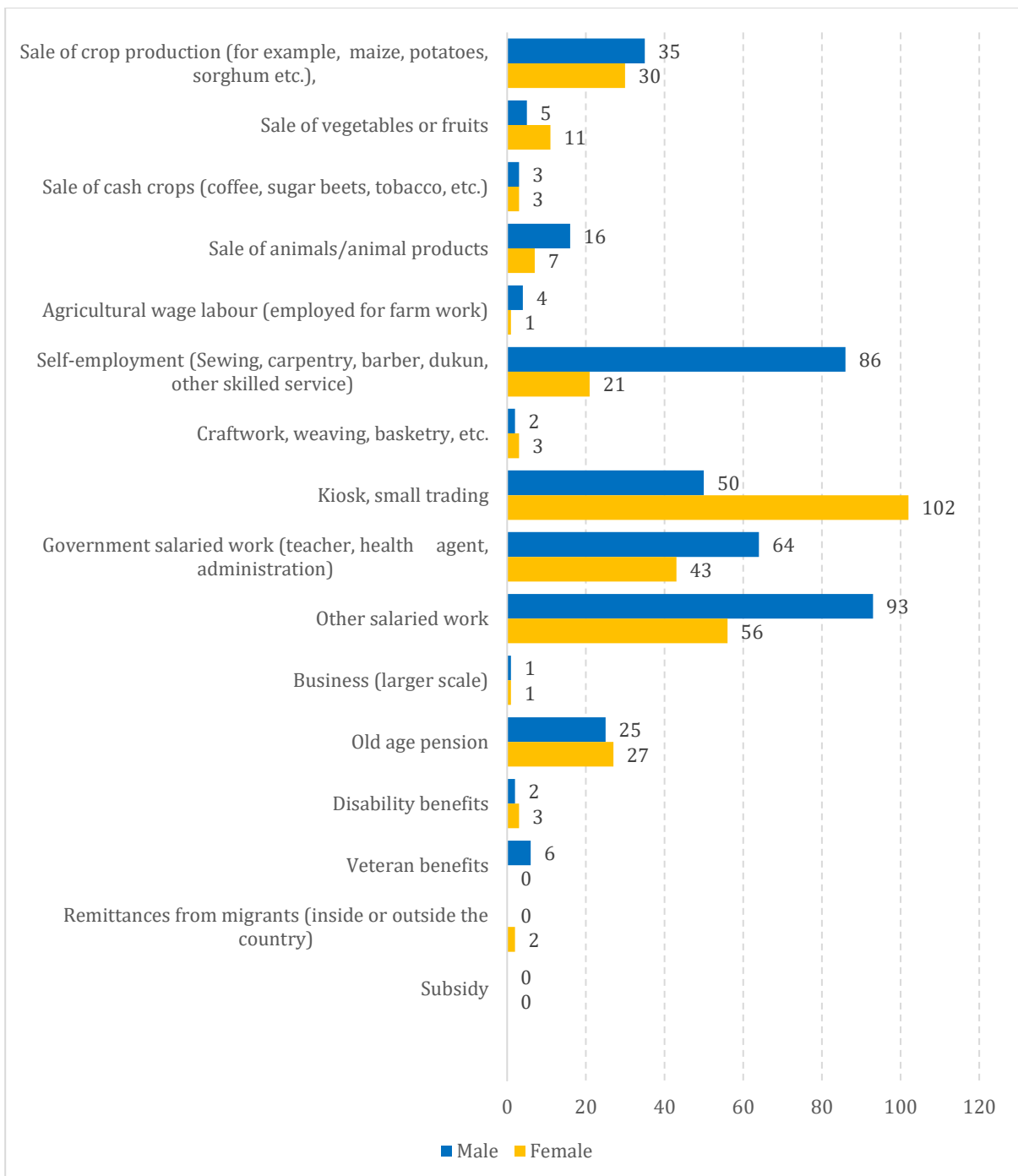
Two income categories saw a rise in number: a) ‘**subsidies**’ did not exist before COVID-19, but were reported by 52 persons, and b) disability benefits, which rose from 5 reported cases to 24. It is somewhat surprising that disability benefits increased, however, it is possible that before COVID-19 these people would have had a small allowance because of disability, but would have some other, more lucrative form of income. During COVID-19 they may have lost this more important form of income and only been left with the disability allowance.

The proportion of people who mentioned social protection programmes as their primary source of income was very small. To explore if those working for others<sup>81</sup> have formal or informal work, we asked whether their employer paid contributions to the Pension Fund, or the Health/Unemployment Insurance. Out of the group of 69 persons who responded to this question, 46, i.e. two in three, reported their benefits were paid. However, compared to the whole group of people earning a salary, this is only a minority. **This shows the vulnerability many households have in losing all forms of income in case of job loss.** Many households, especially those with limited financial wealth, are in no position to cope with loss of income.

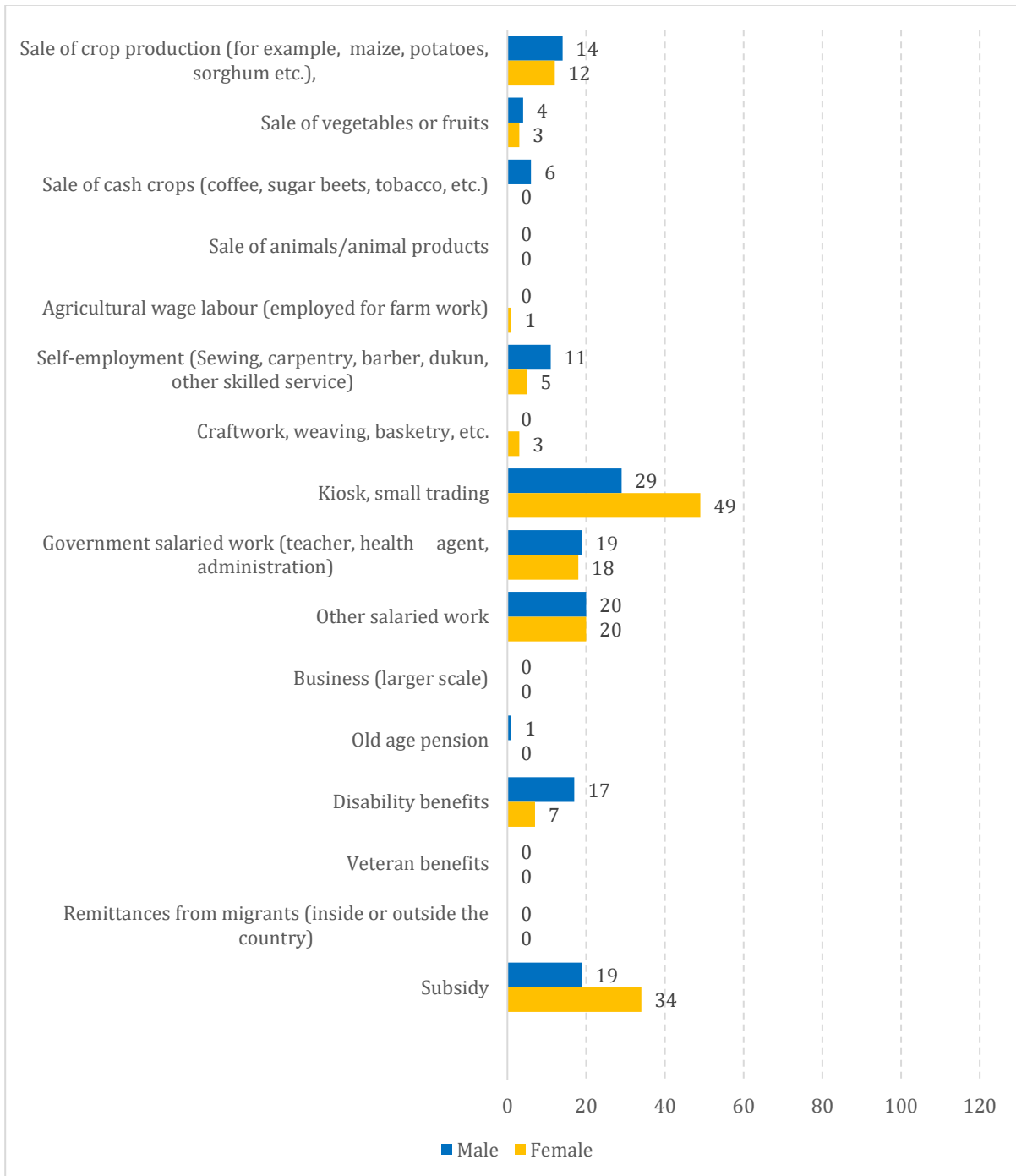
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<sup>81</sup> Agricultural wage labour (employed for farm work), government salaried work (teacher, health agent, administration), other salaried work

Figure 21 Number of persons who had any form of income before COVID-19 by type of income and sex



**Figure 22 Percentages of persons who had any form of income during the week before the interview by type of income and sex**

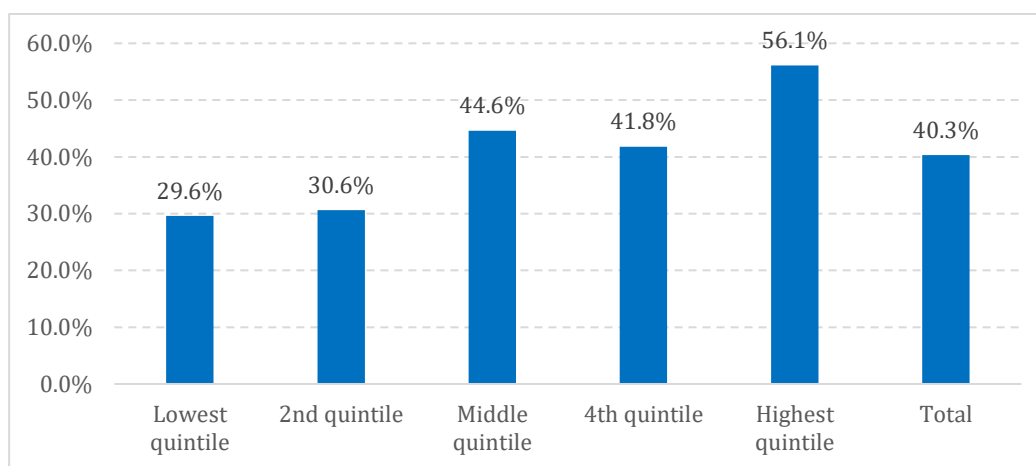


Among those who kept any form of income, only 114 (38.5 percent) **did not see any change in the level of income**, while a small group of 19 persons saw their income increase. Among all persons in the study area who retained any form of income, **a total of 55 percent (163 persons) saw their income decrease or even significantly decrease (83 persons)**. A decrease in income was often caused indirectly by movement restrictions during the SoE. Many households were directly or indirectly affected by the COVID-19 crisis. Movement restrictions meant that households could not bring their products to the market. In the survey, 30.7 percent of the households complained that not being able to sell their products and/or not having access to the market had caused serious difficulties.



In the survey, a question was also asked on whether the household had any savings. Figure 23 below shows the answer to this question by wealth quintile, with **40.3 percent of all households indicating they have some savings.**<sup>82</sup> There was no significant difference between male and female-headed households and other types of vulnerabilities except, as can be expected, those in the lowest wealth quintile scored the lowest. Only 29.6 percent in this group claimed to have some savings, against 56.1 percent of households in the highest wealth quintile. The RFSa further found 56 percent of their respondents had a household saving of up to \$250, while only 7 percent reported more than \$250 in savings,<sup>83</sup> indicating the amount of savings is not sufficient to cushion major shocks.

Figure 23 Percentage of households that report to have savings, by wealth quintile



## Expenditures

The impact of COVID-19 on household expenditures can be manifold and go in positive and negative directions. First, because of the dramatic impact of the pandemic on people's livelihood, households may no longer be in a position to spend in the same way as before, and they may have to cut down on the purchase of a number of non-essential, and sometimes even essential, goods. Some products may simply no longer be available because of the closure of public markets and shops. On the other hand, one could expect that people's expenditures would increase during a pandemic. Because of the pandemic, the price of food and other essential goods may have risen because of disturbances in the food production chain. Also, the pattern of consumption may have changed and increased household expenditure. For instance, personal protective equipment (PPE) may need to be purchased at considerable prices.

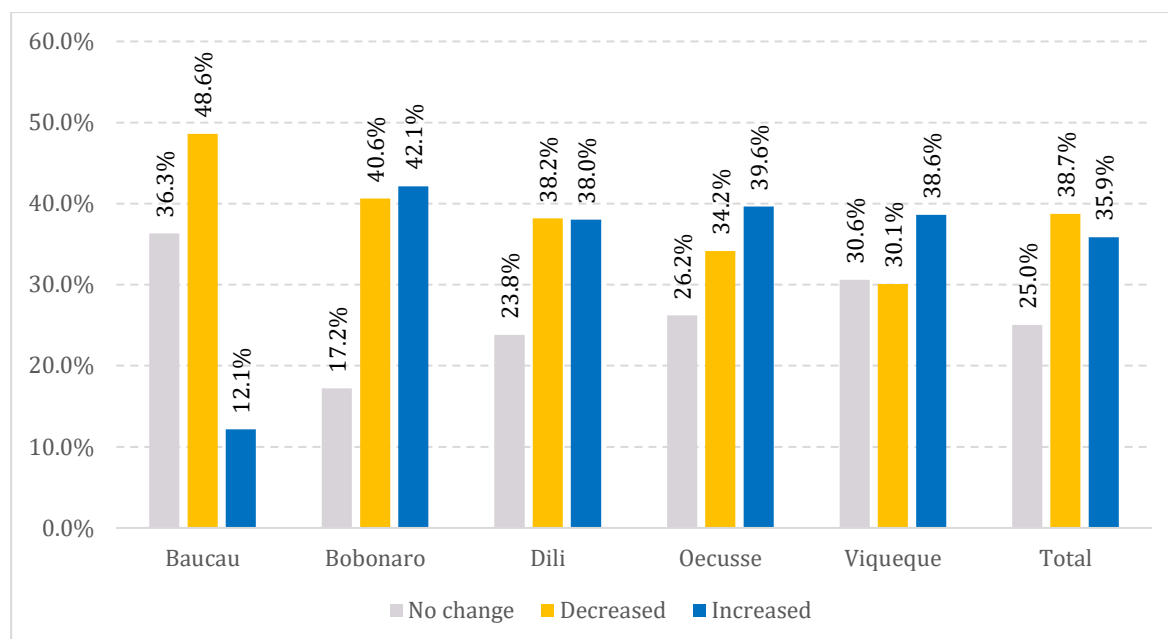
Figure 24 shows a varied pattern on household expenditures across the municipalities where the 24 *aldeias* were sampled. About 38.7 percent of households decreased their household expenditures. An almost equal percentage of households (35.9 percent) increased their expenditures, while for about a quarter of households, spending stayed more or less the same. The decrease in household expenditures seemed to be highest in Baucau where almost half of all households indicated that they had spent less due to the COVID-19 pandemic. However, due to the small size of the subsamples in

<sup>82</sup> This is higher than the 22% of the respondents in RFSa indicating they have any member of their household had monetary savings of any kind. MAF et. al. 2020. Rapid Food Security Assessment 2020: Full Report. Timor-Leste. 9 June 2020

<sup>83</sup> *ibid.*

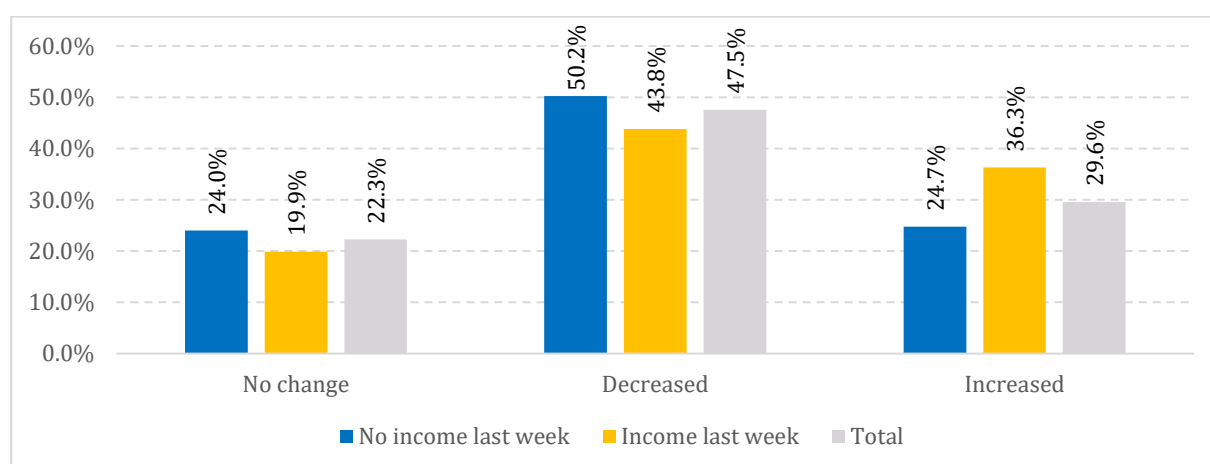
each municipality, it is uncertain whether this is a real trend or whether it is a consequence of small sample variability.

Figure 24 Changes in household expenditures due to COVID-19, by municipality



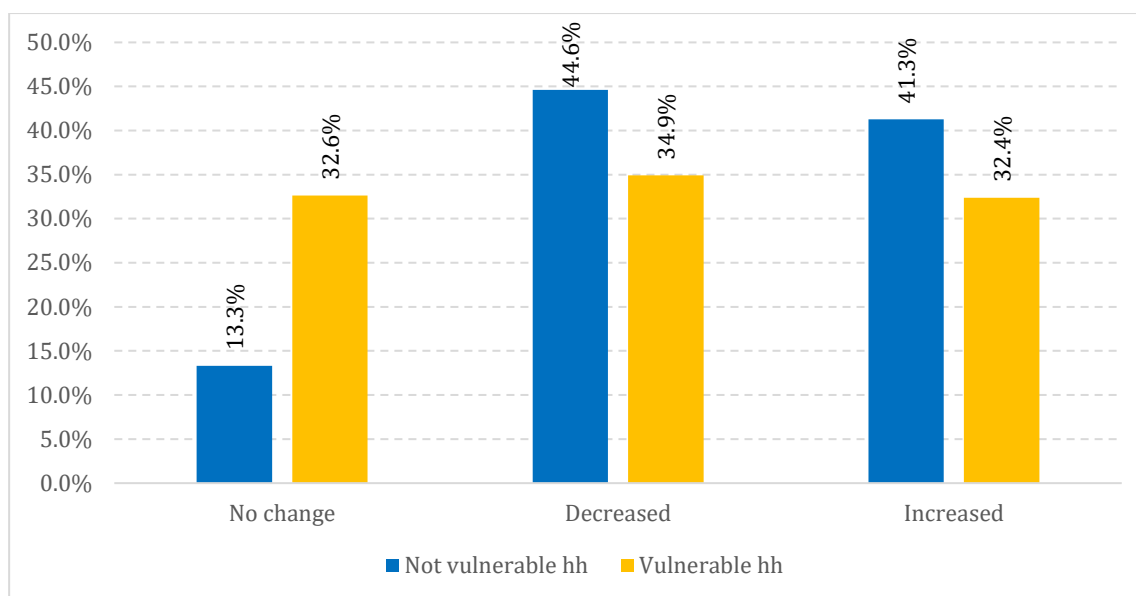
About half of all the households that did not have any source of income reported that their level of expenditure decreased. For households that retained their income, this was somewhat less: 43.6 percent (see Figure 25). This difference is not very pronounced and certainly not outside the margin of error. For those who had an income during the last week before the interview, 36.3 percent had increased expenditures against 24.7 percent for those who did not have any income.

Figure 25 Changes in household expenditures due to COVID-19, by any form of income during the week before the interview



When asked about changes in expenditures, among vulnerable households, 34.9 percent saw their expenditures drop during the COVID-19 pandemic, while 32.4 percent encountered an increase in expenditures and 32.6 percent stayed the same. Among non-vulnerable households these percentages were 44.6, 41.3 and 13.3 percent, respectively (Figure 26).

Figure 26 Changes in household expenditures due to COVID-19, by vulnerability status of the household



In the survey, respondents were asked whether the household had taken a loan during the last year, i.e. during the COVID-19 period and the months before. Household loan/debt is defined as the combined debt of all people in a household. It includes consumer debt, mortgage loans and other sources. In total, 29.5 percent of all households had taken a loan. Only a small difference was observed between vulnerable and non-vulnerable households; 28.8 percent of vulnerable households had taken a loan in the last year against 30.6 percent of non-vulnerable households.

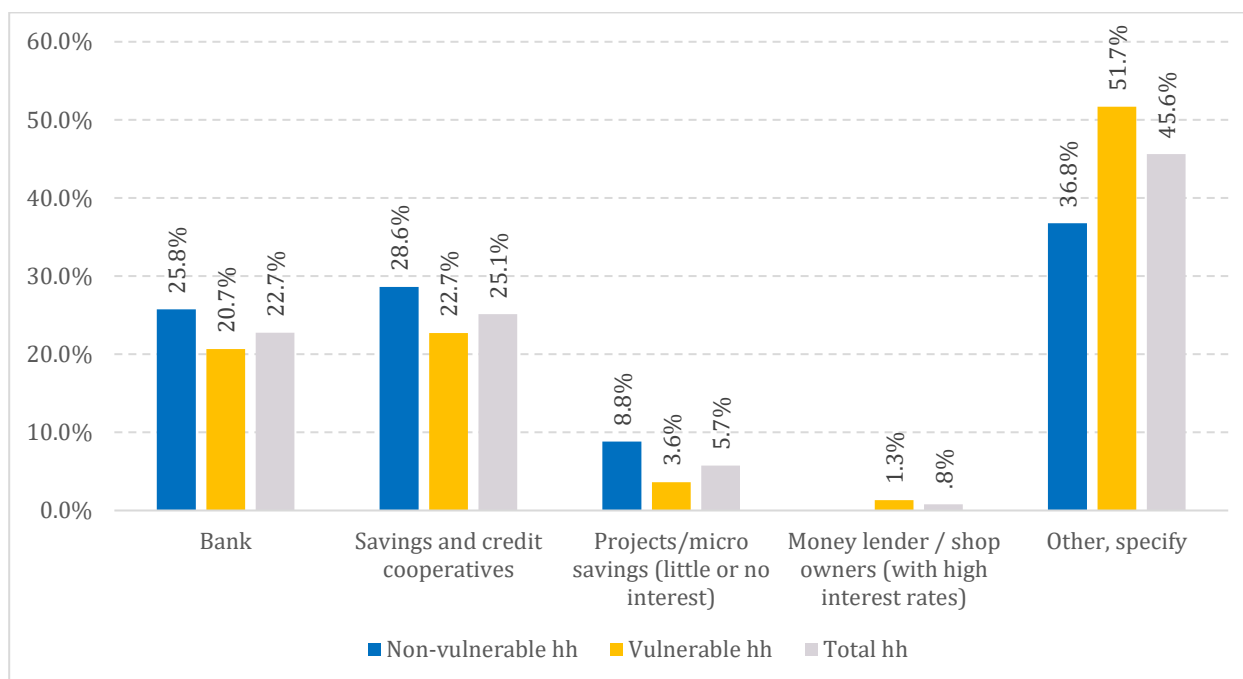
A test was also run to see whether households in lower wealth quintiles take more or fewer loans than those in higher wealth quintiles. The survey showed that households in the lowest wealth quintile had taken fewer loans in the year before the interview than households in the highest wealth quintile: 21.0 percent against 36.5 percent of all households. The other wealth quintiles were situated somewhere between these two values. The RFSA study asked about the purpose of the loan from households who currently have a loan; over 65 percent had taken a loan to buy food due to an emergency or crisis, 39 percent routinely used the loan to buy food, 17 percent to invest in a business or garden, only 3 percent to buy farm inputs.<sup>84</sup>

The most popular way of obtaining a loan was through 'other sources' (Figure 27), 45.6 percent of all households that had taken a loan went through this channel. The other category includes more informal types of lenders, such as family, friends and colleagues. Next to the more informal ways to secure a loan, 25.1 percent of all households taking a loan did so through savings and credit cooperatives, while 22.7 percent got a loan from a bank. Other providers such as project or micro savings organizations and private money lenders and shop owners only played a limited role. Although again the results did not provide a significant difference, households with vulnerable members seem to rely more on informal money lending from others. **About 51.7 percent of vulnerable households obtained a loan from 'others', against 36.8 percent of non-vulnerable households.** The former was found to be less likely to borrow money from banks or savings and credit cooperatives. Respondents who indicated they had taken a loan from 'others' were asked to specify who had provided the loan. The majority of these households (37) obtained loans from family and

<sup>84</sup> MAF et. al. 2020. Rapid Food Security Assessment 2020: Full Report. Timor-Leste. 9 June 2020

relatives, sometimes with a small interest, 21 households had been given a loan by Kaebauk or Moris Rasik, which are microfinance companies, with interest rates comparable to commercial banks. These organizations are not savings and credit cooperatives because they are not owned by the members and neither can they be classified as commercial banks, so they were placed under the 'other' category.

**Figure 27 Percentage of households that took a loan during the last year, by money lending entity and vulnerability status**



### Major difficulties

Unfortunately, people's socio-economic position may not only be affected by the COVID-19 crisis, other (additional) crises and emergencies can affect people's livelihood. For this reason, a question was asked whether the household had encountered any of a series of major difficulties or shocks during COVID-19. Figure 28 shows that many households were faced with a series of issues. Only a quarter (24.7 percent) of households reported not having encountered any difficulties. The 'other' category contained a number of responses that could be placed in the pre-coded categories. **The most important shock that households encountered were related to the fact that they could not sell or go to the market;** 32.0 percent of households complained about this. The RFSA conducted in May found '92 percent of households indicated they had not been able to travel to market in recent months, 82 percent were affected by the closure of markets and shops.'<sup>85</sup>

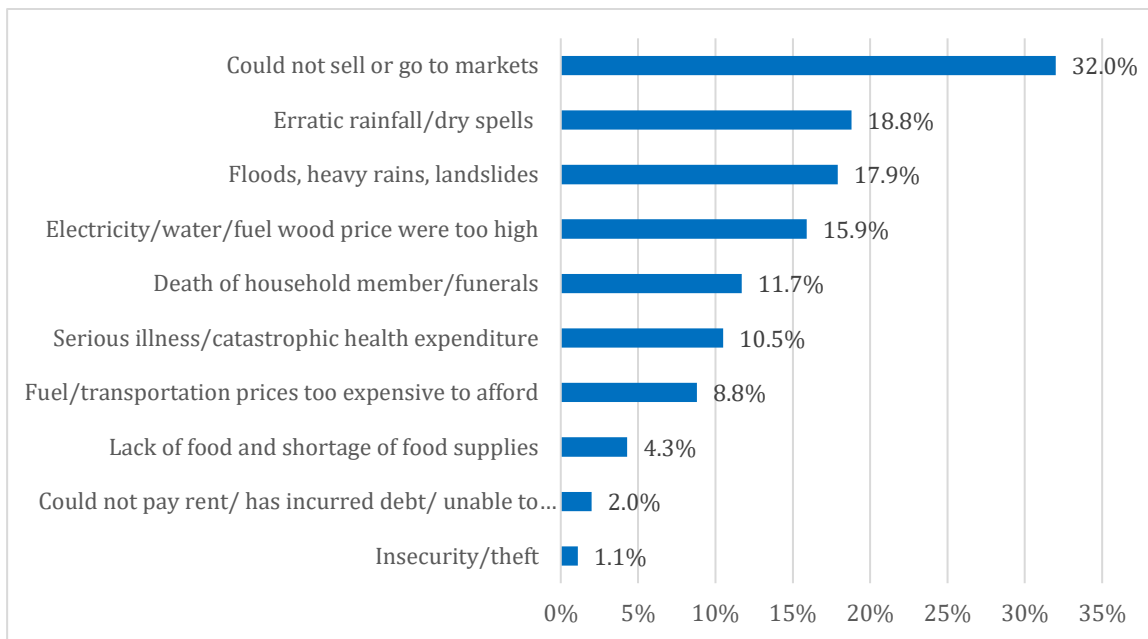
Other important difficulties and shocks encountered were related to weather and climate. About 18.8 percent of all households complained about difficulties they encountered with erratic rainfall and/or dry spells, while another 17.9 percent complained about floods, heavy rains and landslides. These complaints were most probably related to the heavy rain on 13 March that caused flooding and

<sup>85</sup> MAF et. al. 2020. Rapid Food Security Assessment 2020: Full Report. Timor-Leste. 9 June 2020

overflowing of some rivers. According to the Global Disaster Alerting Coordination System,<sup>86</sup> almost 10,000 people were victims of the heavy rains and floods, and one of the worst affected areas was Dili, where a total of 190 houses were destroyed.

The high cost of living also created several major difficulties for households. These may have been exacerbated by the COVID-19 crisis and its economic consequences. About one in six households noted that electricity, water and fuel prices were a major difficulty. Almost nine percent of all households complained that the high cost of fuel and transportation made it impossible for them to afford. Two percent of households could no longer afford to pay the rent and had incurred debt or were unable to pay their debt. The most dramatic crisis a household can go through is the loss of one of its members. In the survey, no less than 11.7 percent of all households indicated the death of a household member or funerals during the last two months as a major shock. In Timor-Leste, funerals are a very heavy financial burden on extended families and even whole villages. Some four percent of households faced major difficulties with lack of food and shortage of food supplies and about one percent of households experienced insecurity or theft as a major difficulty or shock, which is also quite high.

**Figure 28 Percentage of households experiencing major difficulties and shocks during the last 2 months**



In the survey, 36 percent of all households had been involved in agricultural activities during the last 12 months.<sup>87</sup> A question was asked whether households involved in agricultural production **experienced any negative impact during the last two months before the interview**. The results for this enquiry are presented in Figure 29 and showed that for various reasons households active in agriculture had been hard-pressed during the last two months before the survey. All households active

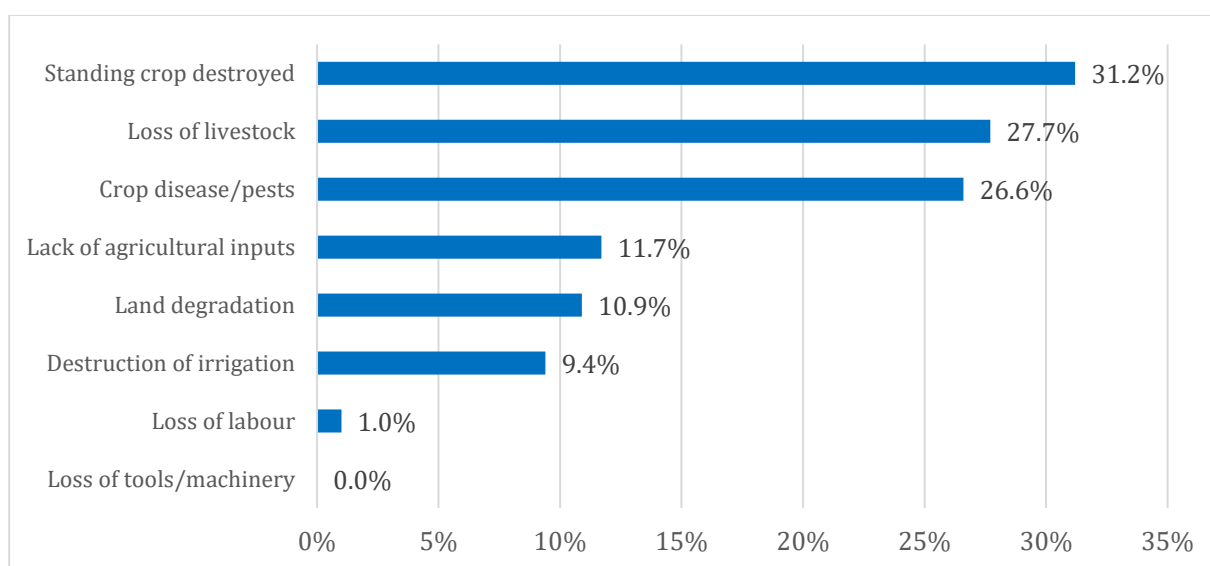
<sup>86</sup> <https://www.gdacs.org/report.aspx?eventtype=FL&eventid=1100400>. GDACS is a cooperation between the UN, the European Commission worldwide to early warning and information after disasters.

<sup>87</sup> This is quite low in a country where many households rely on subsistence farming. Agricultural activities refer to a large set of activities including horticulture – planting, cultivating and harvesting of crops and fruits (for selling or for household consumption) and care and production of livestock and livestock products (milk, meat, skin etc.). Also, in Dili 14.8 percent of the households were involved in agricultural activities, against 72.2 in the other municipalities in the study area. In the SEIA sample, the proportion of households living in Dili is quite high, which may have affected the lower levels of agricultural activities overall.

in agriculture indicated that they had felt at least one negative impact of external circumstances (or at least one form of difficulty). Of these, 61 percent had encountered one type of negative impact whereas the rest had encountered more than two types of impacts.

Overall, 31.2 percent indicated they had been affected by crop diseases and pests, about one in four complained that their standing crops had been destroyed, 27.7 percent reported loss of livestock and 26.6 percent had experienced crop disease or pests. About ten percent noted more structural problems such as climate change, citing unexpected rain and seasonal patterns (20.3 percent), land degradation (10.9 percent), destruction of their irrigation system (9.4 percent) and lack of agricultural inputs (11.7 percent). Many of these negative aspects seem to have been taking place independently from the COVID-19 pandemic – exacerbating the impact of the pandemic on small farmers.

**Figure 29 Impacts on agricultural production during the last 2 months before the survey, by type of impact**



Loss of livestock is mainly associated with African Swine Fever and poultry disease which have also been observed in the country. As reported in the RFSA, ‘households were found to have less than one third (31 percent) as many pigs, and less than half (49 percent) as many chickens as a year ago’.<sup>88</sup>

<sup>88</sup> MAF et. al. 2020. Rapid Food Security Assessment 2020: Full Report. Timor-Leste. 9 June 2020

## Livelihood coping strategies

To mitigate their difficult economic situation, households are forced to take actions. Therefore, the SEIA sought to identify which types of coping strategies households are using. In doing so, we used a question inspired by the global WFP indicator on 'livelihood coping strategies' but adapted it to the local context.<sup>89</sup>

Overall, **85.5 percent of all households employed at least one form of coping strategy** during the SoE to protect themselves from the economic consequences of the pandemic. Figure 30 shows that fewer less-vulnerable households took action (11.4 percent) as opposed to vulnerable households (19.4 percent).

The most frequent action was the reduction of essential non-food spending. This includes expenditure on goods and services which jeopardize the household's future capacity to maintain its well-being (e.g. transportation, communication, sanitation, basic utilities). **No less than 61.7 percent of all households limited essential non-food spending.** Those in vulnerable positions took this action more frequently than non-vulnerable households, 64.1 percent against 57.9 percent, respectively. The second most important relief measure was **to consume livestock or garden produce (43.7 percent of all households).** This action was more frequently observed among households with vulnerable members (47.5 percent) than households without (37.7 percent).

**About one in five vulnerable households (20.1 percent) had borrowed money to make ends meet, against 11.8 percent of non-vulnerable households.** Households that take on credit or borrow money as the main source of income are more likely to adopt livelihood coping strategies. This is not a sustainable source of income, particularly if households are met with economic shocks, and in the longer term will likely result in households adopting more severe coping strategies to meet their needs and pay off their debts simultaneously.

**Several households directly relied on assistance from others (13.9 percent).** Both vulnerable and non-vulnerable households take assistance to almost equal degrees. As indicated, 6.7 percent of the households indicated that they had taken other measures. A closer look at the specifications of 'other' measures shows that kiosks seem to play some role in alleviating some of the hardships of the COVID-19 crisis. Twenty-four households (around 6 percent) indicated that they had borrowed food and other basic products from these local kiosks (on the other hand, getting food and goods on credit could contribute to growing debt levels). It should also be mentioned that in the other categories, four households indicated they had to illegally cut trees to sell and to find food.

Table 7 below summarizes the types of livelihood coping strategies adopted, broken down by different types of households; their location, overall vulnerability, wealth quintile, head of household and whether the household has an informal worker. More households in the categories of municipalities

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<sup>89</sup> The global WFP indicator on 'livelihood coping strategies' comprises of eight coping strategies and the strategies are classified into three categories - stress, crisis or emergency based on severity and long-term impact of the strategies on the household livelihoods and economic resilience (WFP and REACH 2016, 24). To get a more contextual information, the question on coping strategies was adapted to a time period starting from the COVID-19 crisis/SoE and did not include answer options for 'emergency strategies' including 'accepted high risk, socially degrading or exploitative temporary jobs', 'sent adult household members to beg' and 'sent child household members to beg'.

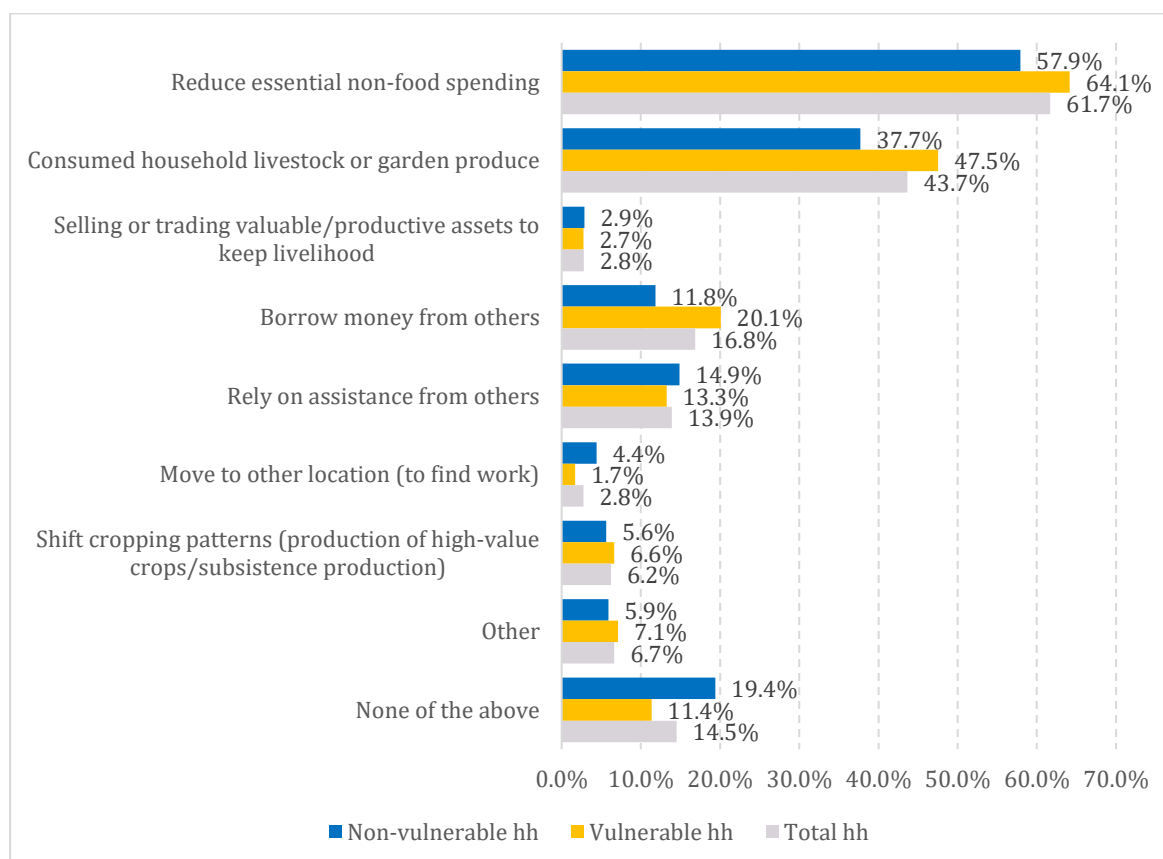
located outside Dili, lowest wealth quintile, female-headed and with an informal worker, tended to adopt coping strategies.

Table 7 Percentage of households that adopted livelihood coping strategies

Measures taken	Municipalities		HHs with vulnerability		Wealth quintile		Head of HH		HH informal worker	
	Others	Dili	No	Yes	Lowest	Highest	Male	Female	No	Yes
Reduce essential non-food spending	54.3%	66.1%	60.6%	61.9%	<b>60.4%*</b>	<b>75.6%*</b>	60.5%	67.1%	58.0%	63.9%
Consumed livestock or garden produce	<b>63.2%*</b>	<b>32.1%*</b>	49.3%	42.7%	<b>63.2%*</b>	<b>36.8%*</b>	42.6%	48.8%	45.1%	42.8%
Selling valuable, productive assets	2.5%	2.9%	1.4%	3.0%	1.9%	1.2%	3.1%	2.4%	1.2%	4.0%
Borrow money	14.8%	18.1%	7.0%	18.8%	12.3%	12.6%	15.4%	22.9%	11.7%	19.9%
Rely on assistance from others	16.0%	12.6%	21.1%	12.5%	20.8%	17.4%	13.4%	15.9%	17.2%	12.0%
Move to other location to find work	0.0%	4.3%	1.1%	1.6%	3.7%	1.1%	3.1%	1.2%	3.7%	2.2%
Shift cropping patterns	8.6%	5.1%	11.1%	5.4%	8.5%	1.1%	6.7%	3.7%	8.0%	5.1%
Other	9.9%	4.7%	2.8%	7.6%	<b>7.5%*</b>	<b>1.1%*</b>	7.8%	1.2%	2.5%	9.0%
None	9.3%	17.7%	23.9%	12.5%	7.5%	17.2%	14.8%	13.3%	<b>21.6%*</b>	<b>10.5%*</b>

\*  $p < 0.05$

Figure 30 Measures taken by households to mitigate the difficult economic situation





Summarizing the various compounding factors related to COVID-19 crisis, one 32-year-old woman interviewee in Oecusse described her community's experience during the SoE, "The families are very vulnerable right now, but they don't know how to make it better for themselves after the emergency. Almost all families are facing problems with their animals because of diseases."

She added, "During COVID-19 securities were blocking the roads and preventing them from going to market and sell their animals such as chicken, in April and May. Now in June, it's back to normal. But I am sad because this year, rainy season was very short in Oecusse. Our farm has less harvests compared to the year before, no food for the families and no transportation during the emergency. "

In the case of the Ebola outbreak, it was seen that for many vulnerable groups and the poor, it is hard to practice self-isolation as they are forced to prioritise their economic needs and concerns over their health.<sup>90</sup> To understand this situation and to explore other potential concerns, the study asked the participants 'what are your main concerns about COVID-19' (participants could choose only one answer option). The major concerns the participants indicated were health (50 percent) and lack of money or food (44.3 percent). As presented in Table 8, there were significant differences based on household vulnerability and wealth quintiles. Vulnerable and lowest wealth quintile households were more concerned with lack of money and food were higher than that of non-vulnerable and highest wealth quintile households.

**Table 8 What is your biggest worry about the COVID-19 crisis?**

Worries	Vulnerable HH	Not vulnerable	Lowest wealth	Highest wealth	Total
My health and that of my loved ones	45.8%	<b>71.8%</b>	44.3%	<b>62.1%</b>	50.0%
Lack of money or food	<b>47.7%</b>	26.8%	<b>50.9%</b>	29.9%	44.3%
Growing unsafety or unrest	.3%	0.0%	.9%	1.1%	.2%
Negative effects on the national economy	<b>5.2%</b>	0.0%	1.9%	<b>6.9%</b>	4.3%
I am not worried	1.1%	1.4%	1.9%	0.0%	1.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

### Households' needs and suggestions to improve livelihoods

The results in this chapter showed households have felt the impact of the COVID-19 crisis on their livelihoods. To understand the needs of households, we asked the participants to provide up to two suggestions/measures which they felt would support livelihoods for themselves or for others. To this open-ended question, a total of 620 answers were provided by all households.<sup>91</sup>

<sup>90</sup> Ayako, Ebata, Philip Mader, and Gerald Bloom. 2020. *IDS*. 23 March. <https://www.ids.ac.uk/opinions/precarious-and-informal-work-exacerbates-spread-of-coronavirus>

<sup>91</sup> The responses were coded as follows: **Food related** - government to provide food support including rice, give food aid to those in need because the farms did not give good yields, etc.; **Different types of financial/cash support for households** - including the continuation of the government subsidy for households; **Improve basic services** - mostly water, electricity and road; **Support farmers with agricultural and other inputs** - with fishing equipment, agricultural equipment, etc.; **Provide credit and loan related support to MSMEs**; **Improve market access**, including establishing local markets; **Support specifically aimed at target groups** (disabilities, youth, elders, widows, orphanage, rural people mostly in financial and food forms for themselves or others); **Improve labour market** (create jobs, better salaries); **Support with materials to build houses** to the poor; **Political stability and peace**; **Border, movement restriction and social distancing** related; Other; None, don't know.

The total proportion of suggestions of livelihood measures are shown in Figure 31 below. The most frequently mentioned measure was **to provide financial support to households (20 percent)** followed by **food support (16.8 percent)** and various targeted support and programmes for vulnerable groups (16.6 percent). In a similar COVID-19 telephone survey conducted by DFAT, the Asia Foundation and Orima Research reported 35 percent of the respondents thought ‘the government should provide more cash to households’ whereas only three percent said food support should be provided.<sup>92</sup>

Breaking down the suggested measures by household characteristics shows that the preferences are significantly different between the lowest and highest wealth quintiles; Dili and other municipalities, overall vulnerability, female and male-headed households and between households that have or do not have an informal worker member. The differences are shown in detail in Table 9.

Measures including ‘improve basic services and infrastructure’ (especially water and electricity), ‘provide building materials for the house’, and ‘provide support aimed at target groups’ were mentioned as more important among vulnerable households, lowest wealth quintiles and in municipalities outside Dili. Whereas measures such as credit and loan support, and improving the continued prevention of COVID-19 transmission, were mentioned as important more often among the highest wealth quintile and non-vulnerable households.

Figure 31 Percentage of suggestions on livelihood measures (n=620 responses, total=100%)

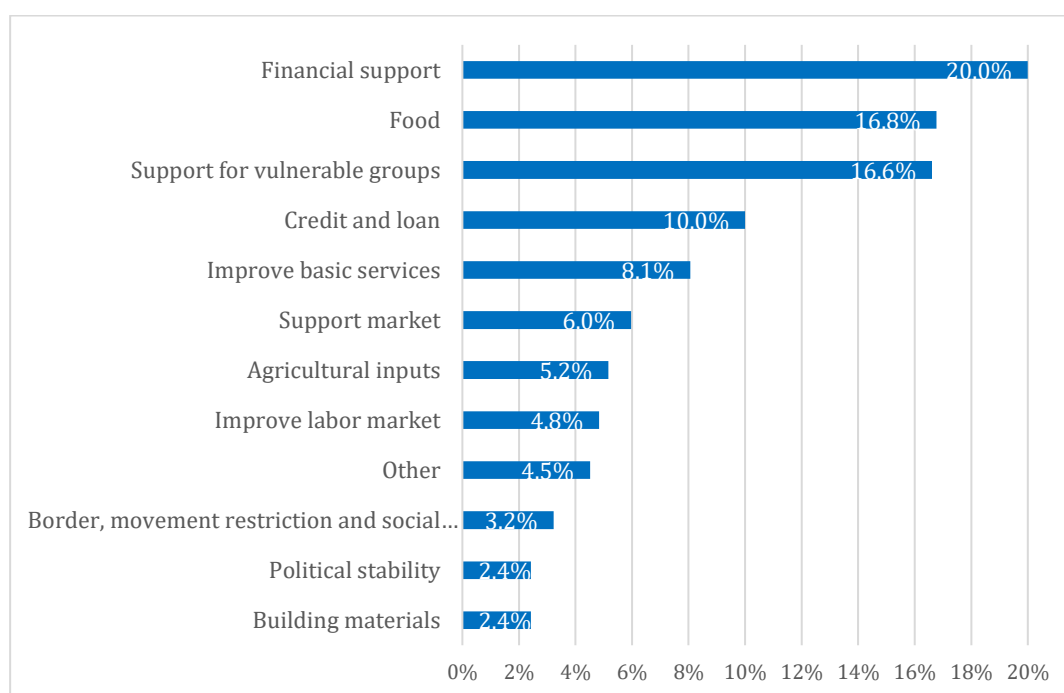


Table 9 Proposed livelihood supporting measures by vulnerabilities, location and wealth quintile

Suggest measures	Overall vulnerability		Wealth quintile		Household head		Informal worker		Location	
	Yes	No	Lowest	Highest	Female	Male	Yes	No	Others	Dili
Food support	29.8%	27.4%	32.1%	29.8%	35.8%*	28.3%	32.8%	21.6%	23.4%	33.6%*
Credit and loan	16.5%	24.0%*	17.5%	31.1%*	16.6%	17.6%	19.3%	15.5%	15.5%	18.7%
Financial support	35.3%*	28.0%	14.0%	22.4%	23.4%	36.3%*	34.8%	33.5%	25.3%	38.0%*
Agricultural and other inputs	11.0%*	4.5%	18.1%*	0.0%	1.4%	12.6%*	10.1%	11.5%	18.7%	6.9%

<sup>92</sup> DFAT, TAF and Orima. May 2020. Timor-Leste COVID-19 Survey Wave 1.

Suggest measures	Overall vulnerability		Wealth quintile		Household head		Informal worker		Location	
	Yes	No	Lowest	Highest	Female	Male	Yes	No	Others	Dili
Improve market access	10.0%	11.2%	<b>20.3%*</b>	7.1%	4.4%	<b>12.4%*</b>	26.9%	<b>36.7%*</b>	30.1%	29.5%
Improve basic services	<b>15.5%*</b>	9.2%	<b>29.5%*</b>	9.8%	<b>20.5%*</b>	12.9%	12.6%	<b>17.1%*</b>	<b>23.2%*</b>	9.9%
Support aimed at target groups	<b>31.8%*</b>	21.8%	23.5%	30.9%	<b>62.9%*</b>	22.4%	26.9%	<b>36.7%*</b>	30.1%	29.5%
Improve labour market (jobs)	8.7%	<b>13.2%*</b>	3.2%	<b>19.2%*</b>	6.2%	9.7%	8.1%	9.9%	3.4%	12.4%
Building materials for the house	<b>4.5%*</b>	0.0%	<b>17.7%*</b>	0.0%	2.9%	4.3%	4.5%	3.2%	<b>9.1%*</b>	1.5%
Political stability and peace	4.1%	5.1%	3.2%	3.5%	0.0%	5.8%	5.3%	2.9%	4.2%	4.4%
COVID-19 control	3.7%	<b>18.3%*</b>	4.3%	<b>11.4%*</b>	0.0%	6.9%	4.0%	8.9%	4.8%	<b>6.0%*</b>
Other	9.7%	7.1%	6.6%	15.5%	9.1%	9.4%	10.0%	8.3%	10.3%	8.8%
None, don't know	19.4%	30.2%	10.0%	19.3%	16.8%	21.6%	18.4%	26.3%	14.1%	23.6%

\*  $p < 0.05$

## 4.2 Impact on employment

The COVID-19 pandemic, in combination with the mitigating actions taken by national governments, has plunged the global economy into an unprecedented economic crisis, with severe consequences for national labour markets. In a matter of weeks, unemployment jumped to extremely high levels and those that were able to keep their employment were in many ways affected by the pandemic and its likely economic impact; turndown, recession or even depression. In this section, a preliminary analysis was made on how the COVID-19 crisis affected the employment situation of the survey sample population.<sup>93</sup>

According to the survey results, the proportion of those in employment<sup>94</sup> was 25.8 percent (30.6 percent for males against 21.0 percent for females). The percentage of persons in the labour force who were unemployed was found to be 38.2 percent (almost the same for both sexes, 37.6 percent for males and 39 percent for females) which is extremely high. It is important to note that the percentage of persons in the labour force who are unemployed is actually considerably higher than the percentage of employed persons among the survey population 15 – 64 years old. The participation rate<sup>95</sup> was found to be 41.6 percent (with rates for men at 49 percent against 34.4 percent for women), reflecting the pre-COVID context of more women than men not economically active.

**Table 10 Employment status/indicators of the survey population 15 - 64 years, by sex (n=1724)**

	Male	Female	Total
% of HH members employed	30.6	21.0	25.8
% of HH members in the labour force who are unemployed	37.6	39.0	38.2
% of HH members' participation	49.0	34.4	41.6

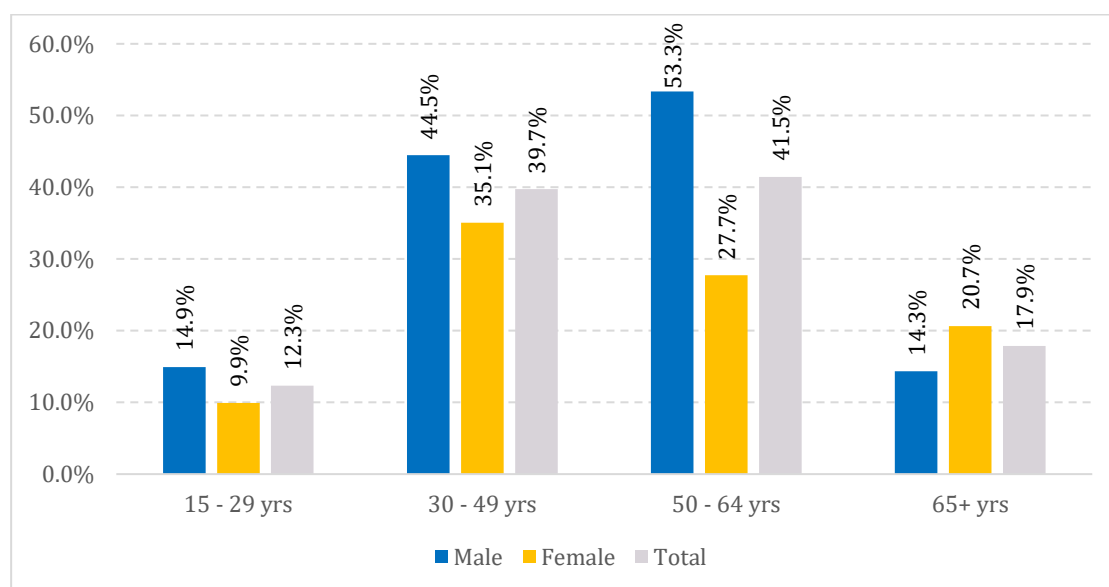
<sup>93</sup> The survey is not representative at the national level, or even of the municipalities where the survey took place, so no inference can be made about the national or municipal levels of employment and unemployment. Because of the nature of the sampling, the figures only represent estimates for the *sucos* that were selected in the sample.

<sup>94</sup> Employment is measured as the percentage of the total population aged 15-64 working at least one hour during the week before the interview (table 10.).

<sup>95</sup> Persons employed and unemployed as a percentage of the population aged between 15 and 64 years of age.

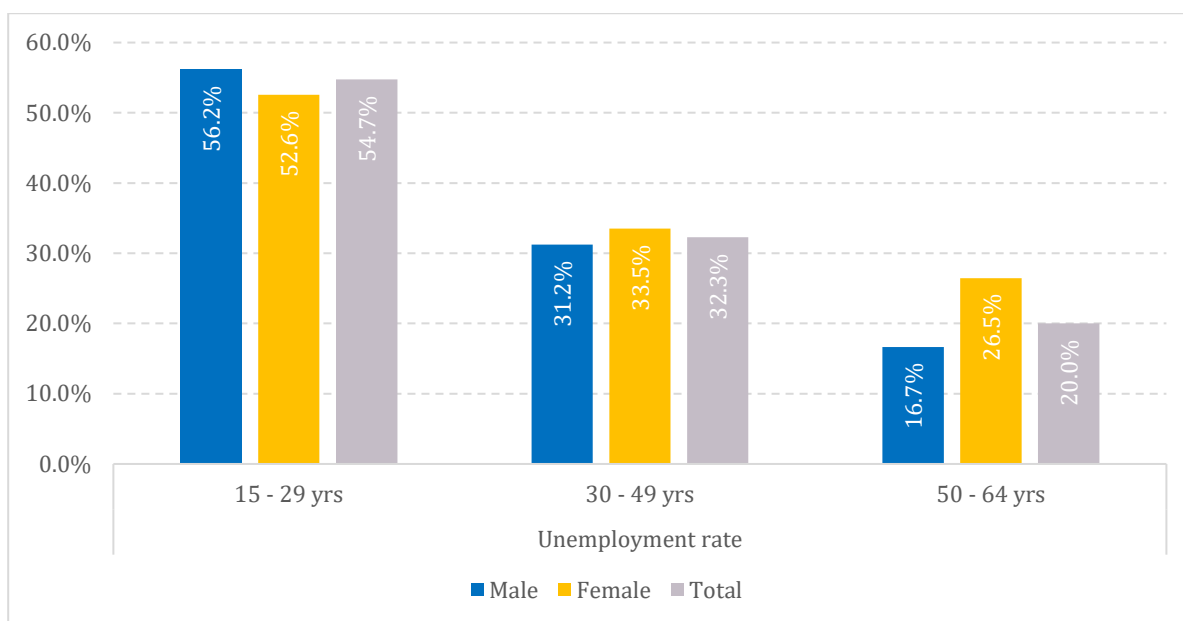
Figure 32 shows the percentage of employment for broad age groups by gender during the week before the interview. As many people in Timor-Leste remain economically active after the age of 65, employment percentages are also depicted for people older than 65. The employment percentages for both sexes is not higher than 50 percent in any of the age groups. Employment among young people is particularly low. Only 12.3 percent of persons aged between 15 and 29 were at work during the week before the interview. The employment percentage for older persons (65+) is higher (by 5.6 percent) than among younger persons. Clear differences between men and women can be observed in the age groups 30-49 and especially 50-64. Between age 50 and 64, employment percentages for males are almost double those for females (53.3 percent against 27.7 percent).

Figure 32 Employment rates population 15 years of age and older, by sex and broad age groups



Youth unemployment is extremely high (Figure 33) among the surveyed household members. Unemployment among young people below the age of 30 is currently 54.7 percent in the study areas. Differences between young men and young women, as in the other age groups, seem to be minimal. Between the age of 30 and 49, the unemployment is slightly higher than 30 percent. Although still substantial, unemployment among the oldest group aged between 50 and 64 is considerably lower. Total unemployment in this age group stands at 20 percent, with women scoring worse than men (26.5 percent for women against 16.7 percent for men).

**Figure 33 Unemployment status of the population 15 years of age and older, by sex and broad age groups, SEIA 2020**



People living with a disability usually have difficulty finding proper employment in the labour market. Among the working age population (15 to 64-year-olds), 83.0 percent of persons living with a disability are not economically active, compared to 57.8 percent of non-disabled persons. A small difference was noted between men and women living with a disability in terms of being non-active in the labour market. Only 16.5 percent of men living with a disability and 17.4 percent of women with a disability were employed during the week of the interview (Table 11). The same difference is much larger between non-disabled males and females (30.8 percent for males and 21.2 percent for females).

**Table 11 Percentage distribution of activity status, population 15 – 64 years of age by disability and sex (n=1724)**

Sex	Activity status	Non-disabled	Disabled	Total
Male	Employed	30.8%	16.5%	30.5%
	Unemployed	18.8%	0.0%	18.4%
	Non-Active	50.4%	83.5%	51.1%
Female	Employed	21.2%	17.4%	21.1%
	Unemployed	13.8%	0.0%	13.4%
	Non-Active	65.0%	82.6%	65.5%
Total	Employed	26.0%	17.0%	25.7%
	Unemployed	16.3%	0.0%	15.8%
	Non-Active	57.8%	83.0%	58.4%

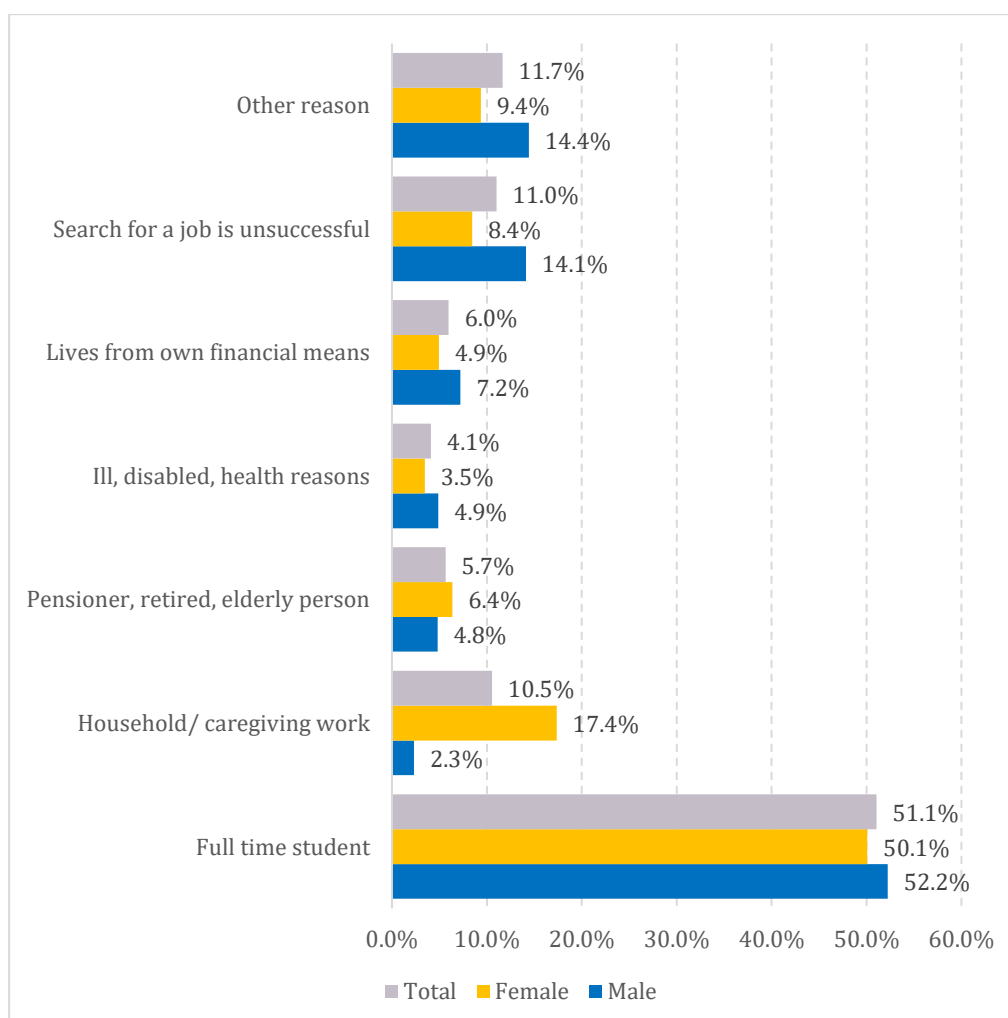
Economic inactivity<sup>96</sup> in the study area was found to be high, as 73.2 percent of all persons ten years of age and older were inactive. Among the population between 15 and 64 years, this was 58.4 percent. The inactivity rate was found to be much higher for females (65.5 percent) than for males (51.1 percent). In the survey there is no direct indication what the reason for this low degree of participation in the labour force may be. A possible explanation could be that, at the time of the interview, people

<sup>96</sup> The inactivity rate is the proportion of the working-age population that is not in the labour force per ILO definition.

worked as subsistence farmers, which could explain why only about 36 percent of households indicate they were engaged in agriculture during the last 12 months. For instance, it is not uncommon in agricultural censuses to undercount small production agricultural units,<sup>97</sup> as there is a tendency to confuse agricultural production and domestic chores.

Figure 34 shows the reason for inactivity among all persons aged ten and older in the survey by sex. Among all economically inactive persons, slightly more than half are inactive as they are full-time students. This percentage is about the same for men and women. An important group of economically inactive persons (11 percent) consists of those who were unsuccessful in the search for work, indicated by 14.1 percent of men and 8.4 percent of women. For women, household work and providing care to other household members is an important reason for not being economically active (17.4 percent). The fact that only 2.3 percent of men are economically inactive because of household work/caregiving, shows that the responsibility for domestic work is still considered a woman’s duty. About four percent of people reported being ill, living with a disability or general health reasons as to why they were outside the labour force. About 5.7 percent are inactive because they are retired and another 6.0 percent do not work because they live from their own financial means. Other reasons were mentioned by 11.7 percent of all economically inactive persons.

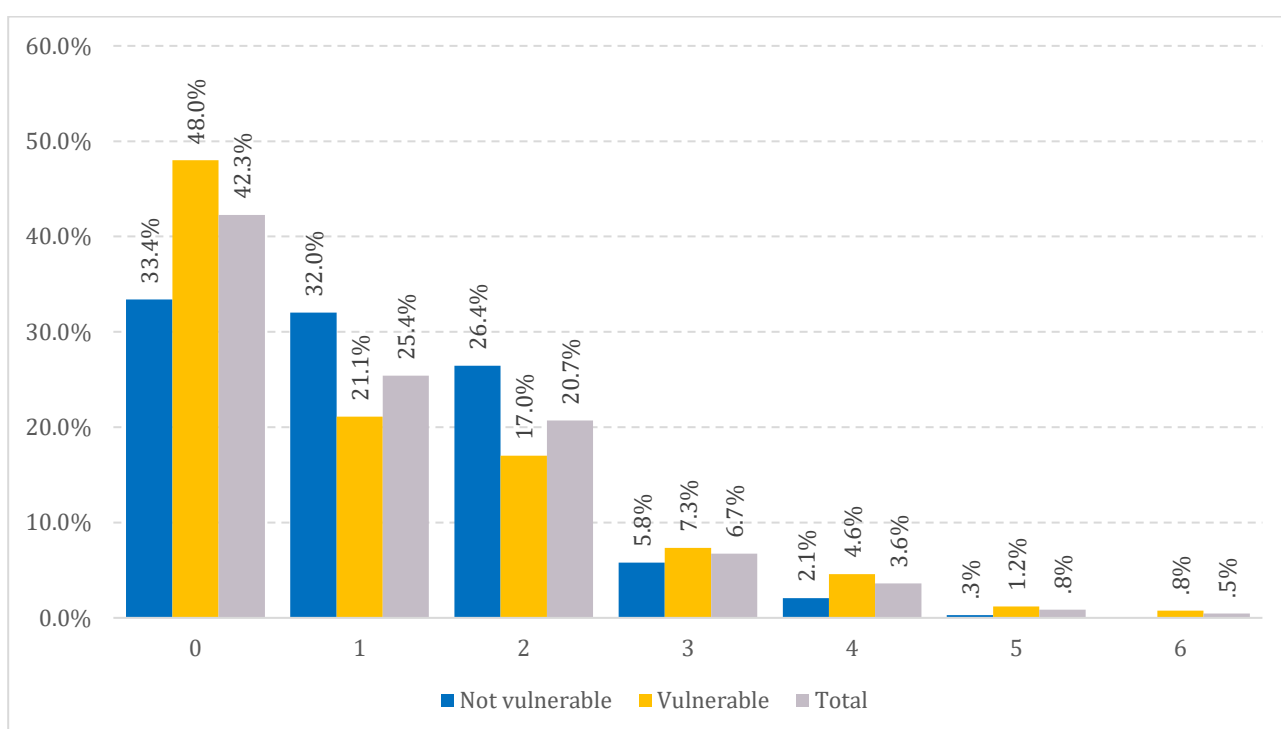
Figure 34 Reason for inactivity by gender for all persons 10 years of age and older



<sup>97</sup> See: <http://www.fao.org/3/x2919e/x2919e05.htm>

An important indicator to evaluate a household’s economic position is the number of members who are employed. Figure 35 shows that **42.3 percent of all households in the survey did not have a single member who had worked for an hour or more during the week before the survey**. A division was made between vulnerable households and non-vulnerable households. As before, vulnerable households are defined as those with at least one member belonging to the vulnerable groups defined in Chapter 2 (excluding persons working in the informal sector). Almost half of all vulnerable households did not have a single employed member, compared to one third of non-vulnerable households. The percentage with one or two employed members was considerably higher among non-vulnerable households (32 percent and 26.4 percent) than among vulnerable households (21.1 percent and 17 percent), respectively. A small proportion of households have more than 2 working members.

Figure 35 Number of persons employed per household, by vulnerability status



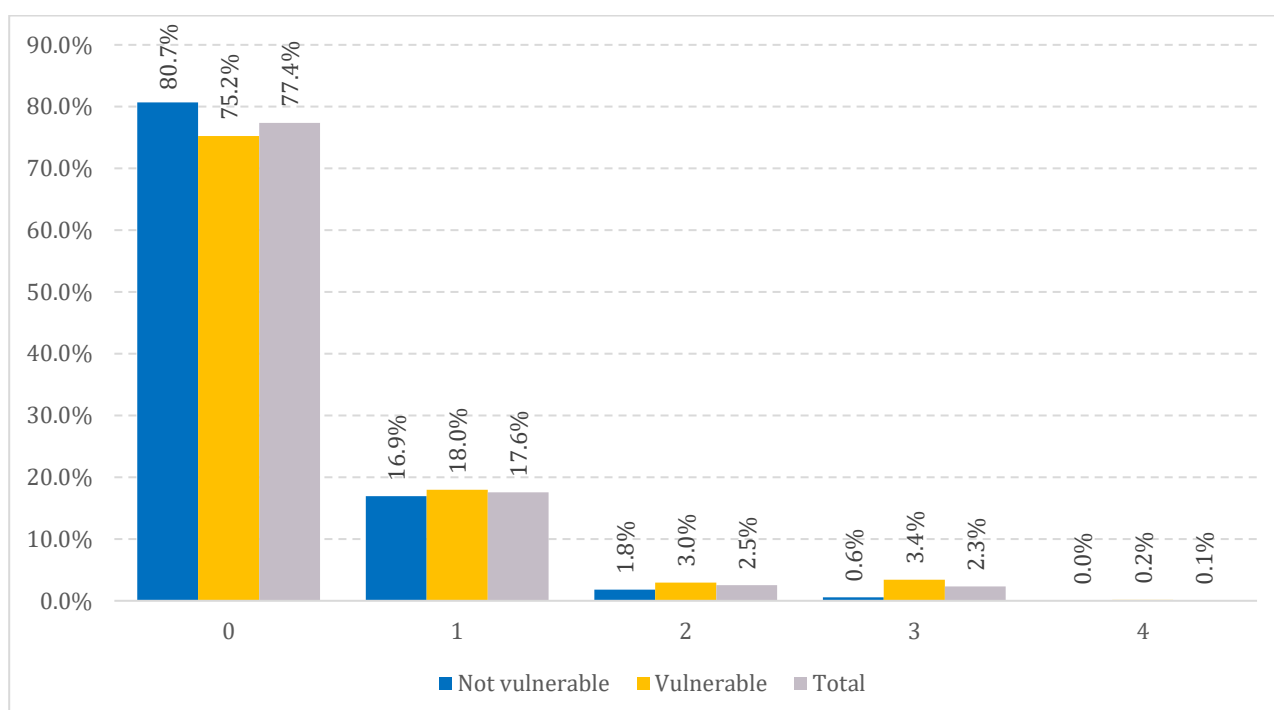
The same analysis was done to see if vulnerable households would have more unemployed members than non-vulnerable households (no figure shown). This was only found to be the case to a limited extent. The percentage of vulnerable and non-vulnerable households with one or two unemployed members was virtually the same. The only real difference occurred among households with three unemployed members; 4.9 percent of all vulnerable households had three unemployed members, against zero for non-vulnerable households.

All persons who did not work during the week before the interview were asked whether they had lost their job because of the COVID-19 crisis. In total, out of 1,714 persons ten years of age and older who did not have any employment at the time of the survey, 135 had lost their work as a direct consequence of the crisis. In the survey, 476 were observed as being employed. This means that **about 22 percent of all persons employed lost their work due to COVID-19**. No notable differences were observed between males and females (22 percent and 22.2 percent respectively). To measure the

impact of job loss on households, the number of members who lost their job were calculated for each household. The results of this analysis are presented in Figure 36.

In the graph, a distinction is made between vulnerable and non-vulnerable households. **In 77.4 percent of all households, no household members lost their employment because of the COVID-19 pandemic**, in 17.6 percent of households one member lost his/her job. In about five percent of households, two or more members lost their work; 2.5 percent of households had two members becoming unemployed and 2.3 percent had three members becoming unemployed. The graph shows that little difference exists between vulnerable and non-vulnerable households in terms of job loss. This indicates that the employment crisis hit all sections of society.

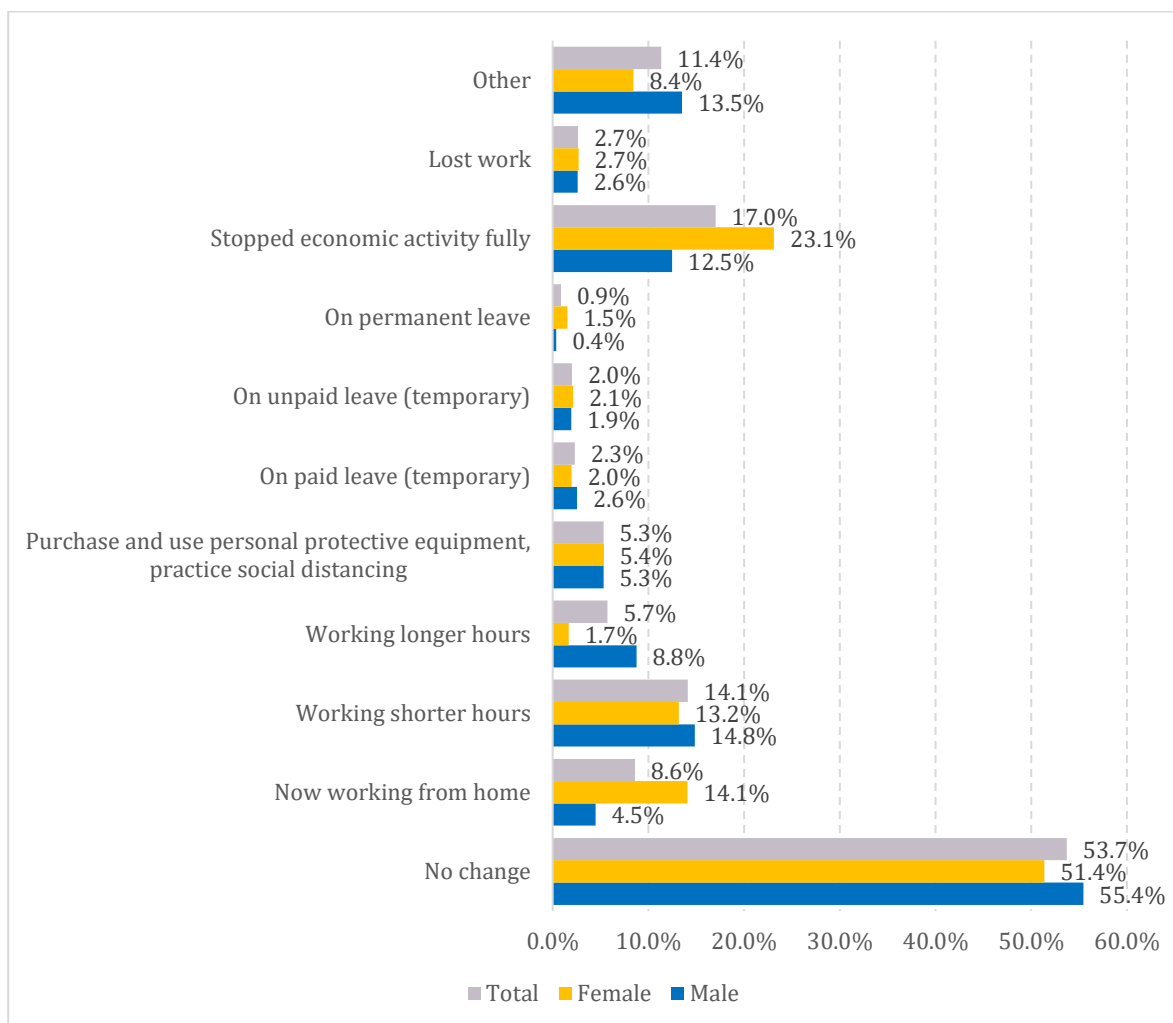
**Figure 36** Number of persons who lost their job because of COVID-19 per household, by vulnerability status



Being able to keep one’s job does not necessarily mean that everything remained the same with workers’ conditions. In the survey, all persons who had worked for one hour or more during the week before the interview were asked whether there had been any changes to their economic activity or work as a result of COVID-19 and if so, what these changes had been. Figure 37 shows that **almost 50 percent of all employed people had experienced changes in their work because of the COVID-19 crisis**. The most important change was that for **17 percent of all working persons in the survey, all economic activity had stopped completely. Men encountered this change less frequently than women** (12.5 percent versus 23.1 percent respectively). Secondly, 14.1 percent of all workers had their working hours cut. No real difference was observed between men and women. Other changes that were observed are working from home (8.6 percent), placed on temporary paid leave (2.3 percent) or on temporary unpaid leave (2 percent). The purchase and use of PPE and practicing social distancing was only applied in 5.3 percent of all cases. It should not come as a surprise that 5.7 percent of employed persons were confronted with longer working hours, since for some professions (doctors, nurses, pharmacists, etc.), the COVID-19 crisis has resulted in considerably more work and responsibilities causing longer working hours.

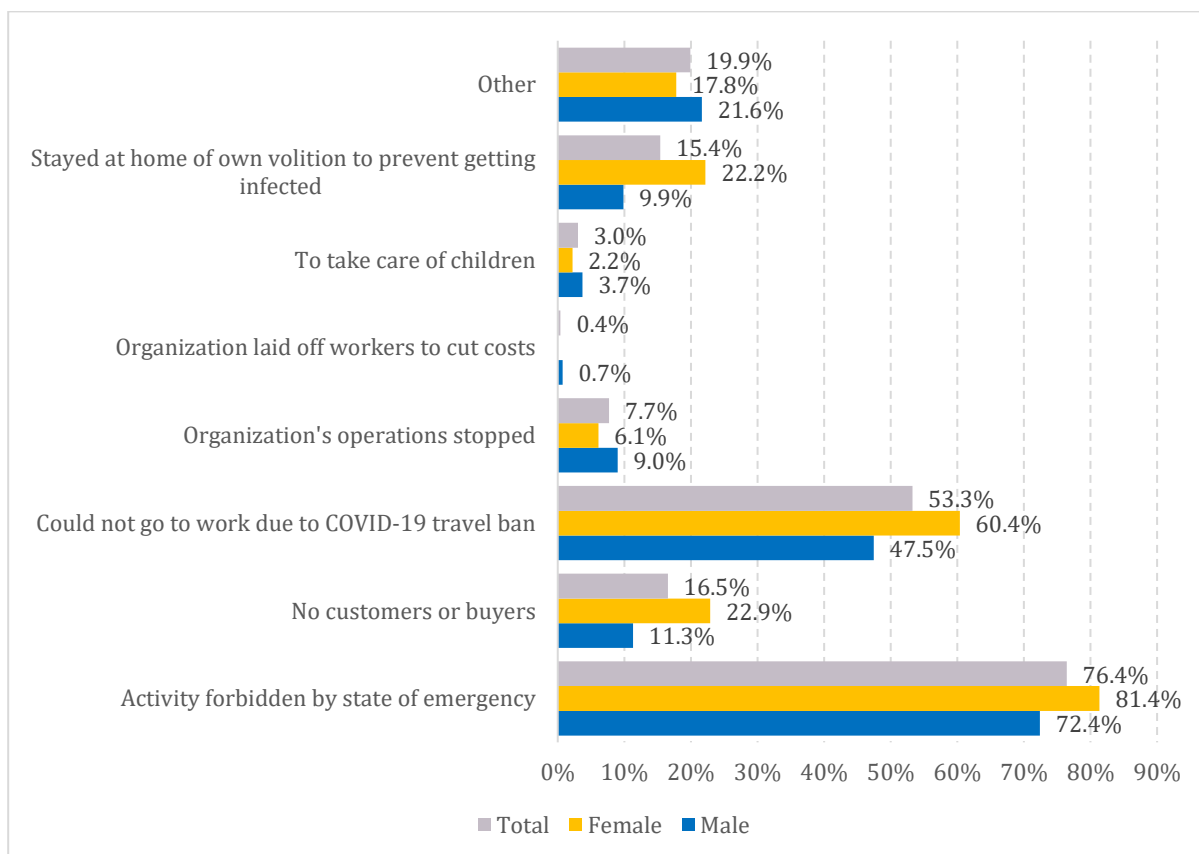


Figure 37 Employed persons by type of change in work conditions by sex



Next to the type of change, respondents who worked during the week before the survey were asked what the reasons for these changes were. The most important reason, mentioned by about three quarters of all respondents, was because of the SoE forbidding certain activities (Figure 38). Another important reason for the change in work pattern was that they could not go to work because of the travel ban. This was indicated by 53.3 percent of all respondents. These two most important reasons were mentioned somewhat more frequently by women than by men. Among those who reported activity forbidden by SoE the significant groups were those working in kiosk/small trading (24.8 percent), government salaried work (20.4 percent) and other salaried work (15 percent). Clarity of information regarding which activities the SoE forbade is important to avoid misinterpretation among citizens. Three other reasons, besides ‘other’ were mentioned: no customers or buyers (16.5 percent), stayed at home of their own volition to prevent getting infected (15.4 percent), to take care of children (3 percent) and organizations’ operations stopped (7.7 percent).

Figure 38 Employed persons by reason for change in work pattern by sex



### 4.3 Impact on food security

As part of this SEIA, the impact of the COVID-19 SoE on food security was obtained using modified versions of questions used in the Food Insecurity Experience Scale,<sup>98</sup> excluding 'Don't know' and 'Don't want to respond' options. It should be noted this could have induced a bias and underestimated the food insecurity prevalence rate and the questions relate to prevalence of food insecurity of the last 30 days only, whether it is due to COVID-19 or to other parameters.

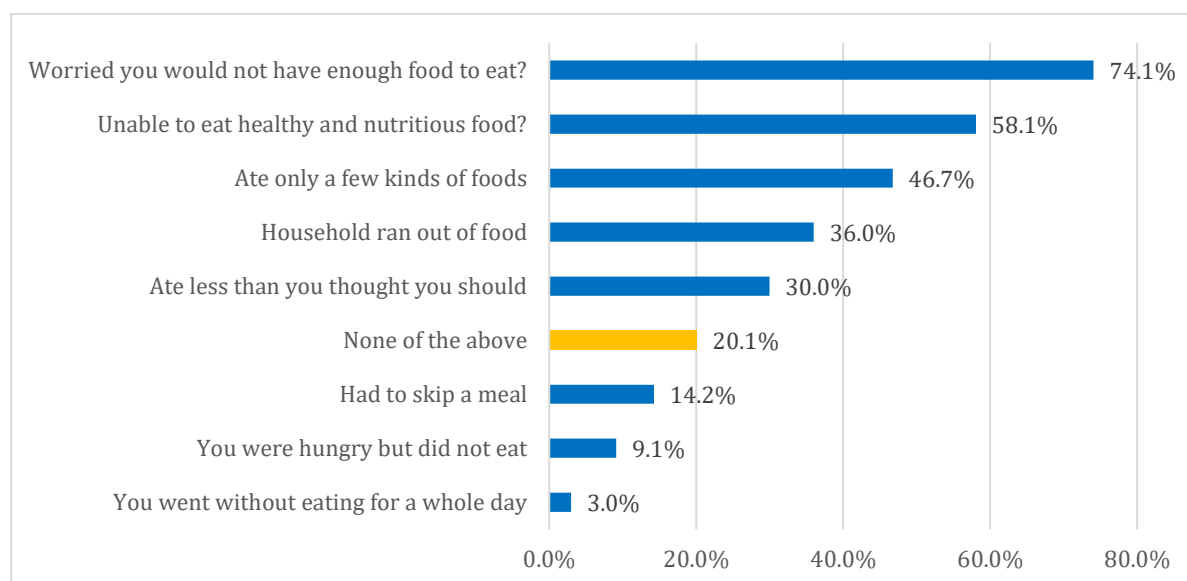
Overall, **79.9 percent of the households had at least one type of food security related difficulty in the month before the SEIA data collection** in late June and early July 2020 (Figure 39). The most common concern voiced by households was the 'worry about not having enough food to eat' (74.1 percent). One female single household head told us, "I first heard about COVID in March on Facebook. It made me feel very concerned, particularly about the government restrictions and not being allowed to go to the market to get food. If there is no food, we need to do everything to get food."

**Results show that 37.6 percent of the participating households were affected by moderate or severe food insecurity.** This corresponds to individuals living in households where at least one household member has likely been forced at times during the last month, to reduce the quality of their diet due to lack of money or other resources. The Figure includes the 1.4 percent estimated to be affected by

<sup>98</sup> It is an experience-based metric of severity of food insecurity that relies on people's direct responses to eight questions regarding their access to adequate food. The analysis of FIES data using the methods developed by FAO produces estimates of the proportion of the population facing food insecurity at different levels of severity that can be made internationally comparable. It is also used globally to measure progress towards the SDG target 2.1.

severe food insecurity, which represents household members who have almost certainly reduced the quantity of food consumed.

**Figure 39 Food consumption coping strategies used by households**



The SEIA results did not show significant difference in food security between vulnerable and non-vulnerable households, households in Dili and other municipalities, female and male-headed households and households with or without agricultural activities. However, there were clear differences based on the wealth quintile of the households with regards to questions on ‘had to skip a meal’, ‘household ran out of food’ and households that did not have any of the food consumption concerns and difficulties (Table 12).

**Table 12 Percentage of participants reporting Yes to the food security questions**

Food security related questions	Other municipalities	Dili	Not vulnerable	Vulnerable	Lowest quintile	Highest quintile
Worried you would not have enough food to eat?	71.3%	75.7%	69.0%	77.4%	79.2%	72.2%
Unable to eat healthy and nutritious food?	53.7%	60.6%	54.0%	60.7%	63.5%	51.3%
Ate only a few kinds of foods	40.3%	50.5%	44.0%	48.5%	47.9%	38.9%
Had to skip a meal	14.2%	14.3%	12.7%	15.3%	<b>21.4%*</b>	<b>7.9%*</b>
Ate less than you thought you should	32.2%	28.6%	32.5%	28.3%	40.2%	33.8%
Household ran out of food	36.0%	36.0%	34.3%	37.1%	<b>42.8%*</b>	<b>22.3%*</b>
You were hungry but did not eat	10.2%	8.5%	4.8%	11.9%	14.1%	5.1%
You went without eating for a whole day	2.9%	3.0%	2.7%	3.2%	4.8%	3.4%
None of the above	20.5%	19.8%	25.9%	16.3%	<b>14.4%*</b>	<b>26.5%*</b>

\* $p < 0.05$

We looked at which households in our sample experienced more food insecurity. Among the 158 households who reported ‘household ran out of food’, 79.5 percent were vulnerable households. A total of 27 households had ‘run out of food’, ‘were hungry but did not eat’ and ‘went without eating

for a whole day'; 25 of them were vulnerable households and 20 were in the two lowest wealth quintiles.

Timor-Leste's food security profile suggests that food insecurity is often related to important problems of accessibility to food rather than food shortage or hunger, which is also consistent with the SEIA results. As presented in Chapter 4.1 of this report, the SEIA found one of the important impacts of the SoE on households was lack of access to markets to buy and sell food (32 percent). A 32-year-old woman from the community told us, "We used to have fish because my father and brothers normally go fishing. I love fish. But during that time [SoE] we didn't eat fish because my family wanted to go fishing but the police forbid them to do so. Instead we ate moringa, corn and papaya and only meat sometimes like chicken."

Given that Timor-Leste is highly vulnerable to global food price volatility (with approximately 40 percent of cereals imported and a strong reliance on food imports to offset domestic production deficits),<sup>99</sup> food prices have been monitored with support from the WFP. According to the monitoring conducted as of late June, 'among the 104 responses from retailers, 70 percent replied that staple food prices remained the same while 23 percent experienced the increase. It was mostly in Oecusse as the higher transport fees primarily influence the commodity prices, and shipping fees were reportedly increased.'<sup>100</sup>

#### 4.4 Impact on domestic work and childcare

With schools closed, food supply chains interrupted, and the possibility of family members becoming sick, the COVID-19 pandemic can be expected to increase domestic and unpaid care work, female unpaid labour and time poverty. Women and girls in Timor-Leste typically carry the responsibilities of domestic work and unpaid care work, including child and elder care, meal preparation, keeping the home clean, washing clothes and collecting water where taps or wells are communal.

The national emergency of COVID-19 had an impact on communities' domestic work and childcare responsibilities. Qualitative monitoring by the NGO Working Women's Centre Timor-Leste showed that a significant portion of their 200 members employed as domestic workers had reduced hours or had to stop completely due to the SoE movement restrictions or their employers' inability to continue to pay them. We asked the 2,169 household members aged over ten years of age if there have been any changes in the members' amount of time spent in six types of activities since the national emergency. The results show a disproportionate increase in women's time spent on domestic work compared to that of men.

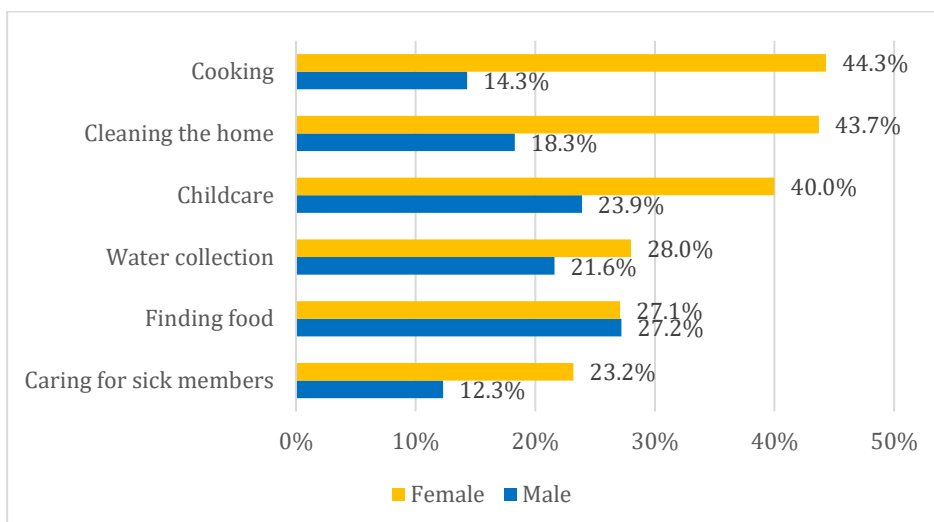
- 72 percent of men and 57 percent of women indicated there was no change at all.
- 34 percent of women compared with only 20 percent of men indicated they spent more time in one or more of the six activities.
- There was a difference (statistically significant  $p < 0.05$ ) between men and women especially on cooking, cleaning the home, childcare and caring for sick members.

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<sup>99</sup> FAO and European Union. Food Security and Nutrition Policy Effectiveness Analysis Briefing note #1 - Situation, drivers, trends and emerging issues in Timor-Leste

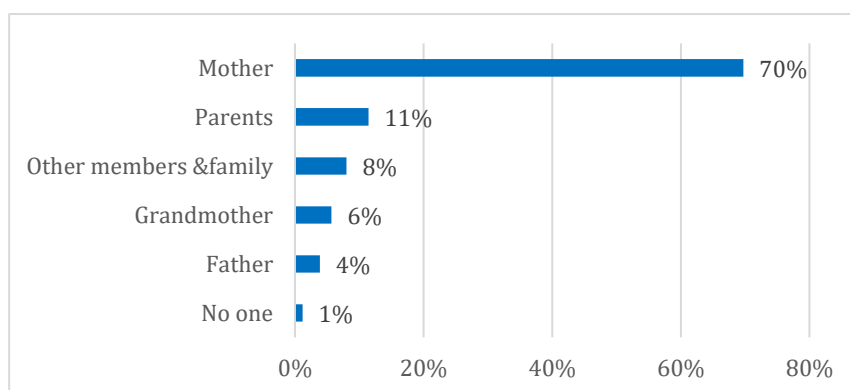
<sup>100</sup> WFP, MAF, GDS, UNDP, and FAO, collected food and NFI prices from 54 retailers and 31 fuel stations in eleven municipalities (Aileu, Ainaro, Covalima, Dili, Ermera, Liquica, Manatuto, Manufahi, Baucau, Bobonaro, and Oecusse).

**Figure 40 More time spent in domestic work (n=2169)**



Eighty-three percent of the households indicated there was an increased responsibility on childcare. Overwhelmingly, mothers were identified as the primary caregiver for children during the emergency, which impacts women’s ability to maintain or seek livelihood opportunities. While 11 percent of households identified both parents as primary caregivers, it is concerning that fathers were identified as the primary caregiver by only four percent of households, which suggests the pandemic might reinforce gender norms that place the expectation on women to take on the role of caregiver and refrain from expecting fathers to do so. There was no significant difference based on the location (Dili or other municipalities), wealth quintile and vulnerability types of the household.

**Figure 41 Primary childcare in the household during the Emergency**



#### 4.5 Impact on access to health services

During the national emergency, as a result of measures to contain and mitigate COVID-19 transmission, healthcare resources and attention shifted to the pandemic response, and created a risk of interrupting other basic healthcare services. As cautioned in a WHO guideline, ‘during an epidemic, even a temporary interruption of basic healthcare delivery such as routine immunization services may lead to secondary health crises such as measles outbreaks during or after the recovery phase, amplifying the economic damage of the epidemic and exacerbating morbidity and mortality’.<sup>101</sup> In this section, questions are asked about people’s access to health services during the COVID-19 emergency

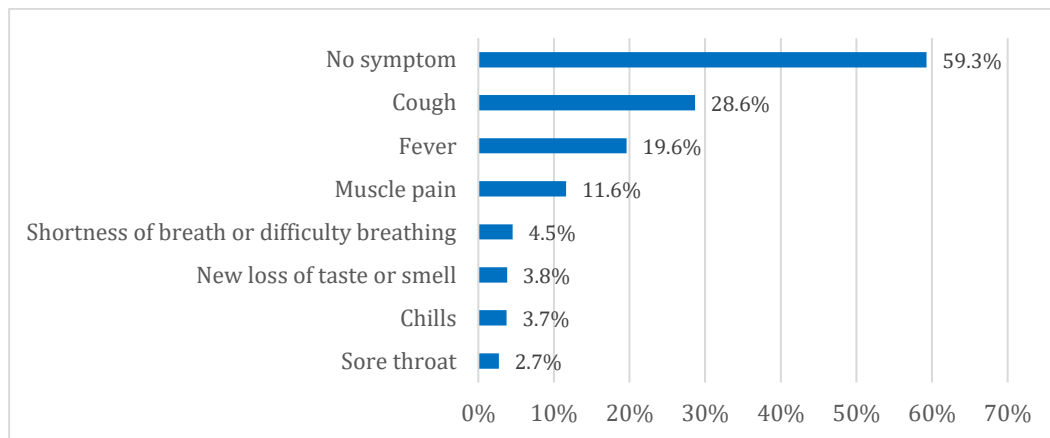
<sup>101</sup> WHO. 2020. *Routine immunization services during the COVID-19 pandemic*. Guideline note, WHO Western Pacific Region.

to find out if groups are being left behind in terms of health services accessibility and the reasons for this if so.

### COVID-19 related symptoms and personal prevention

We asked if households had members who have COVID-19-related symptoms, to obtain an indication regarding unreported cases based among the survey households. In total, 40 percent of the households said they experienced at least one of the seven symptoms in the last two months before the interview while 60 percent had not. The figure below shows the frequency of symptoms reported.

Figure 42 Percentage of those reported a symptom (n=437)



When comparing by different groups of households:

- Slightly more people in other municipalities were reporting having experienced a symptom compared to Dili (although the difference was not statistically significant).
- There was no significant difference between highest and lowest wealth quintiles, different types of vulnerabilities such as female-headed households, except for households with older persons.
- More households with older persons reported a symptom (54 percent) than households with no older persons (34 percent). The symptoms where households with older persons were higher included coughing, muscle pain, fever and shortness of breath/difficulty breathing.

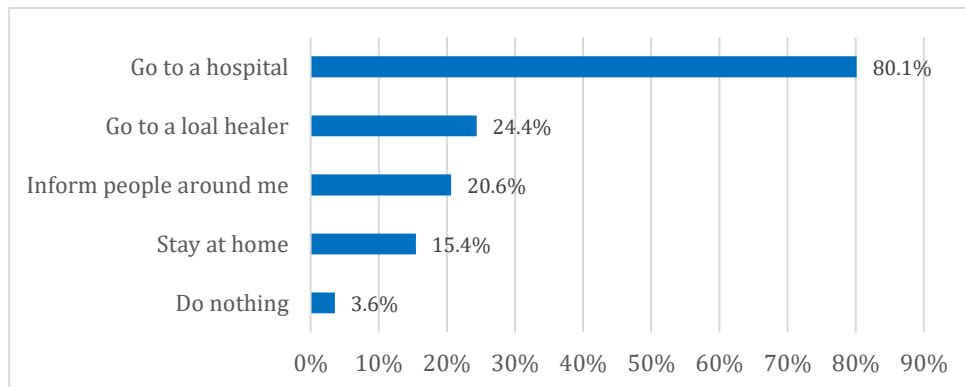
It is important for the public to know what to do if they show symptoms of COVID-19. This will help to prevent panic/anxiety, burdening health facilities and help citizens in taking urgent and correct measures. Thus, the study asked what would the participant do if they found themselves having symptoms of sickness. Figure 43 shows what the participants would do in case they have a COVID-19 symptom and **the majority (80.1 percent) of the participants said they will go to a hospital**, regardless of which municipality they come from. Similarly, the COVID-19 survey conducted by DFAT, TAF and Orima Research in May 2020 found 93 percent of the respondents said they would go to hospital if they had symptoms.<sup>102</sup> However, the SEIA finding was not consistent with the latter survey regarding other actions. The proportion of respondents saying ‘I’ll inform people around me and stay at home’ were significantly lower in the SEIA (20.6 percent and 15.4 percent respectively) than the COVID-19

<sup>102</sup> DFAT, TAF and Orima. 2020. Timor-Leste COVID-19 Survey Wave 1.

survey results (91 percent and 84 percent respectively).<sup>103</sup> This difference could be due to the way the survey question was asked<sup>104</sup> or due to differences in sampling characteristics in SEIA's *aldeias*.

Noting that municipality data is indicative only, the other responses differed slightly by municipalities. For example, among those who said 'go to a local healer', Oecusse had the highest proportion (45 percent); among 'stay at home', Baucau recorded the highest (45 percent); in Oecusse 38.5 percent said they will 'inform people around me', whereas only 1.6 percent chose this answer option in Bobonaro. Among the participants in Dili, 5.3 percent said 'Do nothing' which is higher compared to other municipalities.

**Figure 43 What would you do if you find yourself having a COVID-19 symptom?**

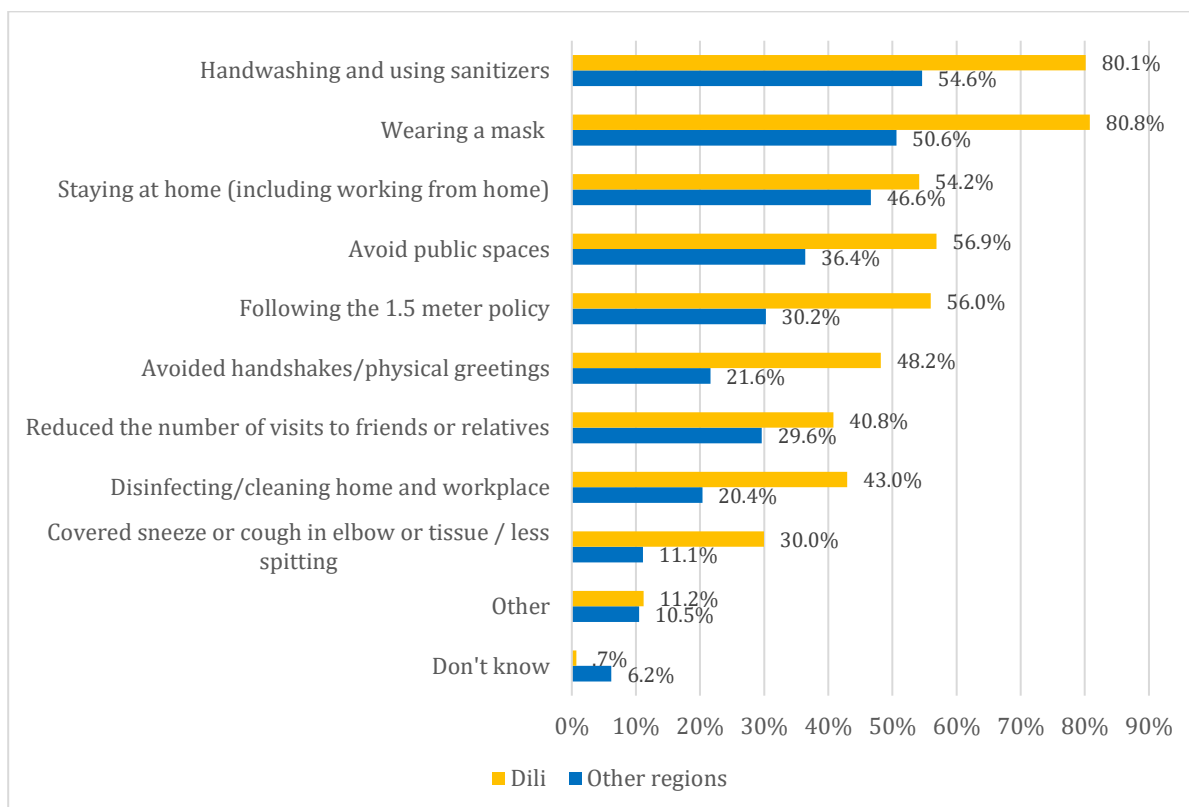


To assess what personal prevention methods the participants have been taking, the study asked them to indicate the measures used. The **most common overall were washing hands with soap and water, using sanitizer (70.7 percent) and wearing a mask (69.6 percent)**. Among the 47 participants who mentioned different answer options, 16 said they took food related measures (e.g. using palm wine, consuming bitter food such as ginger, turmeric and lemon, and cleaning food before eating), 5 participants could not afford PPEs, 5 had been praying and conducting traditional rituals whilst another 4 had been using traditional herbs and medicine.

It can be seen from Figure 44 that there is a clear difference between Dili and other regions. More participants in Dili used different methods. A key informant health sector representative in Dili cautioned, especially in the case of remote areas, "when people don't even have water and soap, it is useless to say to wash your hands."

<sup>103</sup> *ibid.*

<sup>104</sup> In the SEIA to avoid *social desirability bias*, the interviewers did not read the answers out loud

**Figure 44 Methods used by participants to prevent transmission of COVID-19**

The same COVID-19 telephone survey conducted in May 2020 reported washing hands (8 percent) and wearing a mask (86 percent) were also the most common methods used by the respondents.<sup>105</sup> Also, the proportion of respondents indicating using various methods were approximately 10-20 percentage points higher than the SEIA results. This difference could be related to the sampling characteristics where the SEIA collected data from remote *aldeias*, in at least four *aldeias*, phone reception was low.

There was a significant difference based on wealth quintiles and vulnerable households in their use of COVID-19 transmission prevention methods.

- Fewer people in the lowest wealth quintile had used the following methods compared to the highest wealth quintile; wearing face masks, using sanitizers, washing hands, disinfecting and cleaning home, avoiding handshakes and covering the mouth with tissue or elbow when sneezing or coughing. This indicates higher risks of transmission among the poor and rural population.
- Participants from vulnerable households were less likely to report using methods such as disinfecting and cleaning the house, staying at home, avoiding public space, reducing visits to relatives, avoiding handshakes and covering their mouth when sneezing and coughing. Access to water, reliance on public spaces for income activities and income to purchase masks are additional considerations that might have affected responses.
- Although not statistically significant, more women reduced family visits, stayed at home, kept one-metre distance and avoided public space.

<sup>105</sup> DFAT, TAF and Orima Research. May 2020. Timor-Leste COVID-19 Survey Wave 1.



These differences could be related to the availability of prevention materials such as handwashing facilities and masks. But they may also be linked to a lack of information and knowledge about these methods. When conducting a statistical test to check if there is a difference based on the households' availability of water, the results show those with water available are more likely to use the prevention methods and materials; washing hands with water and soap, disinfecting and cleaning the home, following the one-meter policy, reducing the number of visits to relatives and covering the mouth when sneezing or coughing. It is understandable given that more households in rural *aldeias*/villages who receive less information about COVID-19 prevention lack access to water.

It should also be noted during household interview data collection, the interviewees mentioned knowledge of COVID-19 was low, especially in rural areas. A 60-year-old woman in Bobonaro said older people do not know what COVID-19 is but have heard it is a deadly disease, so they stay at home and stop all economic activity, "I always hear Corona – but I don't know what this is. People told me that they are old age, it's easy to get infected. That's why I'm afraid and worried so I just stayed at home and didn't even leave the house to go to the kiosk nearby."

WHO recommended member states to 'provide universal access to public hand hygiene stations and make their use obligatory on entering and leaving any public or private commercial building and any public transport facility'.<sup>106</sup> Through our field visits, public hand hygiene stations were installed in urban centres in front of government buildings and market places. KIs conducted with international and national NGOs reveal that majority of them were involved in shifting their resources into COVID-19 support. Also, the use of masks and hand hygiene stations was enforced more rigorously in the first month of the national emergency and started relaxing during the second month (Interviewers debriefing meeting).



*Girls wearing masks Photo by Yuichi Ishida, UNDP-TL*

One 64-year-old woman in Bobonaro shared her views on COVID-19 prevention and the future, "It depends on ourselves and it's also God's plan. I don't know what other diseases will come in the future, it is up to us to decide how we prepare better for the future."

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<sup>106</sup> WHO. 2020. *Recommendations to Member States to improve hand hygiene practices to help prevent the transmission of the COVID-19 virus*. Interim guidance, WHO.

## Healthcare services during national emergency of COVID-19

During the national emergency **14 percent** (40 households) of 284 households who have children below 10-years-old, **missed a vaccination**. Of these, 39 or 97.5 percent were vulnerable households.

Of all 395 households, 40 percent (156 households) had a woman in the household in need of family planning or reproductive health services. This is lower than in the 2016 DHS, where demand was 51 percent. Of the 156 households surveyed with a female member aged between 15 and 49 requiring the services, women in 37 households (24 percent) **missed family planning** or reproductive-health services, while women in 119 households (76 percent) did not miss out on these services. In the 2016 DHS the proportion of women who did not need family planning services was about the same (25 percent). Women in more vulnerable households (26 households out of 37) missed out on the services more frequently than those in non-vulnerable households.

The finding on missing vaccinations and family planning or reproductive-health services was supported by some key informants, who suggested several possible reasons. These included the repurposing of Community Health Centers for COVID-19 readiness, interruptions to public transportation, restrictions on movements, and a lack of masks for people to safely interact. One interviewee reported an increase in the number of teenage pregnancies during the SoE.

Overall, **18 percent** (79 households from 437) reported they had a member with **a health problem**.<sup>107</sup> The majority (90 percent) were vulnerable households, and 73 percent were households with an informal worker. Among the households which had a health problem, there was no significant difference in households experiencing health problems based on wealth, location, different types of vulnerabilities including female-headed households. The 79 households<sup>108</sup> who had a health problem were asked if they sought treatment in a health facility. Of these, 72 percent (57 households) used a health facility; of which 21 households used a health post and 15 households used the national hospital. Seven households used private clinics in Dili, while in the other municipalities (regional referral and community health centres) were used by ten households. Among the households who did not seek health services, the reasons were 'due to travel restriction' and 'treatment was not necessary'. No household mentioned reasons such as visiting priests/imam, due to cost involved, fear of getting infected, received community outreach service or health service stopped.

It is interesting to note that although no household has reported seeing a '*matan dook*' (local healer), one single female head of household explained what people might do if they had symptoms, "Depending on the symptoms you may choose to go to the hospital or the *matan dook*.<sup>109</sup> If one has a fever and cough you go to the hospital. If one has less severe symptoms you see the *matan dook*. Also if you have been to the hospital already and the issue was not resolved, you will go to the *matan dook*."

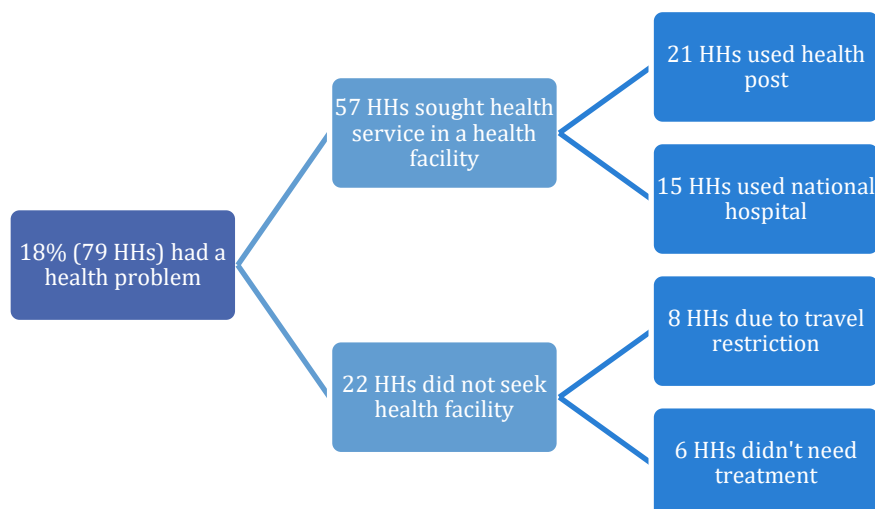
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<sup>107</sup> Health problems referred to a state in which individuals are unable to function normally and with pain and included those who have chronic diseases (e.g. tuberculosis, HIV/AIDS, diabetes), those who had injuries/accidents and any other sickness.

<sup>108</sup> As the sample size for these questions are small, it is hard to generalise to the study population group.

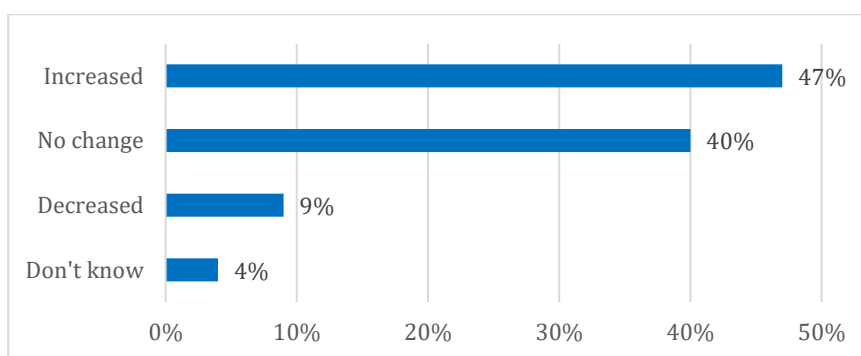
<sup>109</sup> Traditional doctor and fortune-tellers - 'the *matan dook* (doctor) could invoke all sorts of potions (herbal medicine) and fetishes to nullify a spell'. Cliff Morris, 1992. A Traveller's Dictionary in Tetun-English and English-Tetun from the Land of the Sleeping Crocodile East Timor.

Figure 45 Health service sought by households who had a health problem



When the participants were asked ‘as a result of COVID-19, what has been the impact on your household’s utilization of health services?’ 47 percent said it has increased and 40 percent said there was no change. In contrast, three health sector informants interviewed for the SEIA pointed out patients' numbers declined in health facilities.

Figure 46 National emergency impact on health service use



According to a national news agency report, more than 1,000 cases of dengue fever and ten deaths were recorded between January and mid-July, the sex and age-disaggregation of cases were not available. Dengue and other non-communicable diseases have not been a focus due to COVID-19 prevention during the SoE. The report also said that the Ministry of Health had a shortage of larvicides stock which affected the fight against dengue.<sup>110</sup>

<sup>110</sup> Health Authority records 1100 cases of dengue 10 fatalities, July 21, 2020, <http://www.tatoli.tl/en/2020/07/21/health-authority-recorded-1100-cases-of-dengue-10-fatalities/>

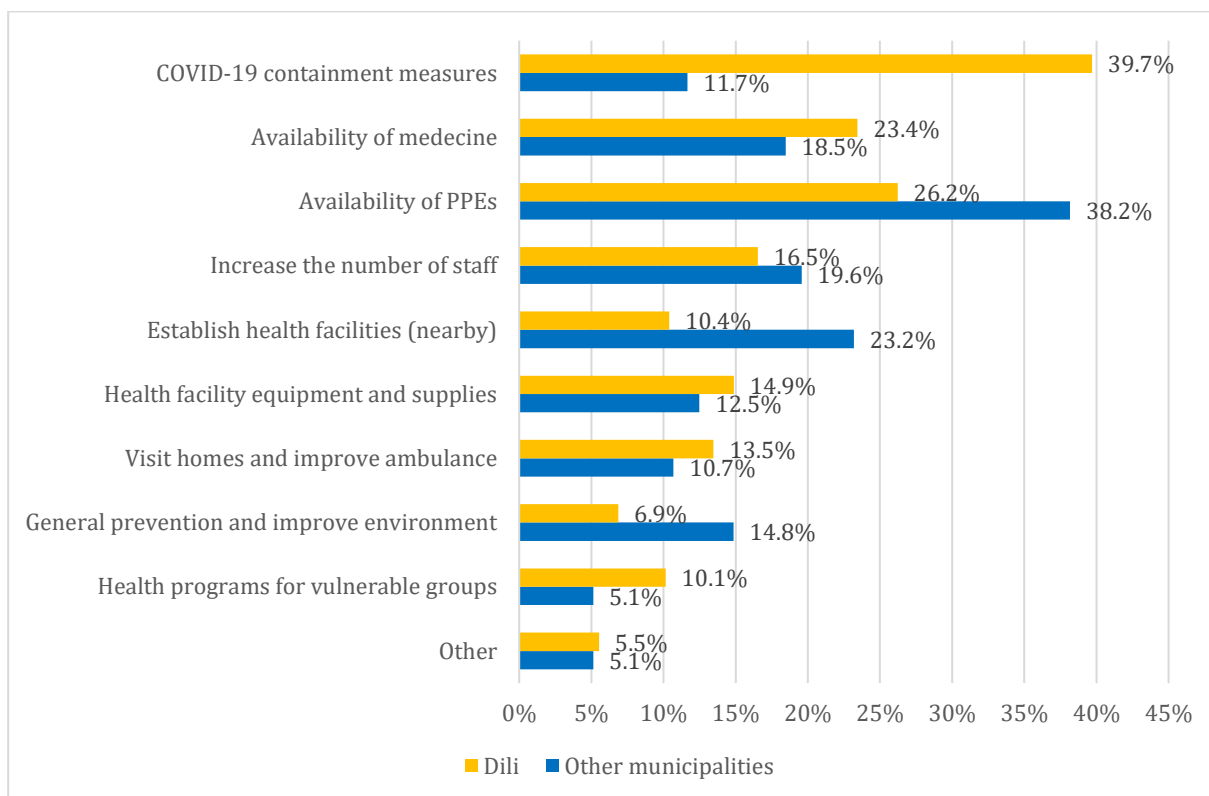
## Households' needs and suggestions for improving health services

We asked participants to provide up to two suggestions/measures to support health that should be undertaken by the government. It was an open-ended question, and in total 557 responses were recorded (58.3 percent male, 41.7 percent female). These responses were then coded based on category of responses. For example:

- For **availability of medicine**, the participants mentioned two ways of increasing availability; through health posts or direct distribution to households and communities. For example, some said more medical supplies should be provided in clinics “because often the people in the clinic told us to go to buy the medicines,” while others called for the government to “supply medicines to the community.”
- For **COVID-19 related containment measures** participants' suggestions included maintain distancing, improve/increase the quarantine period, continue to impose maximum security on those entering Timor-Leste, share information to prevent infection and improve the knowledge skills of health staff.
- **To improve health facility equipment and supplies, one interviewee said**, “we need a just and dignified treatment, and the facility must be improved and modernized.” While another commented that the “government should prepare facilities such as toilets and water at the health posts.”
- **Visit homes and improve ambulance services, interviewees requested that** health professionals should regularly visit patients in rural areas and provide assistance on the spot when there is no transport available. Home visits should also be provided for check-ups on the elderly living far away from the health centres.
- **General prevention and environment improvements.** Participants mainly mentioned measures for dengue prevention. These included needing “insecticides for mosquitoes” and requests “to do fogging/spraying in the *aldeias*.” Some said they needed to build bathrooms and water tanks to kill the larvae.

Figures 47 and 48 below show the frequency of measures mentioned disaggregated by location and female and male-headed households.

**Figure 47 Suggestions on health measures, Dili and other municipalities (n=557)**

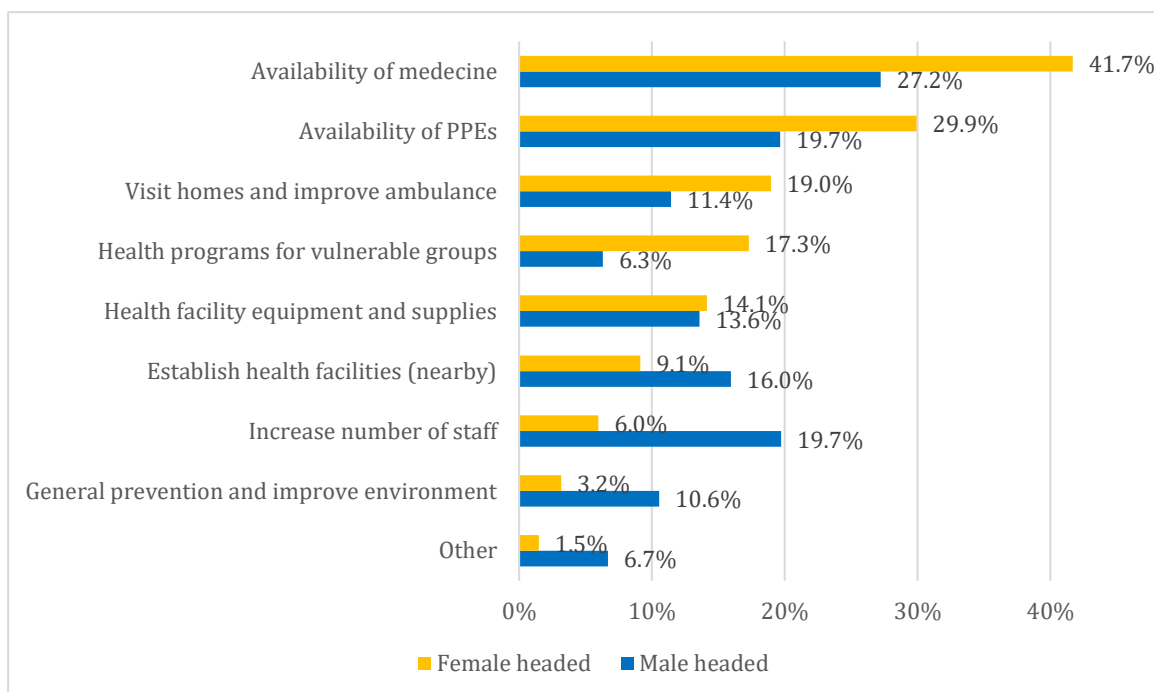


As can be seen from the figure above, there is a significant difference for the top three measures between Dili and other municipalities. Although indicative only when disaggregated at the municipality level, in Baucau, the majority of the participants mentioned ‘establishing health facilities nearby’; in Bobonaro, increasing the stock and availability of medicines was a top priority; in Dili, taking measures to contain and prevent transmission of COVID-19 such as improving quarantine facilities and imposing stricter border controls. While in Oecusse, taking measures related to COVID-19 containment, keeping the border open with stricter controls and availability of PPE in health facilities and outside were prioritized.

For the lowest wealth quintile, stronger preference for establishing/building health facilities nearby and improving supplies and equipment at health facilities were mentioned. There were no major differences based on other types of vulnerabilities.

As Figure 48 shows, there was a small difference in the first suggestion/measure proposed between female-headed and male-headed households. More female-headed households mentioned availability of medicine (20.8 percent versus 13.6 percent), PPEs for the communities, hospitals (15 percent versus 9.1 percent), health services to visit homes and improve ambulances (9.5 percent versus 5.7 percent), as important.

**Figure 48 Suggestions on health measures, by the responses provided by female and male headed households (n=557)**



#### 4.6 Access to educational services

Schools were officially closed on 23 March, with the first declaration of a State of Emergency. After the end of the third SOE in mid-July, they were allowed to begin reopening once they had met specific health and safety guidelines. During the data collection of the SEIA (held between 22 June and 8 July 2020) the schools were still closed and preparing for reopening. Elsewhere in the report, education was one of the services mentioned as the most interrupted and disrupted essential services. Therefore, with the schools closed during the SoE, the SEIA sought to gather information on whether children continued their learning, if they had other activities related to school and what their main activities were.

##### Educational activities of children during the SoE

First, we asked how many households with school children under 16 years of age continued their education. Out of 346 such households, **54.5 percent said their lessons continued, while 44.5 percent (157 households) said they did not**. When looking at potential differences by key parameters:

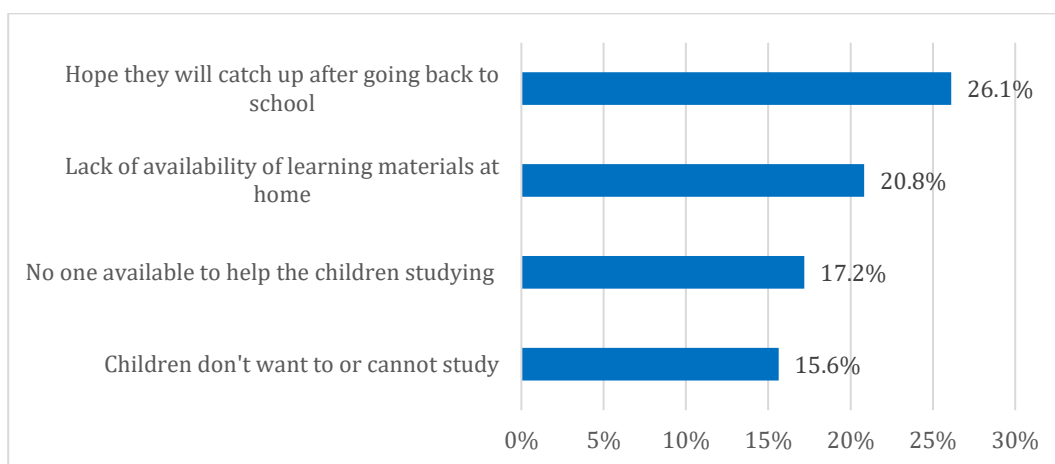
- The majority (82 percent) of the households whose children did not continue education were vulnerable households and one-third (32.5 percent) were from the lowest wealth quintile.
- There was a statistically significant difference between female and male-headed households. Children in female-headed households were more likely to discontinue classes.
- There was some difference based on wealth quintile (not statistically significant). Children in households with highest wealth quintile were more likely to continue education.
- There was no significant difference between Dili and other municipalities.

We then asked households whose children did not continue education ‘What is the most important reason education was not continued?’ The option for ‘children who do not want to or cannot study’

was not provided in the questionnaire. This option was created after recoding the ‘other, specify’ responses. Some examples of participants’ answers with regards to this question include - ‘the children are only playing and they have forgotten about school’, ‘children are not used to learning from TV, they tend to watch movies instead of learning’, ‘during the state of emergency, all kids stayed home and did not study’.

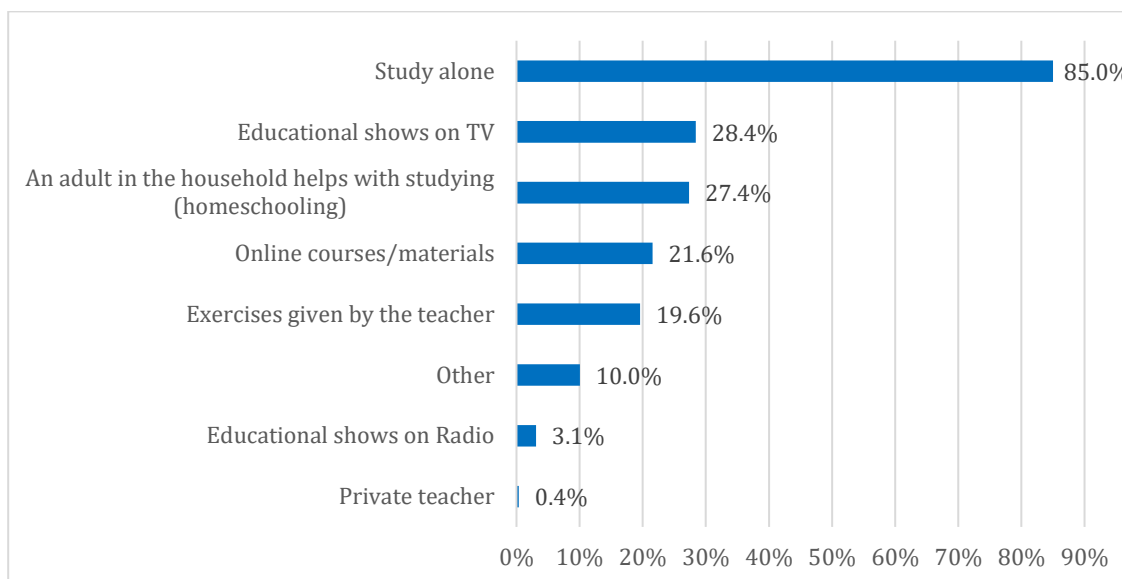
As Figure 49 shows, the most common reason children did not continue education was the hope that children will catch up after going back to school (26.1 percent). There was no difference based on wealth quintile and overall vulnerability of the household. When looking at Dili and other municipalities, small differences were observed in the responses. ‘Hope they will catch up after going back to school’ was the answer given by 40.0 percent of the participants in other municipalities versus 26.7 percent in Dili. And ‘children don’t want to or cannot study’ was given by 10.7 percent in other municipalities and 26.8 percent in Dili.

**Figure 49 Most important reason children’s education was not continued (n=157)**



From the 188 households who indicated their children are continuing education during the SoE, the types of educational activities were clarified. There was no significant difference between Dili and other municipalities except for two types of educational activities. 91.5 percent of children studied alone in other municipalities as opposed to 78.5 percent in Dili, and among those who watched education shows on TV, 20.7 percent were in other municipalities and 36.2 percent were in Dili.

Households in which children used one type of educational activity comprise 42 percent; two education activities, 37 percent; three activities, 13 percent and four or five activities, 7 percent. Even among those who continued education, there was a limited variation in types of educational activities.

**Figure 50** What educational activities have children been involved in since schools were closed? (n=188)

Although the sample size is small to make meaningful conclusions, it can be generally observed that children in the lowest wealth quintile, vulnerable households and households outside Dili used a limited variety of educational activities. Their main educational activity was studying alone. A higher proportion of children in households in the highest wealth quintile, non-vulnerable households and in Dili watched educational TV shows, did exercises set by the teacher and took part in home-schooling.

**Table 13** Educational activities of children during the SoE

Educational activities	Lowest quintile	Highest quintile	Outside Dili	Dili	Vulnerable	Non-Vulnerable
Study alone	92.6%	87.5%	91.5%	78.5%	81.6%	87.1%
Exercises given by the teacher	7.4%	<b>27.5%</b>	13.8%	25.4%	15.8%	<b>53.3%</b>
An adult in the household helps with studying (homeschooling)	22.2%	32.5%	22.4%	<b>32.3%</b>	24.1%	<b>54.8%</b>
Educational shows on TV	14.3%	<b>59.0%</b>	20.7%	<b>36.2%</b>	27.2%	<b>53.3%</b>
Educational shows on Radio	0.0%	5.0%	0.0%	6.2%	1.3%	<b>16.7%</b>
Private teacher	0.0%	0.0%	0.0%	.8%	0.6%	0.0%
Online courses/materials	14.3%	<b>52.5%</b>	16.9%	26.2%	22.2%	26.7%
Other	3.6%	0.0%	6.9%	13.2%	13.4%	3.2%

### Main activities of children during the SoE

There were in total 618 children (287 girls, 331 boys) aged 6 to 14 in the households interviewed (7 girls and 4 boys in this age group had disabilities). When asked what their main activities were during the SoE, the most common answers were 'staying at home studying' (44 percent) 'staying at home playing' (24.4 percent) and 'staying at home helping with household chores' (23.4 percent).





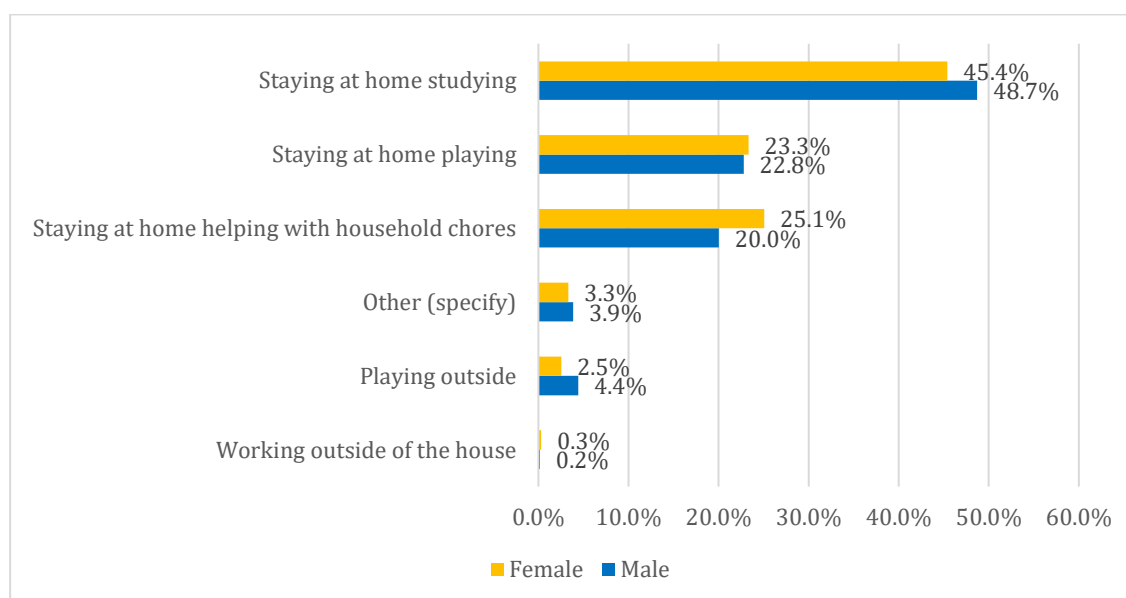
Children playing outside and children in school



Photos by Yuichi Ishida, UNDP-TL (2020)

There was no clear difference between girls and boys in their main activities, except more girls helped with household chores than boys, as can be seen from Figure 51.

Figure 51 Children’s main daytime activities during the SoE (n=619)



Among children whose main activity during the day is ‘helping with household chores’, children aged **12-14** comprised almost half (45.5 percent). No major age-related differences on the other types of activities was observed.

The data provide an indication of variations in children’s main activity by municipalities; staying at home and studying was more common in Dili (51.5 percent) and Viqueque (61.3 percent); the proportion of children helping with household chores was highest in Bobonaro (49.2 percent) and Oecusse (67.6 percent). Whereas in Baucau, staying at home and playing was the predominant activity of children during the SoE (40.8 percent) .

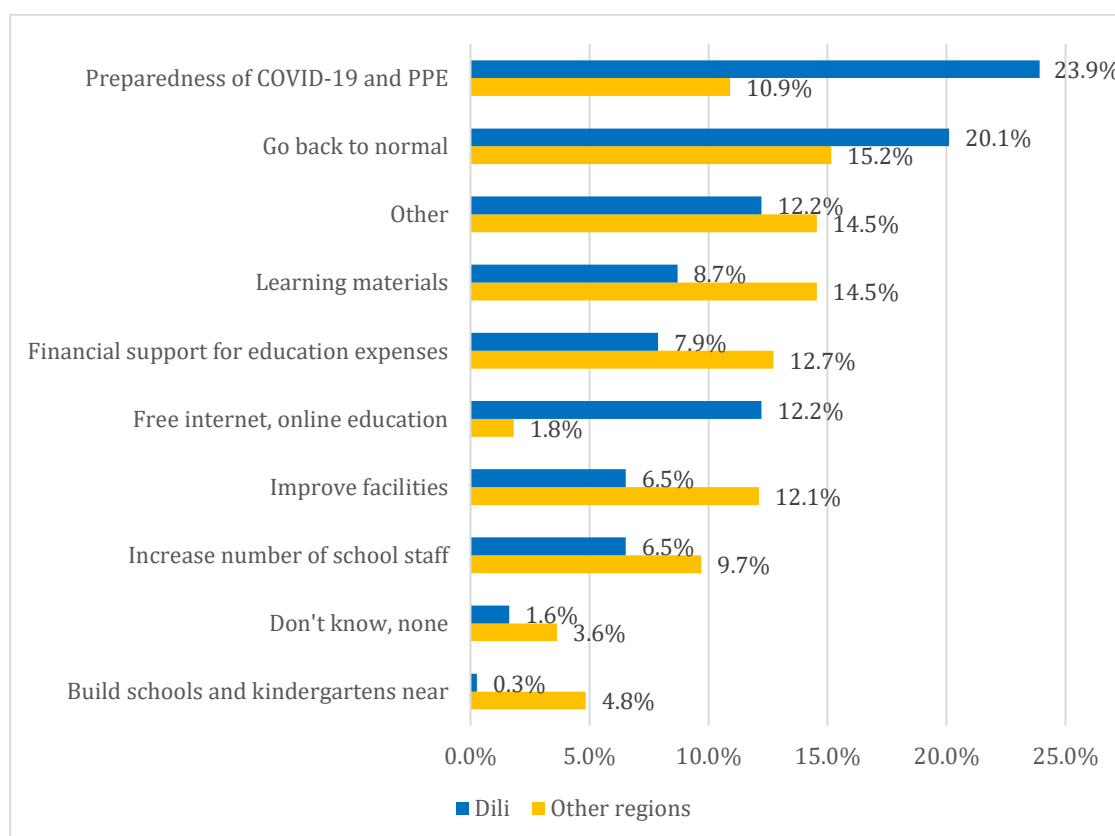
### Households' needs and suggestions for improving education

We asked the participants to provide up to two suggestions/measures to support education. It was an open-ended question and 548 responses were recorded. During the coding process of open-ended questions, eight types of needs and suggestions were identified. These include:

- Build schools and kindergartens nearby for easier access.
- Improve facilities in schools; establish water supply, increase the number of classrooms, repair low quality and damaged toilets, fix fences, windows, doors and rooves in the buildings.
- Financial support for education expenses; support children of poor families who want to pursue their education.
- More learning materials; books and notebooks are needed for students and teachers in classrooms. Basic materials are also required for those learning from home.

Figure 52 shows the proportion of measures mentioned within Dili (n=368 responses) and within other municipalities (n=165 responses).

**Figure 52 Suggestions on education measures, Dili and other municipalities (n=548)**



Excluding the various 'other' measures, in Dili, the most requested were; preparedness for COVID-19 (23.9 percent), to go back to normal (20.1 percent) and providing free internet to allow online education (12.2 percent). Outside Dili, the preferences for different measures were more distributed yet the most mentioned were to go back to normal (15.2 percent), availability of learning materials (14.5 percent) and financial support for education (12.7 percent). Although not generalizable at the municipality level, the types of needs and suggestions given differed by respondents in the five municipalities:

- Baucau: Build schools nearby and provide financial support.

- Bobonaro: Increase/provide financial support for households and improve school facilities.
- Dili and Oecusse: Go back to normal and implement COVID-19 prevention when the schools reopen.
- Viqueque: Increase the availability of learning materials and online schooling.

During an in-depth interview, a 40-year-old single female-head of household in Viqueque outlined why she needs financial support, “My greatest needs are paying for the education for my children and fixing my home. I support my children [four children] in private schools which costs a total of \$12.50 per month. I earn only \$116 per month, so I feel this is not enough to cover all the basic needs. I want my kids to have a good education because I feel this is the best investment in the future.”

Paying attention to rural schools and education in remote areas is crucial. For example, electricity is mentioned as a necessity to allow distance learning. If more online education or other distance learning solutions are introduced, communities who do not have access to electricity might be left out. Therefore, we saw a higher preference in rural areas for increasing the availability of books.

There was a difference in the needs and measures identified between the participants in female and male-headed households. The top three suggestions made by participants in female-headed households were free internet and online education (22 percent), availability of learning materials (18 percent), and ‘go back to normal’ (16 percent).

**Table 14 Percentage of responses for needs and suggestions in education, by female-headed and male-headed households (n=563)**

Measures	Male headed HH (n=447)	Female headed HH (n=116)
Increase number of school staff	7.6%	6.9%
Free internet, online education	9.8%	21.6%
Learning materials	7.6%	18.1%
Build schools and kindergartens near	1.8%	0.9%
Financial support for education expenses	8.1%	12.1%
Preparedness of COVID-19 and PPE	21.7%	12.9%
Improve facilities	9.4%	2.6%
Go back to normal	17.9%	16.4%
Other	13.2%	8.6%
Don't know, none	2.9%	0.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

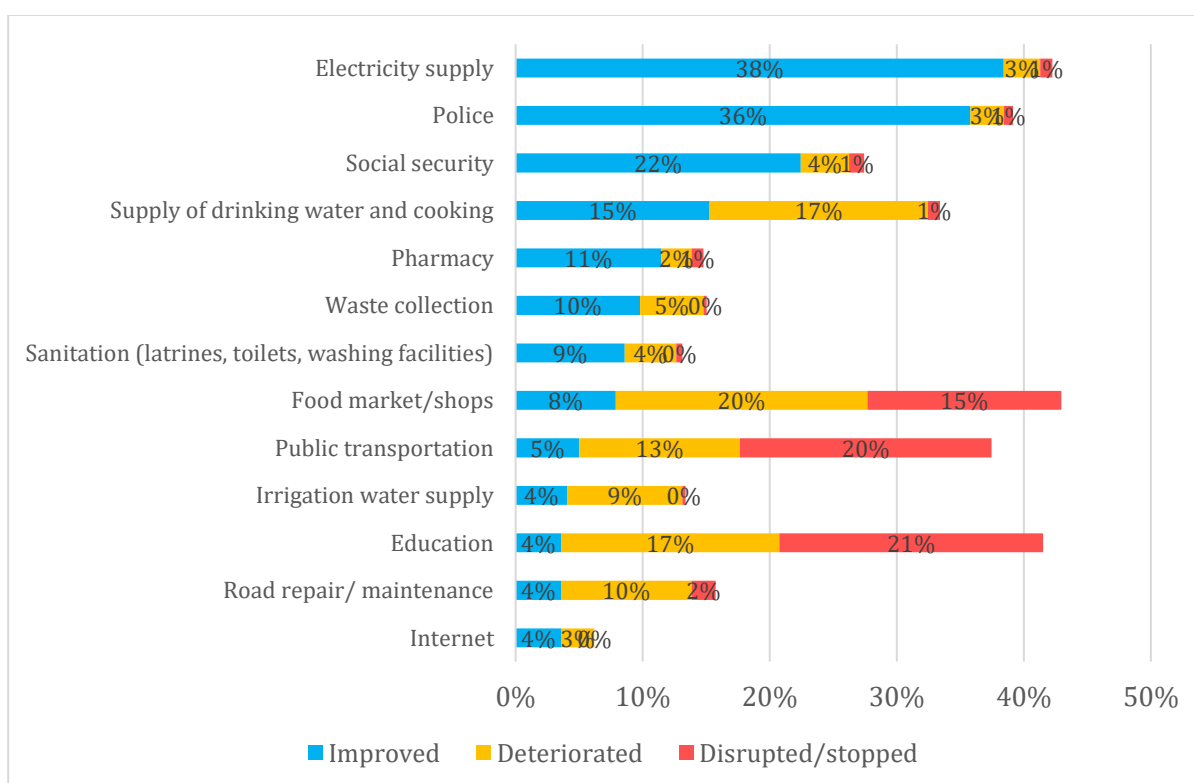
The preferences in types of educational needs and measures were generally distributed across the five wealth quintiles. Among the lowest wealth quintile, those who did not know their main needs or suggestions for improving education were a larger proportion (23 percent) compared to the highest wealth group (7 percent).

#### 4.7 Impact on access to essential services

For public servants and essential service providers having to work on the frontline and focus on minimising the negative impact of the pandemic, COVID-19 presents potential disruption risks to public service delivery and essential services. Therefore, this section attempts to understand whether there have been changes in the quality of services provided due to the pandemic and SoE by asking the participants to indicate any changes in given services. Once participants indicated any change, we then asked the direction of the change; positive or improved/negative and deteriorated or stopped/disrupted.

The participants reported positive changes in services related to electricity, social security, police and pharmacy, perhaps because the government's immediate COVID-19 economic response package (presented in Chapter 3 of this report) included decisions to distribute cash and electricity subsidies to households. In-depth interviews and KIIs showed that police cars and personnel were used in delivering COVID-19 information to the communities (especially remote) and police presence increased during the SoE. Most negative changes were noticeable in public transportation (including taxis and *microlets*<sup>111</sup>), education (schools and universities) and food markets because the SoE imposed travel restrictions and temporarily closed the operations of these services.

Figure 53 Change in essential services during the national emergency

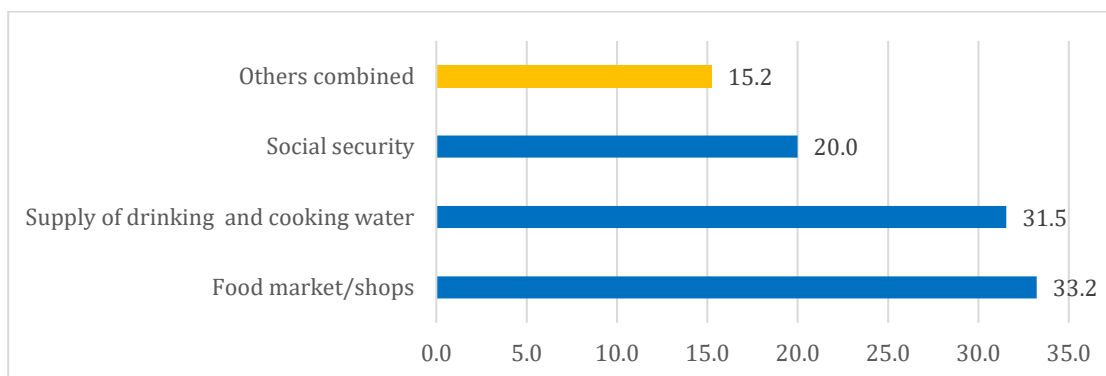


We then asked the participants to select and rank three most essential needs the household is facing during the SoE. As Figures 54, 55, and 56 show, access to food market/shops, supply of drinking and cooking water, social security services and electricity supply were identified as the most important needs. The levels of importance become more varied for second and third needs.

<sup>111</sup> Microlets are mini buses that make up the public transport of *Dili* and in other municipalities.

Response rates were similar for the first need between Dili and other municipalities and slightly different for the second and third needs. Comparing the first essential need by vulnerable and non-vulnerable households, more vulnerable households (21.8 percent) than non-vulnerable (9.9 percent) prioritised social security services. Supply of drinking water was mentioned by 33.2 percent of vulnerable and 23.9 percent of non-vulnerable households, whereas access to food market was mentioned more by non-vulnerable households (50.7 percent) than vulnerable (29.7 percent).

**Figure 54 Percentage of first important essential need during the SoE**



**Figure 55 Percentage of second important essential need during the SoE**

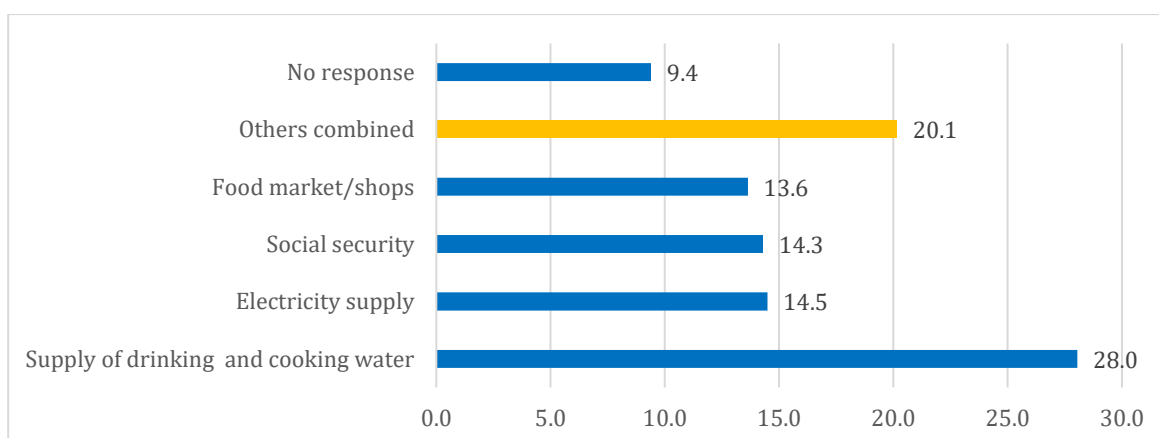
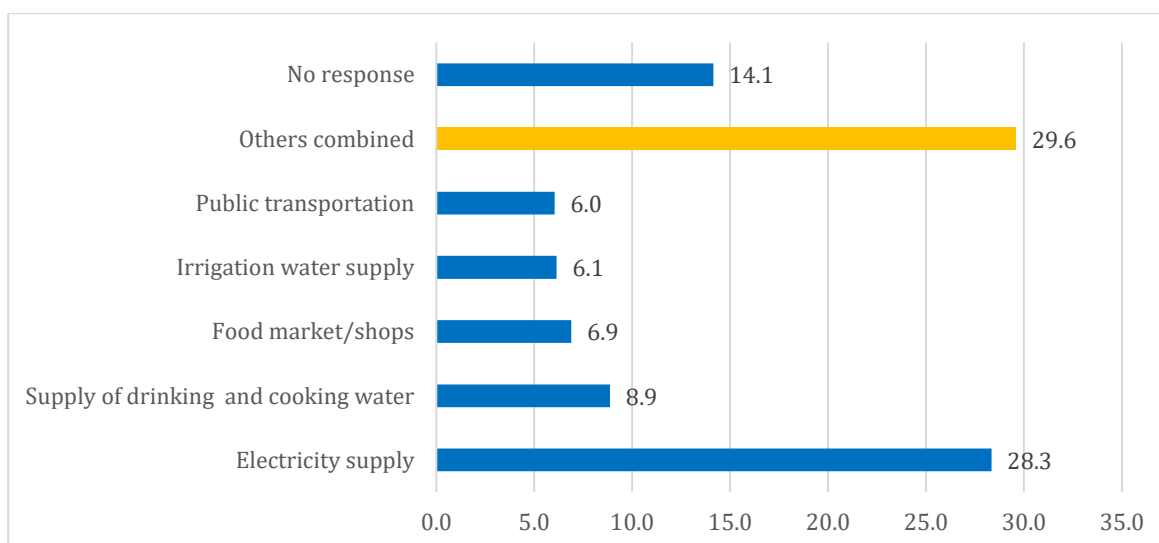


Figure 56 Percentage of third important essential need during the SoE



#### 4.8 Impact on social cohesion

The SEIA asked several questions related to individuals' access to and use of social interactions that relate to social cohesion, such as trust in community and cooperation (receiving and providing support, participating in community activities, etc). Access to a broad social network is beneficial in the event of a shock and necessary for maintaining and promoting well-being, for ensuring social support in minimizing economic and social risks.<sup>112</sup> Women at risk of domestic violence are especially vulnerable during periods of social isolation, as their usual survival strategies to distance themselves from abusers may be unavailable.

##### Trust

When asked to what extent do you trust in your community (*aldeia*), 37 percent of participants said they strongly trust, 57 percent said they trust and 6 percent said they distrust. To the question if there has been a **change in trust among the community** during the SoE, **32 percent said there was no change, whereas 45 percent said trust improved and 15 percent that it was much better.**

- There was no significant difference based on gender, educational level, marital status, location of the participant and participants' household's wealth. There was a slight difference between participants from vulnerable and non-vulnerable households. Those from a non-vulnerable household tended to report a more positive change.
- Only 7 percent (31) of the participants said it became worse, most of them came from a household with an informal worker and from Dili.

As one 50-year-old female single head of household in Viqueque explained, trust within her community has improved, "I feel the community supported each other, especially those who can't move because of physical problems. The community supplied them with basics like soap, rice and oil. The community relationships are better now than before COVID because they took care of the neighbours."

<sup>112</sup> Anelovski, Dragan. 2015. *Socio-Economic impact and needs assessment – Donbas region - Ukraine*. Kiev: FAO.

### Support received and given by households

Of the 439 households, **47 percent had received at least one type of support** from outside their household and **27 percent had helped others** during the SoE.

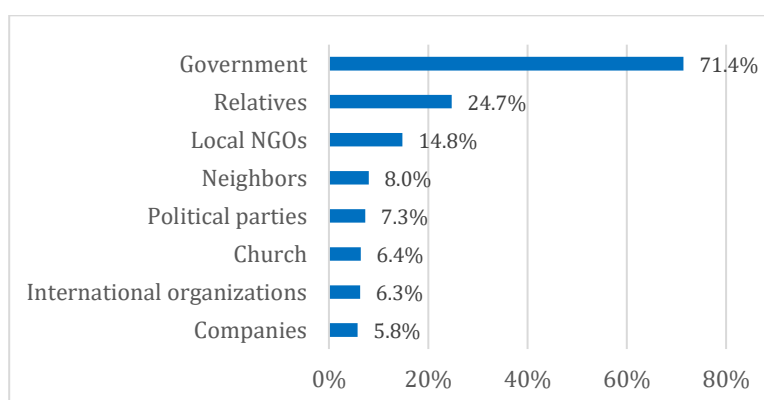
- The most common types of support were cash (130 HHs), food (90 HHs) followed by PPE (such as masks, handwashing and cleaning materials by 30 HHs) and emotional support (27 HHs).
- As Table 15 shows, households in the highest wealth quintile were more likely to have received support compared to the lowest quintile. Among the highest wealth quintile households, 45 percent had received food support, 31 percent cash support, 18 percent PPE material and 9.4 percent emotional support.
- No households had received support in the form of childcare, facilitating finding work, medicine and clothes. Only 2 to 4 households had received support in agricultural tools and household items.

**Table 15 Support received by wealth**

Type of support	% of lowest wealth quintile received the support	% of highest wealth quintile received the support
Cash	31.3%	45.3%
Food	44.9%	67.7%
PPE	17.8%	3.8%
Emotional support	9.4%	23.5%

As shown in Figure 57, among the 206 households who received support, most had received some from the government (including cash distribution and \$15 electricity subsidy for households), relatives or national and international NGOs.

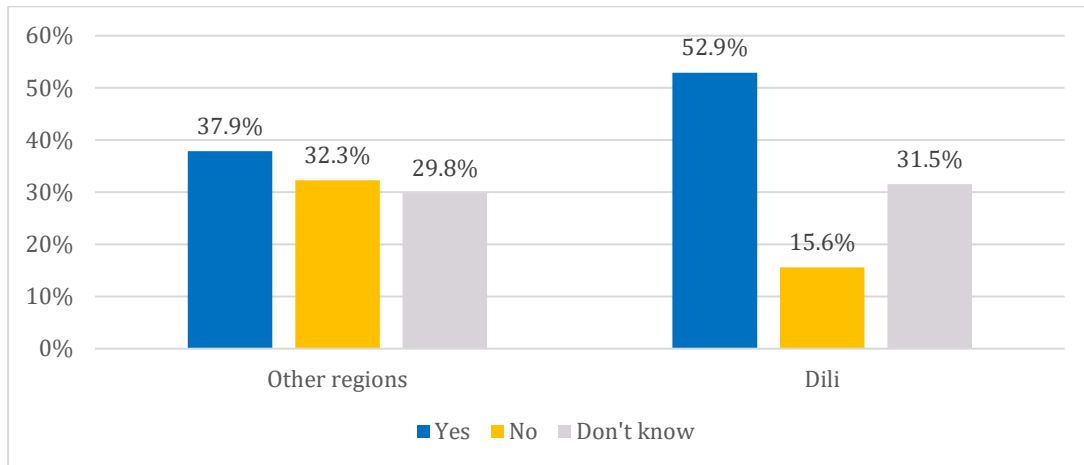
**Figure 57 Support providers, by type of groups (n=206)**



Options on companies and political figures/parties were not included in the original answer options. However, around a dozen households answered that they received support (mostly food) from companies and political figures/parties.

During the SoE, **27 percent of the households had helped** others outside their own with food, money or other essential items or activities. The assessment further asked if households are **confident that they will be able to support others with food or other help during difficult times** and 47 percent (207) of the total households were confident that they could.

Figure 58 Households confident in being able to support others, by region (n=437)



Of those who are confident, the majority were in Dili (70 percent) and the remaining 30 percent were in other municipalities. Those who had helped others during the emergency were more confident they could help others in difficult times.

Among those who were NOT confident they could help others:

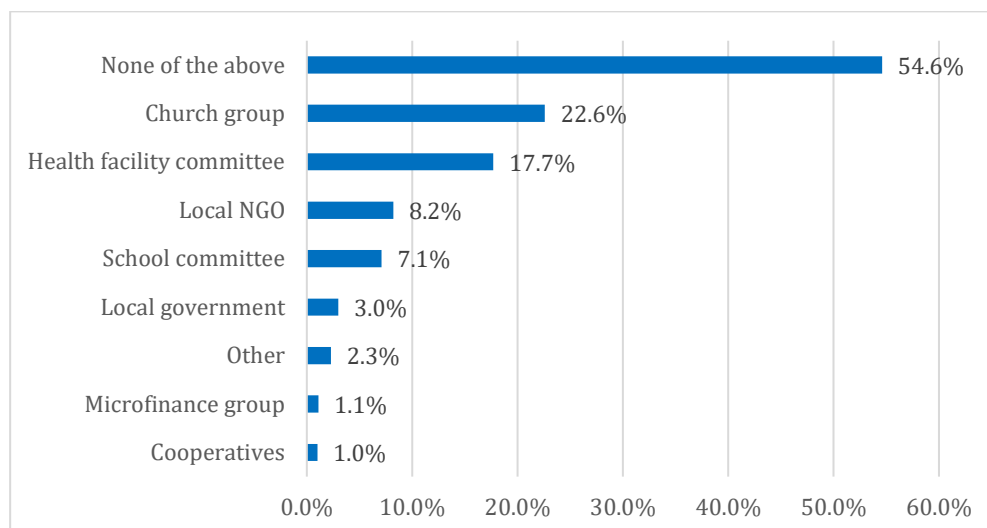
- **94 percent were vulnerable households**
- 80 percent did not have water available in the household
- 71 percent had an informal worker in the household
- 70 percent had encountered a difficulty themselves during the SoE
- 40 percent were in the lowest wealth quintile as opposed to 2.5 percent in the highest wealth quintile

### Contact with groups

To see if people experienced isolation in terms of social interactions, the SEIA asked participants if they conversed with various groups during the SoE. Overall, 54.6 percent of the participants reported they have not interacted and conversed with any of the indicated groups. As can be seen from Figure 59, **the group whom the study participants had most conversed with during the SoE was church groups (22.6 percent) followed by health facility committees (17.7 percent)**. Women were not found to be more isolated than men from groups they interact with, although the SEIA did not ask them to compare to before the pandemic. There was also no difference based on different vulnerabilities including female-headed households.

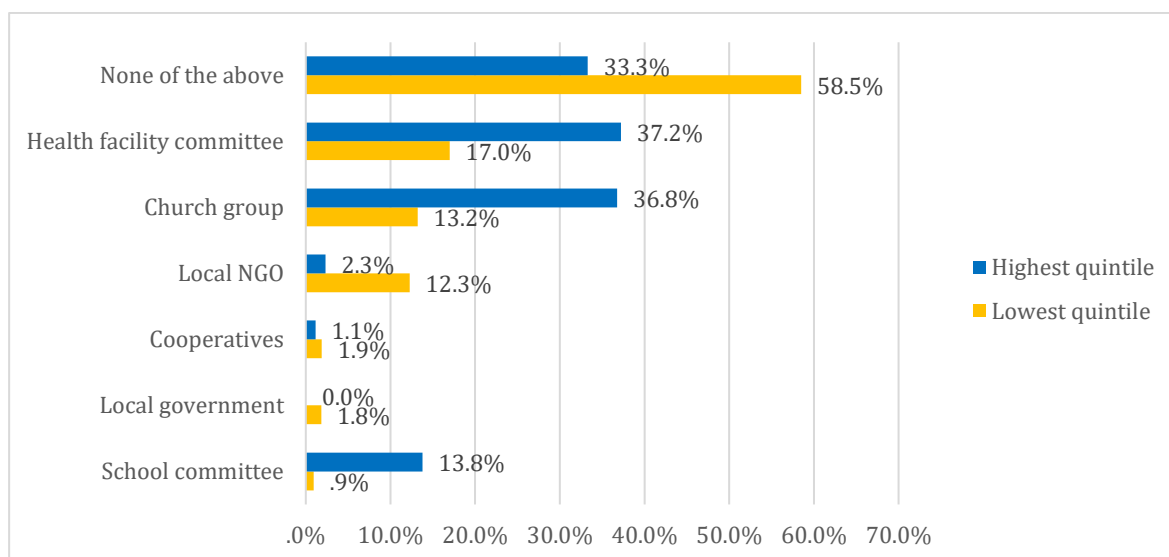


Figure 59 Groups most conversed with during the SoE



More participants in municipalities outside Dili had conversations with local NGOs and church groups. Also, there was a notable difference ( $p < 0.05$ ) based on households' wealth characteristics – a higher percentage of participants from the highest wealth quintile households interacted with different groups including church groups, health facility committees and school committees.

Figure 60 Groups conversed with, by lowest and highest wealth quintiles



### Domestic violence

Survey respondents were not asked about VAWG or any form of domestic violence during the SoE. Guidance from UN Women and WHO states that the COVID-19 mitigation measures may pose risks to survivors of violence, compromising privacy and confidentiality, which outweighs the benefits of data in rapid assessments.<sup>113</sup> Instead, the SEIA conducted KIIs with the staff of women's shelters and other service providers.

<sup>113</sup> 'Violence Against Women and Girls Data Collection during COVID-19,' UN Women and WHO, 17 April 2020.

When asked whether cases of domestic violence had risen or fallen during the SoE, key informants' answers varied. In Viqueque, two informants responded that the reported incidence of domestic violence had increased somewhat, with one adding that reported cases of child abandonment had also risen. An informant in Bobonaro said that reported cases of domestic violence had decreased; in Oecusse, an informant noted that the numbers reported there were unchanged. In Baucau, no new cases had come to the attention of an INGO that works with survivors, but shelter staff reported an increase in domestic violence and gender-based violence (the interview did not explore what forms of violence were being referred to). An INGO supporting response services nationally noted that reported cases had increased. It is important to note that as with other pandemics and findings elsewhere, the reports of violence are much lower than women and girls' actual experiences with violence, considering that help-seeking in pre-COVID times was low (with around 20 percent of survivors reporting to formal services).

Most key informants suggested that the SoE measures did not limit women's access to their services and reported they would be able to receive and support more victims in their institutions if needed. However, they pointed out the need for more human resources to provide better support to the victims, and for some shelters, the SoE did restrict case management visitations to follow-up on clients due to the lack of transportation and movement restrictions. Additionally, domestic violence services were not acknowledged as essential services in the government's COVID-19 Plan, which meant that measures for service providers (such as social protection officers) to continue operating during the SoE might not have been supported. In Baucau, a shelter had to close for two weeks due to the lack of funding. Staff reported that those returning home from the shelter were especially vulnerable to food insecurity.

COVID-19's impact on food, limited market access and livelihoods was discussed earlier in this chapter. As an in-depth interview conducted with a 32-year-old woman illustrates, lack of food and money can trigger domestic violence. She explained, "Usually the problem is because of the food, money or miscommunication and affairs, married other women and second wife, sometimes they're jealous. But food and money - sometimes the wife asks for money and food so many times then the husband loses control and hits the wife." Because shelter staff had limited ability to monitor cases during the SoE, it should be assumed that as in pre-COVID times, there are incidents of violence that have not and will not be captured in the administrative monitoring data<sup>114</sup>.

Response services for survivors are provided through the PNTL, Vulnerable Persons' Unit, social assistance, health clinics, local leaders and non-governmental organizations that are also aware to identify and assist victims. These organizations and entities also work as a primary contact network (*Rede Referral*) in case an individual feels at risk or experiences violence. However, KIIs highlight during the SoE there were only a few quarantine houses for survivors of domestic violence or sexual abuse, so in many cases, victims had to be transported to another municipality to receive the necessary assistance.

To try to assess impacts in terms of violence against women, the Secretary of State for Equality and Inclusion (responsible for the National Action Plan on Gender Based Violence) undertook a process to collect service use data from service providers and line ministries. From the end of August 2020, this

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<sup>114</sup><https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/vawg-data-collection-during-covid-19-compressed.pdf?la=en&vs=2339>

information is being analysed. Updates were also received through the Gender and Protection Working Group. These updates indicated that from January to June 2020, there was a slight increase in the number of clients received by front line service providers. There was no major disruption in operation of services, including legal assistance, shelter services and *Fatin Hakmatek* (which provide medical treatment, examination, forensic documentation, counselling and temporary shelter for people experiencing sexual assault, domestic violence and child abuse). The Government of Australia, through the Nabilan Programme, supported the establishment of two reception houses, to enable quarantine of new clients, before they entered the shelter. Staff were also provided with training and essential items for protecting staff and clients. In terms of access to justice, with courts pausing operations, processing of cases of violence against women and girls did not take place from March to July.

Providing awareness to the communities allows victims to feel more supported by their neighbours and ask for their support in case of an emergency. Although in some communities this is already happening, in general, there is still a lot of prejudice on this issue, which is why it is necessary to invest more in education and community awareness. The lack of internet and weak telephone coverage, plus difficult access to the most remote communities, create obstacles in victims' support.

#### 4.9 Subjective well-being

What people feel about their lives is an important component of overall well-being. As part of SEIA, subjective well-being questions related to individuals' feelings (*affect*) and assessment of different domains of their lives, were asked to understand if the changes affecting society during COVID-19 emergency have an impact on subjective well-being.

##### Positive and negative *affect*

Participants were asked the extent to which they experienced various emotions on a Likert scale ranging from one (not at all) to four (very much). Negative affect was defined as the average of the five negative emotions (worry/stress, anger, depression, sadness and tiredness), with higher values indicating a higher negative affect. Positive affect was defined as the average of the two types of positive emotions (calm/relaxed and happiness), with higher values indicating higher positive affect. Using both positive and negative '*affect*' captures the more holistic aspects of subjective well-being and avoids describing results only in terms of "happiness".<sup>115</sup>

The analysis of the responses shows several interesting results:

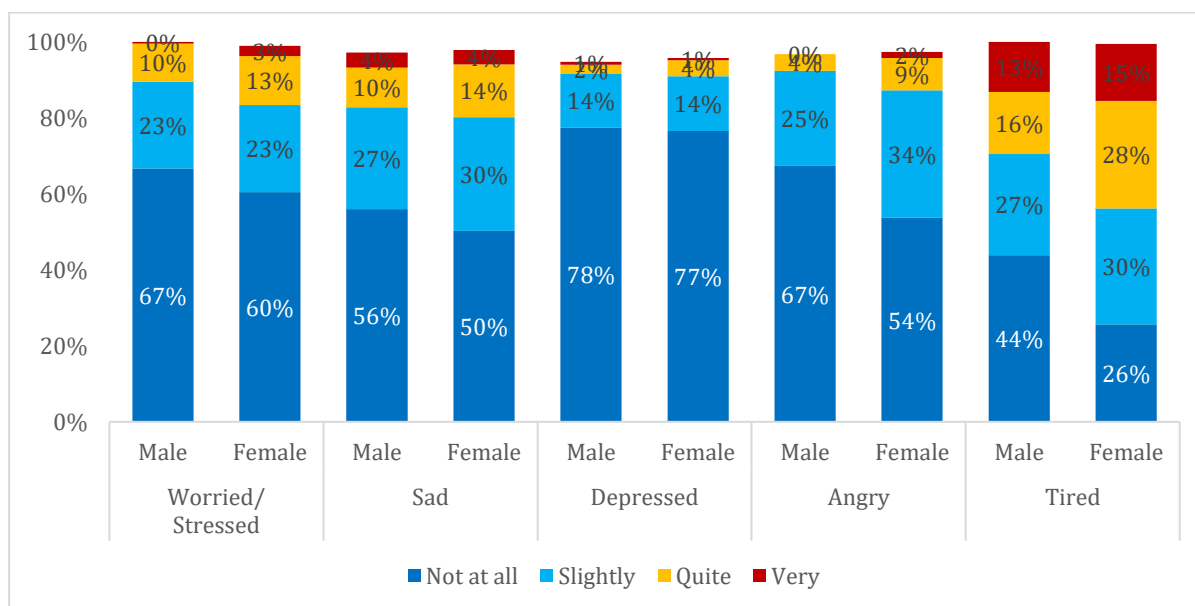
- Overall, 65 percent of respondents reported they felt tired, followed by 47 percent sad, 39 percent angry, 36 percent worried or stressed, and 23 percent depressed to some extent (combining slightly, quite and very).
- There was no major difference (statistically significant) in the responses provided by male and female participants on negative effects, except for feeling tired. **More women (74 percent) than men (56 percent) reported they felt tired to a certain extent.** This could be related to the fact that women had reported more household chore duties including increased childcare responsibilities (reported in Chapter 4.4 of this report).

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<sup>115</sup> OECD (2011). What about women? Female headship, poverty and vulnerability in Thailand and Vietnam. Retrieved from <https://www.oecd.org/dev/pgd/46982877.pdf>

- The proportion of those reporting positive effects were relatively high. Overall, 98 percent of male and 89 percent of female respondents said they felt calm or very calm and 83 percent of male and 73 percent of female said they felt happy or very happy.

Figure 61 Proportion of the respondents selecting each response category, feelings yesterday



Positive and negative affect measures can be further summarised into a single ‘**affect balance**’ score for each respondent by subtracting the mean average negative affect score from the mean average positive affect score. This can in turn be reported as either a mean score (positive minus negative affect) or as a proportion of the population with net positive effect overall (OECD 2013). This data can be used as an indicator for further repeat surveys.

- Overall affect balance for the participants was 1.3 (1.35 for men and 1.07 for women).
- Affect balance for participants with a **disability** (12 participants in total) was low at 0.2.
- There was no significant difference by participants’ **municipalities**. However, Oecusse had the lowest affect balance (0.7).
- There was no difference based on participants' age (those aged above or below 60).

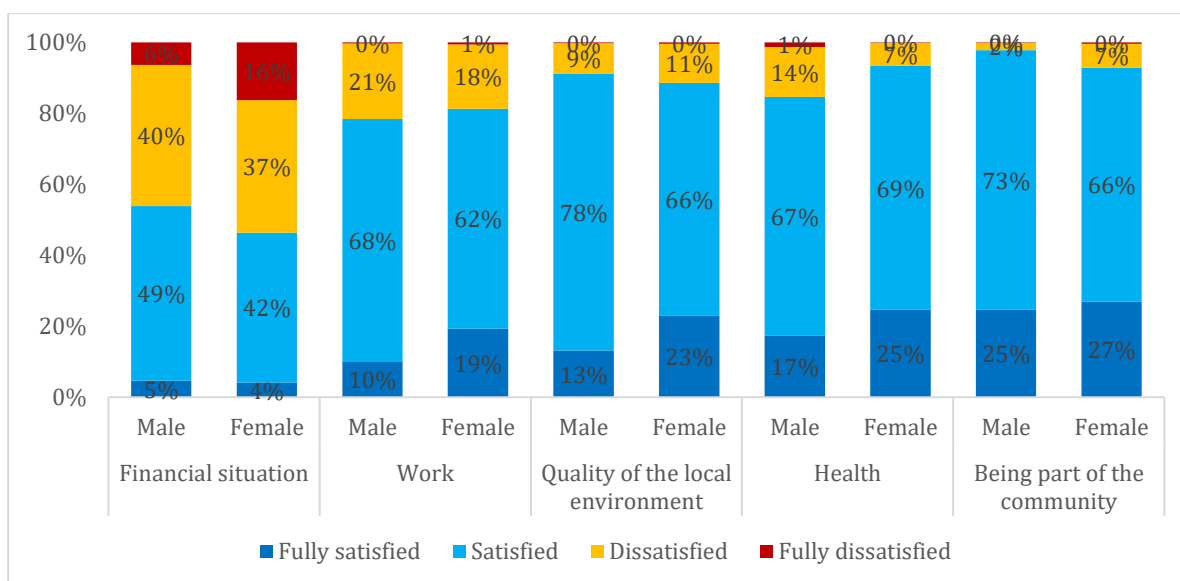
Although most respondents reported positive effects, key informants operating support hotlines reported increases in calls related to mental health. One Dili-based INGO providing services said:

“There was an increase in our calls – double – needing mental health services. Some for basic counselling, some referred to other hotlines. Anxiety has increased. We have mental health counsellors available for our staff.”

### Life domain satisfaction

Questions about satisfaction with individual domains seeking specific information were asked and measured by a four-point Likert scale ranging from one (fully satisfied) to four (fully dissatisfied). The most dissatisfied domain in the participants’ life was their financial situation with 40 percent of all participants dissatisfied (out of 437 participants), followed by work, with 20 percent dissatisfied from the 176 participants who had a job. Overall, the majority of participants were satisfied with their local environment and health conditions. The most positive domain was feeling part of the community, with 26 percent fully satisfied and 70 percent satisfied.

Figure 62 How satisfied are you with the following aspects of your life as a whole these days?



Participants in the highest wealth quintile were more satisfied with their financial situation compared to those in the lowest wealth quintile ( $p < 0.01$ ). Furthermore, those who reported a change (either increased or decreased) in their household expenditure were more dissatisfied with their financial situation than those who said there was no change ( $p = .000$ ).

## 5. COVID-19 Measures' Impact on MSMEs

With the declaration of the SoE, the government implemented the previously mentioned measures aimed at containing the spread of the virus, several of which impacted MSMEs. These regulations were most strict in the first and second month of the SoE with fewer restrictions in the third month. The list below records the measures MSME respondents and business experts cited as having direct impacts on the private sector:

- Suspension of public transportation
- Prohibitions on domestic travel
- Severe restrictions on foreigners and nationals entering the country
- Prohibition of social, cultural and sporting events as well as religious celebrations and other worship events which involve the gathering of people
- Requirement for people entering commercial establishments or providing services to wash their hands prior to entering/serving and remain one meter apart
- Requirement for establishments to provide necessary handwashing facilities and equipment for public use
- Government offices reduced to essential staff only with others working from home
- Suspension of all on-site teaching facilities and closure of all educational establishments
- Extended validation period during SoE for licenses, authorizations and other documents regardless of their stated expiration

As discussed in Annex 2 of this report, the COVID-19 crisis came at a time when Timor-Leste was already experiencing political instability, along with related decreases in public spending and

increasing economic uncertainty. Many respondents, therefore, reported that, while COVID-19 and the corresponding government responses did have significant and detrimental impacts on their businesses, employees and livelihoods, they were also experiencing financial strains prior to the pandemic.

**Definition of COVID-19.** In speaking with business owners and experts, they broadly interpreted the definition of “COVID-19” to describe not only the global health crisis but also the related socio-economic shocks and impacts. Respondents almost unanimously interpreted the phrase ‘during COVID-19’ as the periods in which the SoE and the related regulations were in effect. They also referred to this as a *past* period, since data collection for this assessment began after the third SoE had ended (and before the fourth was announced).

With this wider context in mind, MSME respondents discussed the ‘impacts of COVID-19’ mainly through the lens of economic uncertainty rather than on health or safety concerns. As a result, respondents used the phrases ‘COVID-19’ and ‘the State of Emergency’ interchangeably in their understanding of questions and the formulation of their answers.

### Women and informal workers

As previously noted,<sup>116</sup> the MSME questionnaire was targeted mainly at formal sector businesses as a compliment to the livelihood section of the SEIA, which documented informal activities. The informal sector, however, represents roughly 66.5 percent of the total employed population aged from 15-64.<sup>117</sup> As such it is important that the following analysis of MSME experiences be referred to in coordination with the livelihood section for a full picture of the impacts across the economy as a whole.

Also noted in Chapter 2 of the report, “among employed women, 75 percent, compared to 64 percent of employed men, are in vulnerable employment, that is, are own-account workers, contributing family workers, or involved in the informal economy<sup>118</sup>; in rural areas, this increases to 83 percent of women.”<sup>119</sup> In the words of a key informant Business Development Consultant in Dili, “This culture is sustained by the informal economy, and the majority of those are women. Women are working hard in the backstage of this country, but the government doesn’t recognize their contributions as important to the economy.”

Women often use the money earned from their informal work to put their children in schools, sometimes even sending them overseas. When food insecurity strikes, they do everything they can to bring food to their homes.<sup>120</sup> The same business expert believes that the country does not see violent demonstrations because “people still have food in their bellies thanks to the informal work of these women, but if people get hungry, then the anger will come.”

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<sup>116</sup> Annex 5 of the SEIA

<sup>117</sup> GDS; ILO and UNFPA. 2018. *Timor-Leste Population and Housing Census 2015: Analytical Report on Labour Force*. Thematic Report Volume 10, GDS and UNFPA

<sup>118</sup> ILO, GDS and UNFPA. n.d. *Labour Force, Summary of the Thematic Report, Timor-Leste Population & Housing Census 2015*. ILO, Ministry of Finance, General Directorate of Statistics and UNFPA.

<sup>119</sup> UNWOMEN, SEM, ILO and SEPFPOE. 2017. *Gender analysis of the 2013 Timor-Leste Labour Force Survey: A statistical summary of women and men at work in Timor-Leste*. UNWOMEN, Secretary of State for the Support and Socio-Economic Promotion of Women (SEM), Secretary of State for Employment Policy and Vocational Training (SEPFPOE), and ILO

<sup>120</sup> FAO. 2019. *Women’s access to rural finance: challenges and opportunities*. [www.fao.org/3/ca5167en/CA5167EN.pdf](http://www.fao.org/3/ca5167en/CA5167EN.pdf)

And yet, as previously stated, ‘men predominate in every sector except self-employed non-farmers, of which 57 percent are women. Seventy-six percent (76 percent) of businesses and farms are owned by men.’<sup>121</sup> This ratio was echoed in the proportion of male (71 percent) and female (29 percent) business owners responding to the MSME questionnaire as well as the high number of men who participated in the KIIs (83 percent male, 17% female). It is, therefore, important to note that the following analysis may not account for the experiences of small businesses as a whole, as male voices were more dominant in the discussion.

### 5.1 Agriculture & Tourism

Data gathered from MSMEs and business experts indicated that, while significant impacts were seen across all sectors, agriculture and tourism faced particularly serious challenges during the SoE. Several experts and many MSME respondents referred to these two industries as Timor-Leste’s best bets for future economic success, and as such they merit consideration as the top two priority areas for support in post-COVID-19 recovery.

Agriculture is the main export of Timor-Leste (mainly due to coffee) and the biggest overall activity of the country, ‘providing subsistence to an estimated 80 percent of the population.’<sup>122</sup> Coffee is Timor-Leste’s largest non-oil export. About 37.5 percent of Timorese households grow coffee, with half of them relying on the crop for income.<sup>123</sup> Due to international travel restrictions during the SoE, many coffee growers could not bring the necessary specialists into the country during the harvest season. These experts are an essential part of the quality assurance process which allows Timor-Leste’s coffee to be marketed as ‘speciality grade’ overseas. Growers also struggled to access international markets due to global slumps in demand.<sup>124</sup>

During the SoE, a lack of internal movement prevented farmers from getting their crops to market before they expired. Challenges with market access and declines in demand led many farmers to decrease their planting for the next season, as they felt uncertain about having a market for their goods.<sup>125</sup> This could lead to food insecurity over the coming season and further impact the livelihoods of farmers dependent on this income.

Tourism is a growing sector in Timor-Leste, and one which has recently seen large investments for development such as USAID’s Tourism for All, a three-year, \$9million project focused on “helping oil-dependent Timor-Leste diversify its economy by promoting eco-friendly tourism based on the country’s rich heritage.”<sup>126</sup> The tourism sector supports a wide range of business activities such as adventure tours, marine and ecotourism, hotels and restaurants, local craft markets, and investment in local attractions across the country.

With the recent international recognition of Timor-Leste’s Ombai-Wetar strait as a Mission Blue Hope Spot (underscoring the country’s precious natural resources and their value on a global scale),

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<sup>121</sup> Annex 5 of the SEIA

<sup>122</sup> FAO. (2018, December). *Timor-Leste Agricultural Census 2019: Instruction manual for field staff*. General Directorate of Statistics and Ministry of Agriculture and Fisheries.

<sup>123</sup> ADB. (2020, July 13). *ADB, Timor-Leste Sign \$3 Million Grant Agreement Supporting Coffee*. Asian Development Bank. <https://www.adb.org/news/adb-timor-leste-sign-3-million-grant-agreement-supporting-coffee-sector-development>

<sup>124</sup> KII

<sup>125</sup> KII

<sup>126</sup> USAID. (n.d.). *USAID Tourism For All Project | Project Description | Timor-Leste |*. Retrieved August 18, 2020, from <https://www.usaid.gov/timor-leste/project-descriptions/usaaid-tourism-all-project>

investment in ecotourism was expected to increase.<sup>127</sup> International travel bans, however, led to a sharp decline in tourism globally<sup>128</sup> and have all but cancelled 2020's previously-sold-out whale watching season. Experts working in Timor-Leste's tourism sector are worried about the immediate impacts and potential future business closures due to COVID-19 but are more concerned about this nascent industry losing much-needed momentum. A business development expert in Dili said:

"It's not the immediate drop in business but the long-term loss that is an issue. Timor-Leste was just starting to finally build some momentum, but this could set it back 5-10 years and we will have to build back up again."

Throughout the following sections, describing the impact of COVID-19 on MSMEs, their coping strategies and the challenges and opportunities for the future, agriculture and tourism continually stand out as two of the most important and hardest hit sectors during the pandemic.

## 5.2 Key areas of impact

"In the beginning everyone was worried about COVID-19. After the first month they were not so worried about COVID; they were more worried about income," a business expert in Dili said.

Overall, respondents stated that the first month of the SoE was the most stressful for them. Many felt concerned not only about their health in the workplace (71 percent) as there were positive cases in the country at that time, but also about what would happen to their livelihoods.

Although some businesses were able to supply goods and services for COVID-19 response demands (such as those selling PPE), the majority of businesses reported negative impacts. MSMEs stated that the first and second months of the SoE had the biggest impact, while the third month alleviated some strains and allowed them to begin operating again, although at a limited capacity.<sup>129</sup>

### Loss of income

The biggest concern expressed by MSMEs was their sudden and significant drop in income. The majority of MSMEs interviewed (81 percent) reported a loss of income during COVID-19. They saw this as the result of three other impacts combined; limited market access, supply chain disruption and changes in demand.

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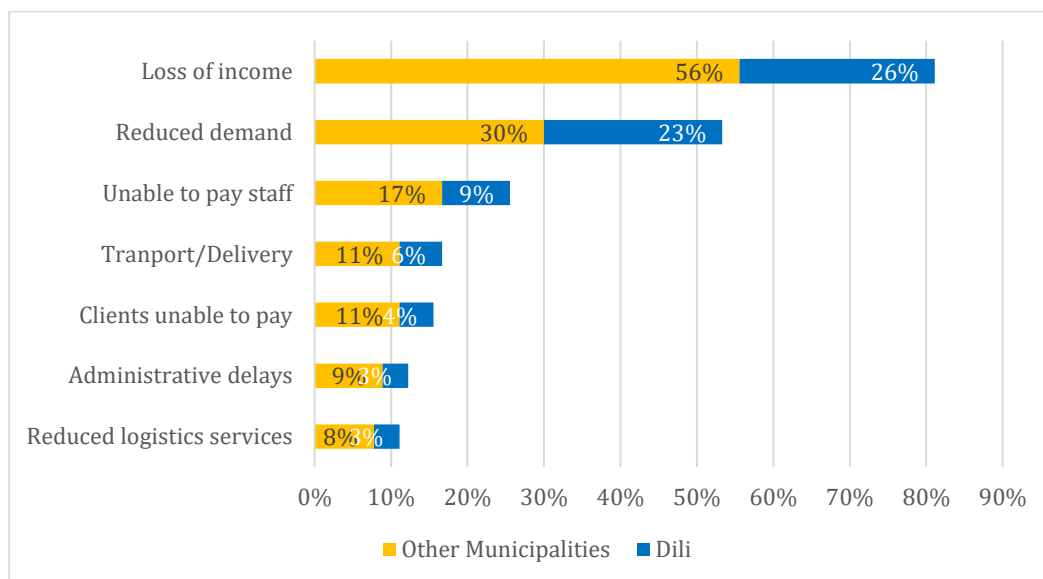
<sup>127</sup> "Hope Spot" nomination recognizes Timor-Leste's Marine Biodiversity. (2020, June 30). Tourism Timor-Leste. <https://www.timorleste.tl/hope-spot-nomination-recognizes-timor-lestes-marine-biodiversity/>

<sup>128</sup> UNWTO. (2020). UNWTO World Tourism Barometer and Statistical Annex, Update July 2020. UNWTO World Tourism Barometer, 18(4), 1–36. <https://doi.org/10.18111/wtobarometereng.2020.18.1.4>

<sup>129</sup> KIIS



Figure 63 Types of impacts on MSMEs, Dili and other municipalities

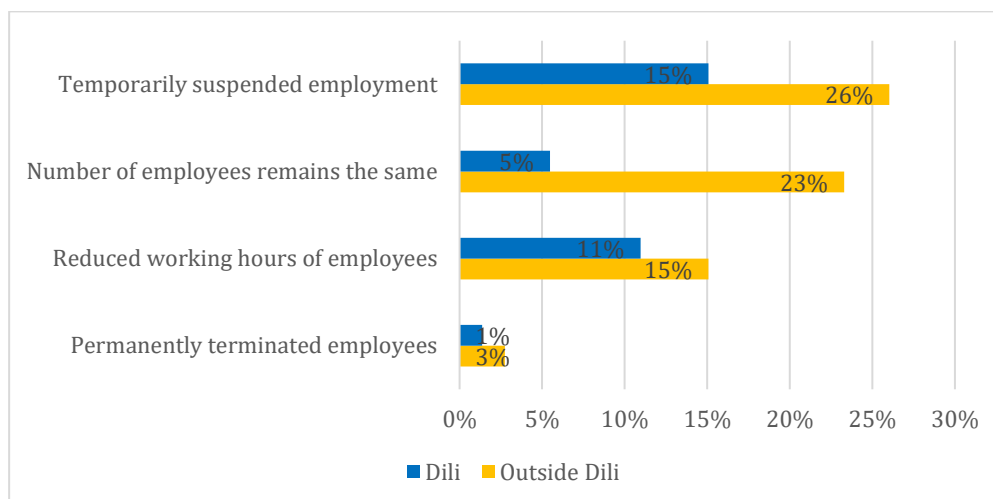


Due to drops in income, many businesses (26 percent) also reported difficulty in paying staff wages and tried to cope by reducing staff hours or suspending temporarily their contracts. Employers expressed great concern over their inability to support their regular employees. They often spoke of the families dependent on these members of staff and the difficult situations they were experiencing as a result of this loss of livelihood.<sup>130</sup> Very few MSMEs (4 percent) permanently terminated employees without the intention of them returning. The majority made a purposeful effort to retain staff by either reducing their hours (29 percent) or suspending employment temporarily with the hope of them returning as soon as possible after the SoE (41 percent).

Based on the data collected, for those who did terminate employment, more women were terminated (61 percent, compared to 39 percent of men), both as a set of all those terminated, and as a proportion of all women employed before COVID (13 percent of women and 3 percent of men were terminated by this measure). More men were reported as unable to work due to returning home during the SoE (61 percent compared to 33 percent of women). It is important to note, however, that these calculations are derived from a relatively small set of data (90 MSMEs, 75 with employees, 12 with permanent terminations and 17 with employees who went home). This data cannot, therefore, be used as the basis for a national equivalency but rather to describe only the MSMEs who participated in the assessment.

<sup>130</sup> KIIS

Figure 64 Changes in employment of the staff



### Market access

Due to travel restrictions and police checkpoints (during the first two months of the SoE, in particular), vendors and customers alike reported significant obstacles in accessing markets. As a result, sellers often did not have any customers even when they were able to deliver their goods to market. For suppliers with perishable items, such as farmers, this presented a significant challenge, with many products expiring before they could be sold.

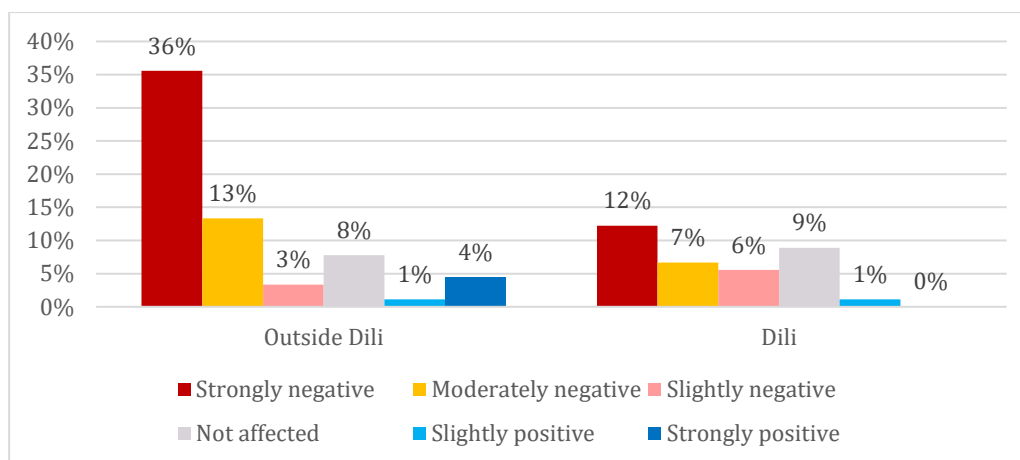


A farmer selling agricultural product in a market, Photo by Yuichi Ishida, UNDP-TL (2020)

The RFSa found similar results. In their study, 92 percent of households indicated they had not been able to travel to market in recent months, while 82 percent were affected by the closure of markets/shops and 74 percent had experienced reduced/unavailable food in markets. The impact of

those economic shocks was severe; 49 percent to 64 percent of respondents said the impact was ‘strong’ or the ‘worst that had ever happened.’<sup>131</sup>

Figure 65 Impact of travel and transport restrictions on MSMEs



With international travel effectively banned, the tourism sector was almost entirely unable to access their customer base. Restrictions on social gatherings and physical distancing meant hotels and restaurants could not operate as usual, leading many to close fully during the SoE, or modify their services to provide more takeaway or delivery options. Similarly, transportation companies were grounded for the first two months of the SoE, making it impossible for them to reach suppliers or deliver to customers.<sup>132</sup>

### Supply chain disruption

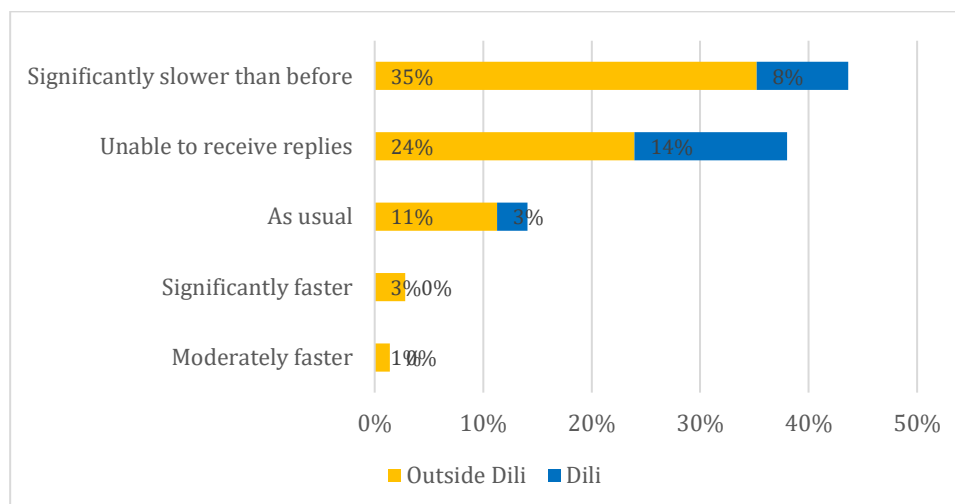
Businesses also faced difficulty in accessing the inputs needed to operate effectively. Outside Dili, in particular, MSMEs saw a significant increase in the time it took to receive supplies (35 percent outside of Dili, 8 percent in Dili). Without new stock coming in, businesses were only able to sell the inventory they already had. As the SoE continued, their supplies dwindled, leaving them with fewer and fewer goods to sell. Continued land border closures present particular challenges to businesses dependent on goods from Indonesia.<sup>133</sup> Nearly one-third of respondents (33 percent) reported difficulty in accessing goods domestically, again with a wide gap between outside the capital (25 percent) and in Dili (8 percent).

<sup>131</sup> Government of Timor-Leste. (2020). *Rapid Food Security Assessment 2020 - Timor-Leste*.

<sup>132</sup> KIIs

<sup>133</sup> KIIs, Bobonaro

Figure 66 Ability to receive supplies



Some MSMEs with supply chain disruptions tried to cope by finding new vendors to purchase from (11 percent). But they were not successful; 53 percent could not find new vendors. They felt this was largely due to a reliance on imported supplies that cannot be sourced domestically. As seen previously, the impacts were notably stronger for municipalities outside Dili.

Table 16 Percentage of respondents able to find new vendors (n=85)

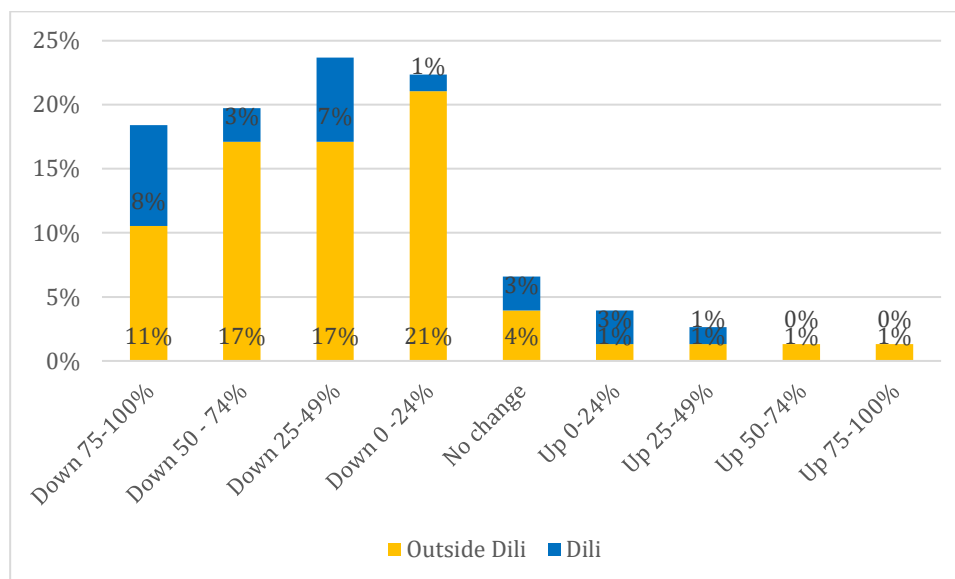
	Outside Dili	Dili	Combined
I have not found new vendors and cannot receive supplies	35%	18%	53%
I have found new vendors and can receive supplies	18%	9%	28%
No problems experienced receiving supplies	12%	7%	19%

### Changing demand

As noted in Chapter 4.1 of this report, only 41 percent of individuals with income prior to being interviewed still had an income in the week before the interview. This severe drop in income led to a predictable decrease in the purchasing power of customers. With limited cash on hand, customers decreased their normal spending and only buying essentials, such as food and soap. One cooperative reported a drop in daily sales from \$100 to \$10 as a result of this change in spending patterns.<sup>134</sup> This fall in demand led to a sharp decline in income for most businesses, with 23 percent reporting lower domestic sales.

<sup>134</sup> KIIs, Viqueque

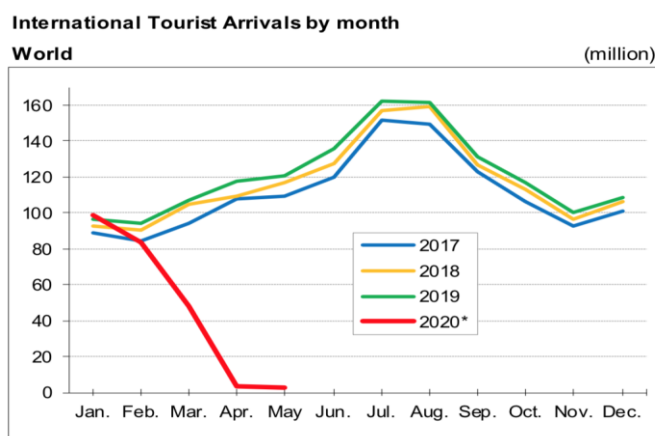
Figure 67 Change in demand: May 2020 vs. May 2019



In addition to customers’ reduced spending, some businesses also faced a challenge in losing their customer base itself. A significant number of expatriates left the country before or during the first SoE and many Timorese nationals moved from Dili back to their home villages. These groups represented a large percentage of the regular customer base for a wide range of businesses in Dili, in particular.<sup>135</sup>

Global demand for tourist activity dropped to almost zero in a matter of weeks, highlighted in the chart below from the UN World Tourism Organization.<sup>136</sup> As the pandemic has continued with no end in sight, bookings for tourist activities such as whale watching (previously fully booked 1 to 2 years advance) have been mainly cancelled. Hotels also saw a sharp decline in both international and domestic bookings. With large overhead costs of facilities, utilities and staff, these businesses worry about their ability to survive if the situation lasts for several months more.<sup>137</sup>

Figure 68 International tourist arrivals by month



Source: World Tourism Organization (UNWTO) ©

<sup>135</sup> KII

<sup>136</sup> UNWTO. (2020). UNWTO World Tourism Barometer and Statistical Annex, Update July 2020. UN WTO World Tourism Barometer, 18(4), 1–36. <https://doi.org/10.18111/wtobarometereng.2020.18.1.4>

<sup>137</sup> KII, Bobonaro

Global demand for exports like coffee also declined. Overseas customers who normally purchase specialty coffees could no longer do so because of lockdowns in their home countries. Coffee demand switched sharply from specialty grade to commodity grade and, as a result, Timor-Leste suppliers of specialty coffee struggled to sell to the global market.<sup>138</sup>

Farmers of unsold produce stated they are hesitant to plant for the next season to avoid wasting products a second time. For those who do intend to plant, some have been unable to purchase necessary inputs, such as seeds or fish, due to border closures.

### Uncertainty about rules

Businesses also reported confusion about their ability to operate due to mixed messages from government and police. Some MSMEs were told by police directly (and in some situations forcibly<sup>139</sup>) that they had to close fully during the SoE, while others had employees who were turned away at police checkpoints for having two people on a motorbike. Although neither of these were prohibited by the Decree Law, business owners were concerned about conflicts with police over their activities if they continued to operate normally.<sup>140</sup> In Viqueque, two interviewees commented on police stopping and turning around food suppliers trying to bring food directly to communities who could not reach the market. They expressed concern that this meant households had less access to food and that the unsold food was wasted, decreasing the supplier's income.

### Limited support from Government

In an effort to assist struggling businesses, the GoTL passed Decree law No. 16/2020 on 22 April 2020. This socio-economic plan was designed to respond to the negative effects of COVID-19 on the economy and identified support mechanisms for employers and employees. This law allowed for the following, retroactively from March 2020:<sup>141</sup>

- An extraordinary allowance of 60 percent of income for employees due to suspension of employment or a reduction in working hours
- Exemption from the duty to pay social security contributions
- Extraordinary allowance in the case of loss of income
- Exemptions on obligations for employers to pay half salaries during periods of contract suspension
- Prohibition of contract termination for normal reasons, unless instigated by the employee, during the SoE
- Exemption of sanctions and required payment of 10 percent of debt for employers with outstanding social contributions from October 2017 to February 2020

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<sup>138</sup> KII, Dili

<sup>139</sup> Sampao, A. (2020, March 30). Covid-19: Comerciantes queixam-se de ameaças da polícia no maior centro comercial em Dili. *Www.Lusa.Pt*. <https://www.lusa.pt/article/3h5QXleXmbZrfyzQjgua6TMSZM5iuS11/covid-19-comerciantes-queixam-se-de-ame%C3%A7as-da-pol%C3%ADcia-no-maior-centro-comercial-em-d%C3%ADli>

<sup>140</sup> KII's

<sup>141</sup> Eighth Constitutional Government. (2020, April 30). *Decree law No16/2020 of April 30*. La'o Hamutuk. <https://www.laohamutuk.org/Justice/2020/DL16SubsEmprego30Apr2020en.pdf>

These provisions were applicable to employers and workers registered with the Social Security scheme, including those who began employment during the SoE and registered with the scheme at that time. Eligibility was also extended to drivers of passenger public vehicles.

To receive these benefits, employers were required to apply to the National Institute of Social Security documenting the list of their workers with suspended contracts or reduced hours as well as a declaration as to the veracity of the information. The law also opened an extraordinary window for social security application for drivers of passenger public vehicles for 15 days after it was enacted.

Due to the passing of this law, social security has seen a significant increase in the number of registrations. Although exact numbers were not available for this report, experts familiar with the matter stated registrations have nearly doubled in the last six months.<sup>142</sup>

These benefits were not, however, accessible by all qualified businesses and employees. Registration could only take place at the National Institute for Social Security, which is in Dili. Those who reside in other municipalities would have had to travel to the capital to register. As many live in remote areas or lack the ability to travel, and with the SoE directly restricting domestic travel, it precluded many eligible recipients from enjoying the benefits of this support.

These measures also did not provide any benefits to the informal sector. In DFAT, TAF and Orima's Timor-Leste COVID-19 report, only 11 percent of respondents indicated they were eligible for the programme.<sup>143</sup> No one had received support for microbusiness and only 2.7 percent of the households had a member who received workers' wage subsidy among the SEIA household survey.

While these benefits were given in addition to some state support, they could not be combined with social benefits for parenthood, old age or absolute disability, leaving some of the most vulnerable without this necessary support.<sup>144</sup> Additionally, the provisions did not allow for a waiver of taxes, which businesses stated they were still required to pay regardless of a total loss of income.<sup>145</sup>

Lastly, businesses did report an increase in sales for a week or two after the cash transfer programme, as people had more cash on hand. TAF's survey, however, found that 79 percent of respondents would use the money to buy food,<sup>146</sup> still showing a preference for essential goods over speciality or non-essential items. One expert felt the amounts given were not enough to make a substantial impact. In their experience, some informal workers earn \$20-\$50 per day, making \$100 for one month insufficient to compensate for their ordinary income.<sup>147</sup>

### Business closures

With businesses facing this series of interlinking impacts, many MSMEs felt the most effective coping strategy was indefinite closure while they waited for more certainty about the situation (49 percent closed). Most businesses using this strategy stopped all activity for the first two months of SoE and were able to reopen, albeit still with limited resources and demand, in the third month. As mentioned

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<sup>142</sup> KII, Dili

<sup>143</sup> DFAT, TAF and Orima. 2020. Timor-Leste COVID-19 Survey Wave 1.

<sup>144</sup> Eighth Constitutional Government. (2020, April 30). *Decree law No16/2020 of April 30*. La'o Hamutuk. <https://www.laohamutuk.org/Justice/2020/DL16SubsEmprego30Apr2020en.pdf>

<sup>145</sup> KIIs

<sup>146</sup> DFAT, TAF and Orima. 2020. Timor-Leste COVID-19 Survey Wave 1.

<sup>147</sup> KII, Business Development Consultant, Dili

in Annex 2, marketplace closures due to COVID-19 predominantly affected women, with an estimated 75-85 percent of vendors in municipal and sub-municipal markets being women.

### Support from cooperatives

In Bobonaro, Baucau and Viqueque, respondents noted the importance of cooperatives in stepping in to help with emergency credit for struggling businesses. As unregulated institutions, their abilities and processes differed, but they shared similar desires to bolster MSMEs during the COVID crisis. During the SoE, cooperatives provided help as best they could in the form of small loans or access to essential goods on credit.<sup>148</sup>

### 5.3 Suggestions for supporting MSMEs

"In business we need to always be optimistic. Everything can improve," a Business Owner in Bobonaro told us.

Many MSMEs have reopened and are making a slow recovery. Most do not feel they will have to close permanently as a result of COVID-19 (76 percent). But many expressed concern about their ability to survive if the SoE continues indefinitely and they worry about not knowing how long the situation may go on (21 percent).

One expert believes this resilience is due mainly to the size of businesses in Timor-Leste. Micro- and Small businesses have low overhead costs, so the financial burden of temporary closures is relatively low. Medium-sized and large businesses with higher operating costs such as rented facilities and a high number of employees, run considerably higher risks in closing and reopening.<sup>149</sup>

**Table 17 Anticipated date of permanent closure due to COVID-19**

	Other municipalities	Dili	Total
Less than 1 month	5%	3%	8%
1-2 months	7%	2%	9%
3 months or more	5%	1%	6%
Business closure not envisaged	51%	26%	76%

*Do you think there is a risk that your business will permanently shut down because of this crisis, and if so, when could this closure occur?*

For agriculture and tourism, the full impacts may not be seen until next season and into next year. Coffee growers, for example, usually take out annual loans for their necessary inputs and pay off the debt with their sales profit. Farmers unable to sell this year could be 24 months in debt next season. Tour operators also function on a seasonal model. They are able to survive the off-season by spreading peak season profits across the year. Continued border closures may eliminate this year's peak season earnings, potentially putting them in a much worse financial position by this time in 2021.<sup>150</sup>

Despite these obstacles, businesses interviewed in the SEIA remain optimistic overall (71 percent) on the future of their companies (8 percent pessimistic, 21 percent neutral). The country's strong entrepreneurial spirit and sense of determination in the face of challenges came through clearly in

<sup>148</sup> KIIs

<sup>149</sup> KIIs

<sup>150</sup> KII, Dili



many of our interactions with MSMEs. Businesses are eager to restart and build themselves up better than before.

## Challenges

“For millions of workers, no income means no food, no security and no future. [...] As the pandemic and the jobs crisis evolve, the need to protect the most vulnerable becomes even more urgent,” Guy Ryder, ILO Director-General.<sup>151</sup>

COVID-19 continues to affect almost every country in the world and has created significant impacts on health, livelihood and the global economy. Timor-Leste has so far been successful in containing transmission and preventing new cases from entering the country, which is an impressive feat worth recognition. The success of the GoTL’s strategy lies largely in the strong measures imposed by the SoE, but they did not come without considerable consequence to the economy, in particular to MSMEs and informal businesses. Although the majority of respondents in TAF’s survey (55 percent)<sup>152</sup> and 12 percent of those asked in the SEIA want the SoE to end, most understand that the measures are in place to keep the country and its citizens safe.

A key challenge in considering any future SoE and immediate-term recovery plans will be to address the obstacles faced by MSMEs and the private sector, while still balancing the need to limit community contact and incoming cases. Considerations shared by respondents included the following (in order of more frequent to less frequent):<sup>153</sup>

- **Financial assistance:** Many MSMEs saw a steep drop in income for at least two months. Their supplies are running low, but they do not have the financial capacity to purchase the goods they need in order to restart their businesses. Providing small loans, grants or other forms of financial assistance, such as seeds to farmers, would help MSMEs become more stable.
- **Open the borders:** Although businesses understand the need for the SoE and risks of opening too soon, they would like to see the land borders open, for supplies only, on a controlled and limited basis, so they can receive the goods they need for their businesses.
- **Tax relief:** Businesses noted that, although many did not have an income during the SoE, they were still required to pay taxes. Freezing this requirement during these uncertain times would remove this financial strain.
- **Communication:** Ensuring citizens, law enforcement and all levels of government receive clear and consistent messaging about the SoE regulations would decrease confusion and concern on the part of business owners.
- **Essential services:** Defining which services are essential to both the health and economic well-being of the country and allowing these to operate as normally as possible during the SoE. Ensuring farmers, for example, can move products to market without police interference and buyers can travel to markets when needed for food, or allowing alternative sales methods such as direct delivery to communities. As one respondent put it, “People are more scared of

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<sup>151</sup> ILO. (2020, April). ILO Monitor: COVID-19 and the world of work. Third edition.

[https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms\\_743146.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_743146.pdf)

<sup>152</sup> DFAT, TAF and Orima Research. 2020. Timor-Leste COVID-19 Survey Wave 1.

<sup>153</sup> KIIs

hunger than COVID". Also ensuring business supplies move quickly and easily to where they are needed, particularly for MSMEs outside of Dili.

- **Planning:** With only one positive case currently in the country, now is the ideal time to prepare guidance for future scenarios and States of Emergency that may be needed. Thinking through these scenarios and preparing guidance and regulations will allow for clear communication at a time when the country needs it most.

The World Bank's April 2020 report for Timor-Leste echoes these sentiments and shares economic policy recommendations on "securing a minimum level of transport services, minimising disruptions to key supply chains, ensuring continued access to telecommunication services, easing payments for utilities and rent, anticipating and topping up existing cash transfers programmes, facilitating credit and encouraging bank forbearance, deferring tax obligations of specific taxes, and supporting wages in key economic sectors."<sup>154</sup>

## Opportunities

"COVID is an opportunity to reflect as a state about our nation building strategy. It's an opportunity to rethink new ways of doing things, develop new concepts and move forward with a clear focus," Business Development Specialist, Dili.

Internationally, COVID-19 has highlighted gaps in service as well as opportunities for revamping business environments and strategies. Timor-Leste is no exception, and as a growing economy it seeks to benefit even more from tactical and focused adjustments to the previous norms. Respondents highlighted the following areas of opportunity as those which would have the greatest positive impact on creating a more enabling business environment and supporting businesses for long-term growth (again in order of most to least mentioned):<sup>155</sup>

### 1. Easier access to credit:

MSMEs and business experts repeatedly stated the need for easier access to credit. Micro- and Small businesses, particularly struggle to qualify for loans due to the complicated application process or challenges with literacy. Working with banks or microfinance institutions to make this process easier and more accessible for all businesses, such as illiterate entrepreneurs, would open opportunities for new businesses to thrive.

Many MSMEs currently rely on cooperatives to supply them with low-value, low-credit loans because they are unable to get these through the banks. In our data collection we met with several cooperatives who all operate very differently, though with an equally strong commitment to supporting business development in their municipality. While cooperatives have a place and are bolstered by communal social norms in Timor-Leste, they are ultimately unregulated and run according to the whims of those managing the finances.

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<sup>154</sup> World Bank Group. April 2020. *Timor-Leste Economic Report: A nation under pressure*.

<https://www.worldbank.org/en/country/timor-leste/publication/april-2020-timor-leste-economic-report-a-nation-under-pressure>

<sup>155</sup> KIIs

Experts warn that embezzlement and other forms of corruption have been seen in cooperatives and advise that, due to their unregulated nature, the government should focus more on expanding the reach of regulated, accountable institutions such as microfinance providers.<sup>156</sup> One interviewee suggested the concept of a national level cooperative system, similar to a credit union or savings and loan model. This structure could present an innovative combination of regulated lending while using a membership or community style MSMEs are more familiar with.

One obstacle faced by those seeking credit is the inability to show collateral when applying for a loan. Clear property laws allow individuals and businesses to use their land or homes to secure loans. Additionally, a lack of insolvency laws allowing lenders to reclaim losses on defaulted loans creates a risky environment for outside investment in Timor-Leste. Solidifying and enforcing the legal frameworks for property ownership and insolvency would create more stability for lenders and bring more investment into the country.

#### **2. Ease of starting and growing a business:**

The current registration system can be difficult to navigate, particularly for those starting their first business. Making registration easier and supporting businesses with training and mentorship would help more succeed in the long-term. Some respondents recommended the idea of small business support centres with training programmes similar to IADE,<sup>157</sup> where entrepreneurs can learn how to develop concepts, plan their operation, open their business and grow it over time. This type of support could go a long way in creating lasting businesses, which are essential to a stable economy.

#### **3. Invest in tourism:**

In every municipality, respondents saw tourism as an essential part of economic development, and yet all noted a lack of investment in the necessary infrastructures to attract national or international visitors. A commitment to implementing the National Tourism Strategy for 2030<sup>158</sup> and ensuring sufficient funding for the Ministry of Tourism could help bring the hopes of a thriving tourism sector to life.

#### **4. Explore opportunities for digitisation:**

Several experts mentioned that they are seeing more interest among MSMEs and the population in general in exploring digital opportunities as a result of COVID-19, with greater flexibility seen as a means of sustaining their livelihoods. During the SoE, some businesses tried online ordering systems, while others began using nascent forms of digital cash payments, such as the T-pay and Mosan systems, supported through Timor Telecom and Telemor, respectively. As one of the world's least-connected countries, Timor-Leste has nothing but room to grow when it comes to digital opportunities.

Whether addressed in tandem or tackled individually, each of these areas present Timor-Leste with the opportunity to reset and move forward with purpose in the development of a resilient and thriving post-pandemic economy.

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<sup>156</sup> KII, Business Development Professional, Dili

<sup>157</sup> IADE. (2016). IADE – Instituto de Apoio ao Desenvolvimento Empresarial. <http://iade.gov.tl/?lang=en>

<sup>158</sup> Government of Timor-Leste. (2017, March). Growing Tourism to 2030: Timor-Leste National Tourism Policy. <https://www.timorleste.tl/wp-content/uploads/formidable/4/TL-National-Tourism-Policy.pdf>

## 6. COVID-19 Measures Implementation

This chapter describes how the COVID-19 measures and the SoE measures were implemented; the role of the national and local government, development partners, local NGOs; and the opportunities and challenges during the implementation of the SoE and other measures. The SEIA also inquired about communities' and stakeholders' perception of the government's response and communication during the SoE.

### 6.1 COVID-19 risk communication and information source

The municipal departments as well as the government agencies such as PNTL, Civil Protection and FDTL, were responsible for the dissemination in the communities for the prevention and control of the disease COVID-19, to ensure that the preventive measures were complied. The role of international organisations and local NGOs was crucial in this effort as found through the KIIs with both government and NGO informants.

According to a WHO situation report of Timor-Leste, 'there has been large scale distribution of information education communication materials and many partners are taking initiatives to engage in awareness activities and distribution of information, education and communication materials.'<sup>159</sup> Timor-Leste has several local languages and has a 67.5 percent adult literacy rate, so information, education and communication materials need to be accessible to various groups. Therefore, the questions on sources in the SEIA focused only on COVID-19 information and related measures implemented by the government and other agencies. Data on other information or news were not gathered.

First, the SEIA asked 'does your household get **timely** information about COVID-19 and measures the government is implementing to avoid the spread of the disease?.' Overall, 64.2 percent of all participants said they receive timely information, 26.5 percent somewhat timely, 7.5 percent late and 1.8 percent do not receive information at all. As can be seen from Table 18, there were significant differences based on location and wealth quintile; participants in Dili and highest wealth quintile received more timely manner. There was no significant difference on vulnerable and non-vulnerable households, by participants' sex and age.

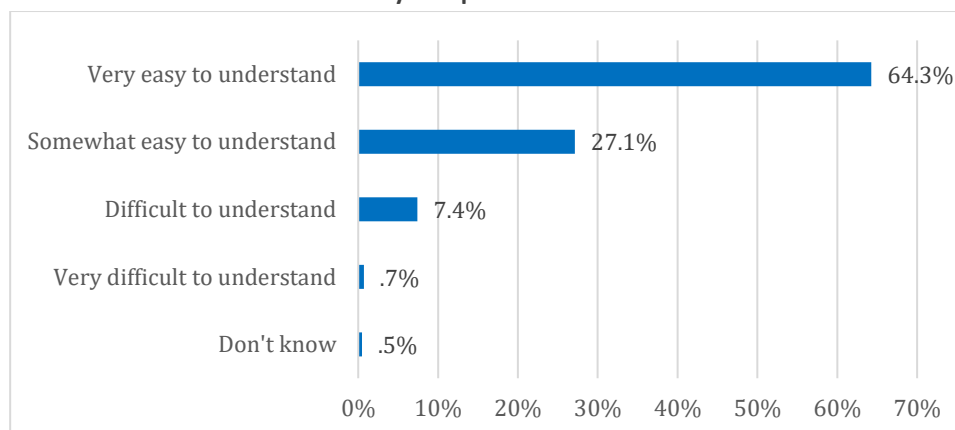
**Table 18 Percentage of participants on timeliness of COVID-19 related information, by various groups**

	Other regions	Dili	Lowest quintile	highest quintile	Not vulnerable	Vulnerable
Timely	49.1%	73.0%	38.7%	78.2%	69.4%	63.3%
Somewhat timely	32.5%	23.0%	40.6%	19.5%	26.4%	26.6%
Late	14.1%	3.6%	14.2%	2.3%	4.2%	8.2%
Don't receive information at all	4.3%	.4%	6.6%	0.0%	0.0%	1.9%

<sup>159</sup> WHO. Coronavirus Disease 2019 (COVID-19) Situation Report – 18 Timor-Leste, Data as reported by 13 March 2020

Then we asked if the information about COVID-19 was easy to understand. As shown in Figure 69, well over 60 percent of the participants agreed that the information related to COVID-19 they received was very easy to understand and 27.1 percent said it was somewhat easy to understand.

**Figure 69 Was the information received about COVID-19 easy to understand, in your language and adapted to your specific needs?**



The most common ways to receive COVID-19 related information were television broadcasts (74 percent), word of mouth from relatives, friends and acquaintances (52.1 percent), social media (48 percent) and mobile text messages (43.9 percent). SMS texts on preventive measures were sent by mobile telecommunications operators and the government including the Ministry of Health and Ministry of Education as well as the *Eskola ba uma*<sup>160</sup> programme. A survey conducted by Red Cross in all municipality centres of Timor-Leste from April to May 2020 found that TV was the main source of information for respondents (83 percent) followed by radio (55 percent) social media (54 percent) and health units/healthcare workers (27 percent).<sup>161</sup>

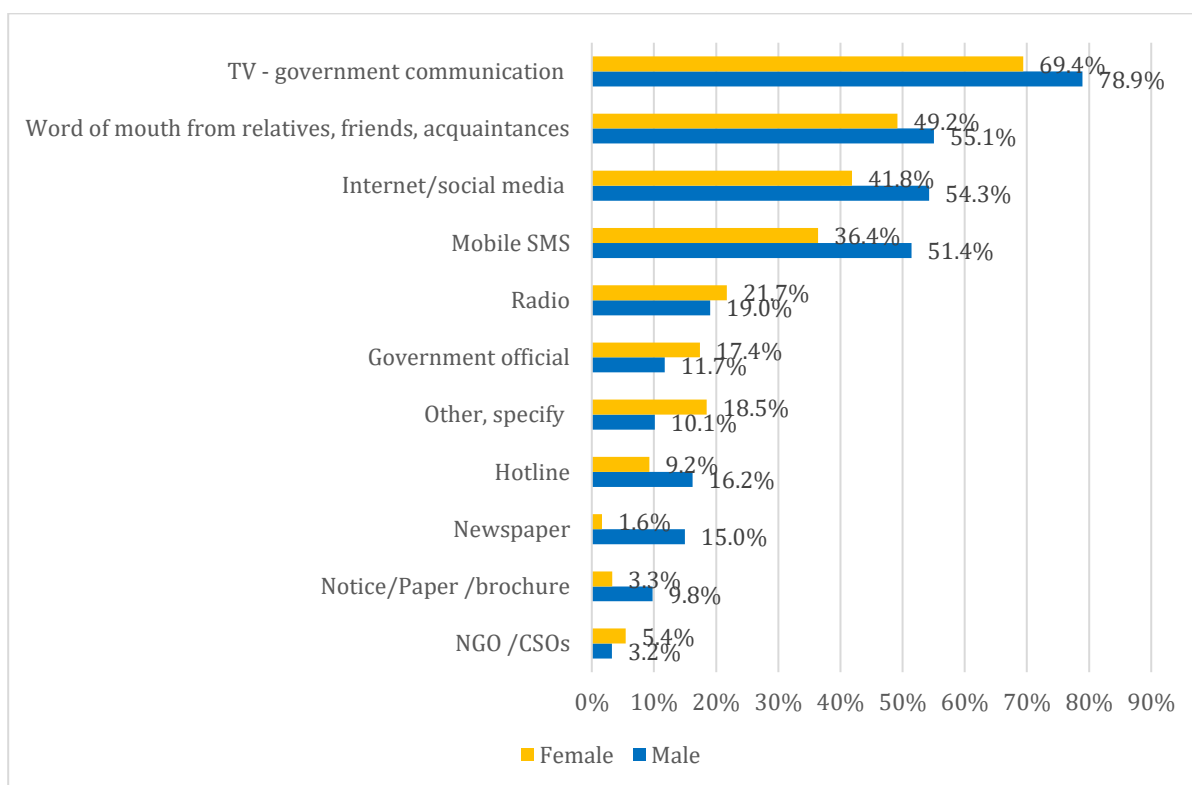
As Figure 70 shows women received information from less varied sources compared to men, especially in terms of TV, mobile text messages, newspaper, COVID-19 hotlines and print information, education and communication materials such as notice, paper and brochure.<sup>162</sup>

<sup>160</sup> ['School Goes Home'](#) initiative is a distance learning programme targeting to reach 350,000 children across the country implemented by the Ministry of Education, Youth and Sport and UNICEF.

<sup>161</sup> Assessment: Community perception on COVID-19 Timor-Leste July, 2020, IFRC.

<sup>162</sup> MoH operationalised a hotline (119) – for COVID-19 related information.

Figure 70 Sources of COVID-19 information, by sex of respondent



Disaggregating the data further by different households' characteristics (Table 19) reveals difference in variety or access to sources of information. Highest wealth households and those in Dili were more likely to receive information through media (TV, internet, newspaper and SMS), while lowest wealth households and those outside Dili were more likely to receive it directly from other people (word of mouth, government officials, and NGOs), although differences between wealth quintiles in those methods did not reach statistical significance. Households with a person living with a disability were less likely to obtain information about COVID from the internet and social media and more likely to get it by word of mouth. There was no significant difference based on headship of the household - except female-headed households used more social media/internet (58.2 percent) than male-headed households (46.7 percent).

Table 19 Sources of information, compared by various groups

Sources of information	Other regions	Dili	Lowest wealth	Highest wealth	Nonvulnerable	Vulnerable	No disability	With a disability
TV (government communication)	60.6%	82.6%	44.4%	91.9%	83.1%	73.1%	76.7%	66.7%
Internet/social media	21.2%	64.1%	13.1%	91.9%	74.6%	43.6%	51.4%	27.8%
Newspaper	1.3%	13.8%	1.0%	14.9%	18.3%	7.5%	9.4%	11.1%
Radio	13.5%	23.9%	15.2%	19.8%	11.3%	21.9%	21.3%	13.0%
Mobile SMS	18.6%	59.8%	15.2%	73.6%	63.9%	41.1%	45.4%	46.3%
Notice/Paper /brochure	7.1%	7.2%	5.1%	17.2%	1.4%	8.3%	8.0%	1.9%
Government official	18.6%	11.6%	16.2%	9.2%	12.7%	14.4%	14.4%	11.1%
NGO /CSOs	8.3%	1.8%	9.1%	0.0%	4.2%	4.4%	4.4%	3.7%
Hotline	9.0%	15.6%	1.6%	5.6%	19.7%	11.9%	14.1%	11.1%
Word of mouth	65.2%	45.8%	70.7%	46.5%	61.1%	51.1%	50.3%	72.2%

\*Those in bold  $p < 0.05$

## 6.2 Satisfaction with the government's response to COVID-19 in supporting citizens

We asked 'at any time have you felt excluded or discriminated against in relation to any measure taken or service provided by authorities in the context of this pandemic? A total of 43 participants (9.7 percent) answered 'Yes' while 396 (90.3 percent) said 'No'. Comparing the results by region, respondents in municipalities outside Dili had experienced slightly more discrimination (16 percent) than in Dili (6.1 percent). In Oecusse, the proportion of those who experienced discrimination was highest at 30.7 percent whereas in Baucau and Dili it was 5.8 and 6.1 percent respectively. There was no significant difference based on participants' gender and age.

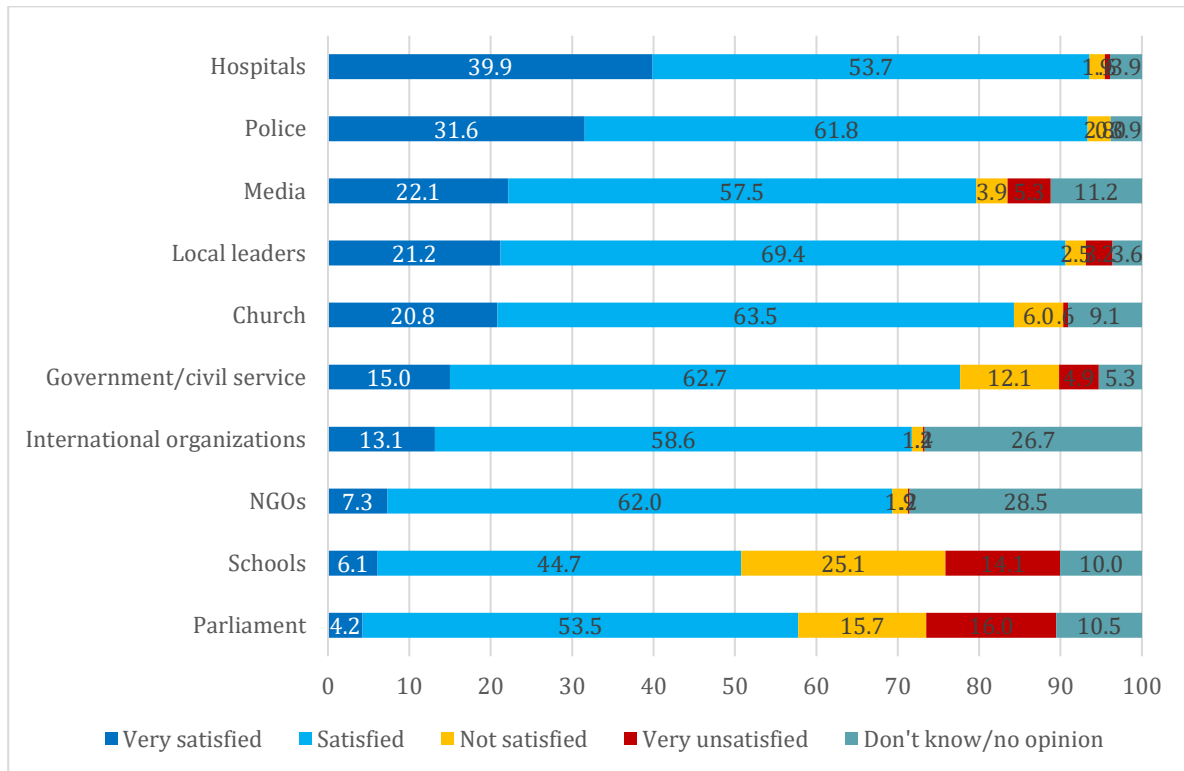
Multiple KIIs noted that women in domestic violence shelters did not receive any of the subsidies, which were distributed to their spouses or other family members. Staff from two shelters reported that the usual food funds for the women staying in the shelter and for staff salaries was also not received.

Another KII respondent with a public institution said that single mothers were not able to apply for subsidies but did not elaborate. This staff member also reported that some *suco* offices charged people for their copy of the application form for the subsidy, and the National Human Rights Commission (*Provedoria dos Direitos Humanos e Justiça*) covered the cost for those who could not pay.

**The majority of the participants were satisfied across all institutions.** Questions about satisfaction with different institutions' response including response by Parliament, civil service, police, hospitals, schools, local leaders, the churches, international organizations, NGOs and the media. A four-point Likert scale ranging from 1 (fully satisfied) to 4 (fully dissatisfied) with a 'Don't know' and 'No opinion option' was used.

They were most satisfied with hospitals, police, media and local leaders (*aldeia* and *suco* leaders). The institutions that more respondents were dissatisfied with were Parliament and schools. During the data collection and looking at the responses provided to open-ended questions on livelihood, around 6 percent of people said political stability is especially important during the COVID-19 crisis. These participants were critical of the current budget situation and changes in government. Whereas for schools, participants wanted classes to return to normal because more than half of the children in the households interviewed had not continued education during the SoE.

Figure 71 How satisfied are you with the following institutions response to COVID-19?



Disaggregating this overall response by different characteristics result in the following observations:

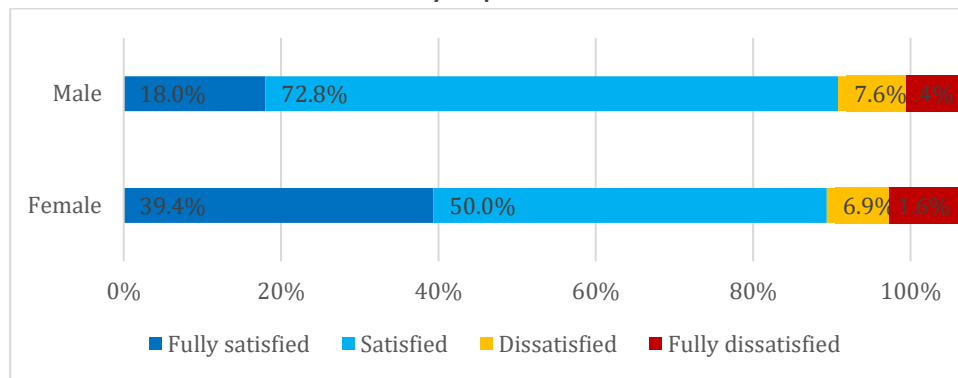
- There was no significant difference based on respondents' sex and age.
- In terms of vulnerable and non-vulnerable households, **vulnerable households were somewhat less satisfied with all institutions** except for local leaders and NGOs response, they were more satisfied than the non-vulnerable households.
- However, **there was a significant difference based on wealth quintiles** where the proportion of participants satisfied across all institutions were lower in the lowest wealth quintile. They also tended to answer Don't know or no opinion - regarding international organisations, NGOs and media response. They were less satisfied in police response compared to the highest wealth quintile. The highest wealth quintile was more dissatisfied with Parliament and schools' response than the lowest wealth quintile.
- Respondents in Dili were more satisfied with institutions' response except with schools. Participants outside Dili indicating they don't know or have no opinion ranged from 10-30 percent across all institutions. Significant difference was observed in media and international organizations' response where participants in Dili had no opinion in contrast to those in Dili.

Finally, Figure 72 presents the overall satisfaction of the participants with the way the government has been dealing with the COVID-19 crisis was high.

- More people are satisfied in Dili than those in other municipalities ( $p < 0.01$ )
- More people among the highest wealth quintile than lowest wealth quintile ( $p < 0.01$ ).
- No significant difference between vulnerable and non-vulnerable households and male and female-headed households.



**Figure 72 Overall, how satisfied are you with the way the Government has been dealing with this COVID-19 crisis? By respondents' sex**



NGOs interviewed through the KIIs showed they were generally satisfied, particularly regarding the closure and tighter control of the border, quarantine, enforcement of physical distancing and cooperation with NGOs.

When asked what could have been done differently, most commonly stated points were:

- Better and earlier preparedness from the government and for a longer time
- All the decisions and measures were quite Dili-focused
- Supply chain – did not have supplies ready.
- Humanitarian disaster preparedness as the SoE also overlapped with flooding in Dili.

The government informants highlighted the following positive measures and changes during the SoE:

- The closing of the borders prevented a greater number of people who could get infected entering the country, also ensuring more security for the domestic population.
- The population has become more aware of their hygiene. The increase in facilities for washing hands as well as awareness of hygiene care, may guarantee the reduction of diseases such as diarrhoea or tetanus.
- The \$200 monetary support given to the population helps those most in need and people who were unable to work or sell their products, to buy food or other essential goods contributing to better nutrition and health.
- Citizens followed and complied with the measures imposed during the first SoE.

With regards to the negative impact, municipal leaders focus essentially on the vulnerabilities that these measures have on people's lives:

- The emergency cash transfer was distributed too late, leaving many people vulnerable.
- Education was impacted when the schools closed.
- Transportation stopped preventing patients from going to the hospital.

### 6.3 Government and non-government organisations' response

Before presenting this section, it is important to understand the key contexts of the SoEs. First, the COVID-19 SoE measures implementation can be divided in several phases. The first phase is when the SoE was first declared, in March and April 2020. KIIs reveal this phase included tremendous energy within the government and other partners, specifically in the sectors of health, police, education and public administration. The departments and organizations mobilized quickly to support implementing WHO guidelines. As one key informant described this time:

“There was a feeling that the storm was here. In just a few weeks everything was overwhelmed and rushed – in a way it was good, it put everyone together – no one was worried about reputation, territory and usual business. But it meant duplication of things, some things got done three times and some things were overlooked. It wasn't anyone's fault and everyone tried their best, ” a KII with an NGO based in Dil) said.

The next phase relates to May and June 2020 when the sense of urgency was eased. As key informants noted, due to the decrease in the number of positive cases in the country, people felt safe to return to their normal lives. During this period, activities were more structured, with better communication and coordination between partners. However, as attested by many government and non-government informants, confusion about structures within the government was the main challenge due to a change in administration and the political scene. According to the key informants, these changes affected the decision-making process, leaving it difficult to reach consensus and slow down the implementation of the COVID-19 measures.

Second, it is important to note that although women play important leadership roles in Timor-Leste's health sector and represent a critical mass as front-line health and essential workers,<sup>163</sup> women remain under-represented in COVID-19 related decision-making bodies at both national and sub-national levels.

The results presented in this section rely on the analysis of 28 key informant interviews conducted (of which 10 representatives from local government, 3 from national government, 3 INGOs and 12 national NGOs). The majority of the government informants were male, whereas NGO representatives were female.

#### Adaptation of the workplace

**Lack of availability of PPEs.** Especially in the first SoE, there was a lack of availability of PPEs including masks, gloves and sanitizers among both government and NGOs. Even those working in the health sector had faced a near shortage. The municipal government had an insufficient budget to purchase PPEs and materials such as buckets for water to wash their hands.

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<sup>163</sup> In 2010, 67% of midwives and 87% of home care workers were women. Analytical Report on Gender Dimensions: Timor-Leste Population and Housing Census 2010 Volume 14. General Statistics Directorate and UNFPA. 2012. Page 23.

This is how an NGO KII based in Dili described their situation and how they managed to make PPEs available:

“Staff were quite scared and needed masks and PPEs to come to work. That’s why we stitched gowns and masks by looking at standards and guidelines online and just provided them. We used local tailors and businesses and ordered masks. They stitched everything in 3 days”.

Municipal governments noted that with the help of local and international organizations, it was possible to guarantee PPEs for employees, such as masks and gloves, as well infrastructures and products that allow frequent handwashing with soap. As one municipality government informant put it, “At first, we thought we had enough equipment but we didn't.... So we had to ask for support. Some companies had the initiative such as donating money to buy equipment and buckets to wash hands and machines to disinfect.”

**Training of staff.** The employees of various government departments at the national and local levels received training to deal with the COVID-19 situation (online certificate) through MoH. According to some KII interviewees, although online training was the only way to deliver training during the SoE, it was delivered late and was insufficient in terms of quality and effectiveness. It also failed to meet the needs of staff, especially in rural areas. Some of the health professionals had already received training in previous years for similar situations and only had to adapt their pandemic knowledge to the COVID-19 characteristics. Doctors, health assistants and nurses during SoE continued to receive training from the National Institute of Health on COVID-19.

It should also be mentioned that frontline workers such as police, did not organise/receive training. This meant enforcement of COVID-19 measures was challenging at the start, due to the lack of equipment and knowledge among government officials about how to enforce the advised measures.

**Change in operations and working conditions.** Some KIIs conducted with directors in government departments indicated there was no reduction/laying off staff or in their salaries. But others said pay had been cur through a variety of means including reductions in extra hours salary and per diem incentives. There were delays in some ministerial budget spending where cleaners and nursing volunteers were not paid.

Civil servants in rural areas do not have equipment such as laptops at home to work online, and in some cases, do not have smartphones which made it difficult to work remotely. Other employees live far away and cannot come quickly in case of an emergency. Household duties, especially for female workers have increased during this time.

In the case of both the government and NGOs, when the SoE started, employees did not come to work even though there was no authorization. As key informants noted, they were afraid of coming but some continued to come, namely those who most needed to work for financial reasons.

Most organizations continued their programmes, although with some restrictions and adaptations due to the measures implemented by the government. Of the organizations interviewed, few had to stop or cancel any of their programmes. Some have adapted or changed their programmes to create protective equipment and hand washing facilities to meet demand.

## Coordination and communication between stakeholders

During the SoE, there was effective coordination in general, between the members of the central government and the members of the municipal government, between INGOs and central and municipal government and between local NGOs.

One of the main coordination mechanisms was the establishment of several **Task Forces** within and between the central and the municipal governments, NGOs, Church and veterans to share information and ensure prevention and protection measures are applied throughout the national territory:

- Coordination between the municipal Task Forces, MoH and the Situation Room of the ICMC proved to be important to ensure greater control and sharing of information on active and recovered cases in the territory.
- Task Forces were also created between the various government bodies within the municipalities. These task forces were mostly led by the President of the Municipality's Authority and aimed to define strategies and coordinate the prevention and control activities of COVID-19 between the various government departments and local authorities such as PNTL, Civil Protection, FDTL and others.
- The Task Forces brought together members of the local government and members of organisations and institutions operating in the municipality. The Task Force's purpose was to define strategies together and to share information and tasks in order to provide the best support to communities.
- The Presidents of the Municipal Authorities was also part of a group of NGOs and institutions which together with the Municipal Task Force, established the activities to be carried out to support the community as well as to share relevant information in the fight against COVID-19.

These various coordination groups facilitated management of control activities and preventive measures for COVID-19. It was possible through these groups to identify a greater number of vulnerable people, to provide better assistance and support to communities and to ensure that essential services and goods reached the population even in remote areas.

Another coordination method used during the SoE was **social media networks and groups** (often through WhatsApp). These groups were used for information sharing with the purpose of providing efficient support and clarification about COVID-19 measures between the central government in Dili and the municipalities. However, the weak internet service makes it challenging to provide training at distance to employees or focal points on the ground and prevents organizations from having more contact with remote villages or sharing more information with ministries in Dili.

In some municipalities, cooperation between Municipal Departments and local and international organisations existed before the SoE through the **Referral Network** (which consists of joint working groups of police, *suco* and *aldeia* leaders, health and education officers). This network was active in sharing knowledge and mutual support to guarantee better support and service for local communities.

It was noted by the KIIs that communication between MoH and Health Municipal Departments was good and effective during the SoE, allowing the municipalities authorities to stay informed and updated on the situation. However, non-government KII participants also noted the delay in communication between central and municipal governments. One municipality participant said,

“There were a lot of discussions at the national level and as a result the government switched to nine pillars of response.<sup>164</sup> In the meantime, municipalities still had the old five pillars of response. Orientation to municipality and communication was always delayed.”

During the SoE, it was possible to increase and reinforce cooperation, however, there was an expectation that after this period ‘things will return to normal’ and cooperation and communication will decrease.

## Budget

During the SoE, the Government municipal departments had great difficulties in financing activities related to COVID-19 due to the duodecimal budget and the delay in the distribution/execution process of the COVID-19 measures.

Due to the duodecimal budget and the delay in the distribution/execution process of the COVID-19 Fund, various municipal departments were unable to allocate budget for activities related to COVID-19. Instead, the municipal departments only had a budget available for current expenses, for the salaries of civil servants and for subsidizing support to the population (*Bolsa da Mãe*, Allowance for the Support of the Elderly and Invalid, among others). As such, the municipal departments had to request the support and cooperation of local and international NGOs to obtain PPEs for the use of employees and for the distribution among the population.

In contrast to other departments such as agriculture and education, municipal departments for health and health clinics indicated that they received funding during SoE so that they could ensure the full functioning of their facilities and ensure that preventive and protective measures were applied. Even so, the source of this budget became available only after the COVID-19 fund was approved. In the meantime, the health departments had to cover costs with support from international organizations.<sup>165</sup>

With financial constraints that did not allow the purchase of some equipment and materials, the municipal departments supported COVID-19 measures’ implementation such as risk communication by making their human resources and in some cases, state vehicles available. Many of the municipal directors indicated they have not received clear information on the amount and timing of support the municipalities could receive from the COVID-19 Fund.

It was mentioned that the cooperation of international organisations and donors, was critical to overcome financial shortage in financing programmes to support, maintain and organize essential services including in education, health, WASH, social protection (e.g. food distribution, organizing emergency cash/subsidy distribution nationwide), domestic violence protection shelters, and supporting farmers and fishermen.

As for the NGOs, the majority of local organizations and social solidarity institutions had not received additional financial support during the SoE. The lack of funding made it difficult for many of the organizations to support communities. In some cases, such as social solidarity institutions, until the end of July had not received support from MSSI. This lack of support made it difficult to pay salaries leaving employees without wages. NGOs continued to seek the same donors and were not aware of new funding for COVID-19 prevention.

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<sup>164</sup> GoTL, The National Action Plan for COVID-19 preparedness and response

<sup>165</sup> KII, Government official based in Dili

## Digital / technology support

Common applications used during the SoE by stakeholders were social media, WhatsApp and Facebook, as they are more accessible and easier for official communication between central government members, local government members and public officials. These applications were also used internally between municipal directors and civil servants to guarantee social distance, and to ensure frequent communication between employees who stayed in the ministry and those sent home. Services such as email are used rarely and many services do not have an active email account.

Technology helped to share information between the government, organizations and civil society institutions of civil society. But due to the weak internet services, meetings by Zoom/Skype, website information research and data-sharing was easier between Dili and Baucau than with other municipalities.

Several barriers were mentioned by the participants in introducing digital solutions within government. Lack of leadership, willingness and incentive, lack of computer literacy especially among the older employees, equipment limitations, and weak internet coverage in rural areas constitute key challenges.

- The interviews all point out the lack of internet coverage and speed as challenges preventing digital transformation in the country. The lack of internet creates difficulties in the execution of activities and also in the provision of services by the municipal departments.
- Most civil servants in ministerial departments have knowledge and training in the area of information technology. However they report that most computer materials are old or are out of date, making it difficult to execute their activities.
- There is still an incentive and preference towards face-to-face meetings and relationship building. Therefore, online training was considered ineffective by most government informants. In most cases, civil servants had to travel to villages and *sucos* to share information on prevention and protection against COVID-19.

As for employees of INGOs, the situation was different. One informant said, “Our teams became quite savvy in using online tools. We gave *pulsa* [phone credit] to our staff... By the end of the second SoE, everyone knows how to participate in online conferences and the office switched to Microsoft Teams. Now it’s part of our DNA and it is a big positive”.

## Reaching vulnerable groups and maintaining essential services

During the SoE, the focal points of municipal departments, social solidarity institutions,<sup>166</sup> local and international organizations, played an important role in identifying the most vulnerable population. Due to the existing proximity and their knowledge with the local population, it was possible to provide support and ensure prevention and control among the most remote communities. PNTL, Civil Protection, FDTL, and in some municipalities veterans and Church also played an important role in providing essential services.

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<sup>166</sup> Entities legally constituted under the legal framework of the non-profit legal persons which contribute to the effectiveness of social protection of citizens and they are not part of administration of the State.

The role of *suco* and *aldeia* chiefs was notable during the SoE. According to national and international NGOs and municipal government departments, they acted as the main point of contact by organizing communication activities, informing and reporting potential domestic violence issues, and by identifying vulnerable groups in need of food, PPE and financial support.

The municipal government representatives interviewed indicated they had sufficient human resources. But due to the shortage of PPEs and support material and means of transportation (vehicles), it was difficult to provide a better service to the communities. Therefore, they focused on providing efficient support to the population and coordination between the government and NGOs.

Both international and national NGOs felt a sense of responsibility to continue their services during the SoE because the gap in services was obvious. Rather than shutting down the operations, most had used some agility and adaptability during the SoE. The close relationship between NGOs and local communities, as well as the fact that many of them have focal points in the various *sucos* helped the government to reach a larger number of the population and to obtain more information from the remote villages and *sucos*. An NGO Director in Baucau said, “The Ministry of Health does the advocacy by TV and we need to help by going and doing it in the *sucos* and *aldeias*.”

While an INGO based in Dili noted their engagement with the government with regards to essential services, “We were working more closely with the Government to reiterate this notion of essential services...is important for the Government to understand...these services need to be open and maintained at any time. In disaster or humanitarian situation, we cannot stop essential services. So we tried to at least contribute to maintaining essential services by taking over some of the services and keeping our services running.”

During the SoE **social protection and social services** have been essential in supporting the most vulnerable population. Social services and protection programmes remain in full operation to allow support and assistance to the population. From the interviews conducted, we found that some of the social protection programmes such as the “*Bolsa da Mãe*” or the “*Merenda Escolar*” (school feeding) were not available during the 3 months of SoE. In the case of the *Bolsa da Mãe* programme, it had not been distributed until the end of July and the “*Merenda Escolar*” programme ceased to function as soon as schools closed. One single female head of household lives with four children and an older mother. She said, “I normally receive *Bolsa de Mae* and the elderly assistance payments for my mom, but these have not yet come this year. I don’t know when they will come.”

**In education**, the schools closure made it impossible to distribute the “*Merenda Escolar*” however, the monetary support for the school concession remained. From the interviews carried out, there was no programme or activity that replaced the school food programme during the SoE.

With regards to **health services**, clinical centres have taken measures recommended by MoH and WHO to guarantee the safety of their patients. Some clinics have sanitary problems, difficulties in water access and degraded facilities which create obstacles to nurses and doctors doing their job. The mobile health post continued to operate to help people further away. However, the following challenges were pointed out by health sector interviewees at national and municipal levels:

- The health centres were only open for 2 or 3 hours.

- For example, at Oecusse they had no fuel, which made it difficult for doctors to come to the centres. Health services in Oecusse were unable to function properly or provide support for everyone.
- National hospitals had a shortage of medication.
- There was no transport for doctors and other people so the national hospital was only half full. The lack of public transport made it difficult for patients to access health facilities and the hospital. Those who came to receive assistance had paid a considerable amount for the transport in a taxi.

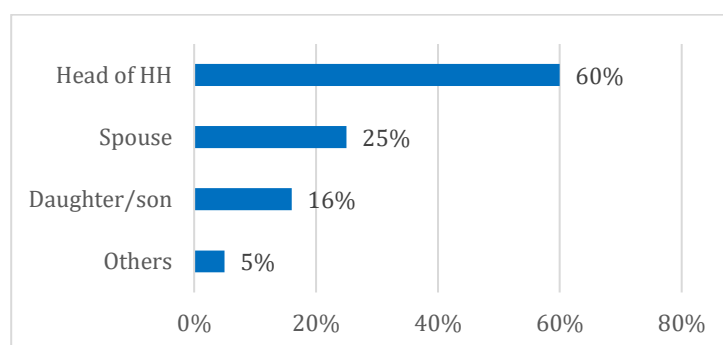
### Government household and MSMEs subsidies

UNDP Regional Bureau for Asia and the Pacific noted that ‘governments should use stimulus funds and incentives for populations that need them the most’ including MSMEs, the vulnerable and poor, and ‘avoid the use of stimulus funds that enrich the well-off’<sup>167</sup> The Government of Timor-Leste approved on 30 April, 2020 through Law Decree No. 15/2020 the Monetary Support for Households within the scope of the COVID-19 Pandemic. This support consisted of the monthly distribution of \$100 per household with at least one member who does not receive a monthly (through salary, subsidies or institutional support) monetary value greater than \$500. This grant was distributed during the third SoE and each household was given the amount of \$200 corresponding to the first and second SoE. 318,527 families benefited from this grant and a total of \$63,705,400 was distributed.

In total, 86 percent of the households interviewed in this study had received the subsidy. The rest were located in Oecusse and since the data collection for the SEIA started a week before cash distribution in Oecusse, they had not received the cash yet.

**Among those who received the cash, 56 percent were men and 44 percent were women.** Majority were the head of household him/herself then their spouse and daughter or son.

Figure 73 Members who received the household cash transfer (\$200 subsidy)



The government also provided a one-time **electricity subsidy** equal to \$15 to all households in Timor-Leste. Of the participating households, 70.5 percent had received this subsidy. In-depth interviews indicated households with no access to electricity lines were left out from this subsidy and suggested households should be equitably connected to electricity.

**No one had received support for microbusiness and only 2.7 percent of the households had a member who received the workers’ wage subsidy.** The DFAT, TAF, and Orima Research had found

<sup>167</sup> The Social and Economic Impact of Covid-19 on the Asia-Pacific Region, Position Note, Prepared by UNDP Regional Bureau for Asia and the Pacific, April 2020



higher frequencies; 8 percent of respondents had received the microbusiness loan and 4 percent the worker subsidy. That study covered all municipalities and Oecusse, which may explain the difference.<sup>168</sup> Nonetheless, coverage appears low. Note that the data do not allow an analysis by sex of the recipient.

**However, desk review and KII results reveal potential design issues in delivering various government subsidies.** While the intention to provide cash assistance is an important and valuable social protection mechanism, the design of the scheme had an unintended consequence for some groups within the population. For example, women overall and from specific demographic groups, are at a disadvantage in these packages of support. Because of their higher rates of informal sector work, own-account employment, and contributing family member employment, women are less likely to receive the support for workers. Heads of household are overwhelmingly male. While it is expected that payments to men will benefit women in their households, evidence from Timor-Leste and globally show that men spend more on items for themselves, such as cigarettes and alcohol, than do women.<sup>169</sup>

**Furthermore, the eligibility for the household cash transfers was determined using a “family card”, which often listed men as the head of households.** The payment recipients showed that 80 percent of recipients of the household payment were men. At the same time, anecdotal reports suggested that women who had separated from their partners, were living in domestic violence shelters or individuals whose households were not recognized by local authorities faced difficulties accessing the payment. A process of filing complaints and providing payments to eligible households who missed the first payment was completed in mid-August. Many of Timor-Leste’s social protection programmes rely on local officials to interpret programme parameters and determine eligibility, leading to ad hoc or subjective decisions and targeting errors. Monitoring tends to be weakly enforced.<sup>170</sup> COVID-19 emergency cash transfers present an opportunity to improve the reach of benefits to those most in need, but must be designed with target stakeholder input and with attention to addressing intra-household disparities.

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<sup>168</sup> DFAT, TAF and Orima Research. May 2020. Timor-Leste COVID-19 Survey Wave 1.

<sup>169</sup> Beyond Fragility & Inequity: Women’s Experiences of the Economic Dimensions of Domestic Violence in Timor-Leste. The Asia Foundation, Nabilan. 2015; Gendered Marketplace Assessment: Women vendors’ voices & aspirations for change. UN Women, Australian Aid, and TOMAK. 2018.

<sup>170</sup> United Nations, International Labour Organization (ILO), and Ministry of Social Solidarity Timor-Leste (MSS) (2018). Challenges and ways forward to extend social protection to all in Timor-Leste: Assessment-Based National Dialogue report.

## 6.4 Participants' suggestions to improve COVID-19 response and recovery

Main suggestions provided by the key informants participating in the SEIA are listed below:

- Create mechanisms and instruments to improve cooperation between organizations and institutions with the Government as well as to improve coordination and cooperation between organisations.
- In order to promote better cooperation between all agents of civil society as well as all services and support provided by organisations and institutions, it is necessary to create a joint database containing all information related to the network of social services and facilities operating in the country. It is important that this database contains relevant information such as the characterization, the territorial location, the equipment available and which organizations and institutions provide them. Centralizing this information will allow promoting a faster, better service and more efficient response in support of the population.
- Invest and improve the clinics and hospitals infrastructures in order to guarantee better working conditions for health professionals and better support to the population.
- Ensure that monetary subsidies can be made through bank transfer or through another method that guarantees greater control over the payment process, quick distribution of subsidies, more frequency, more security and less associated costs for the transaction.
- Creation of a central inter-ministerial database that allows all Ministries to share the relevant information and data available to them in order to guarantee a faster and more effective service and support to the population.
- Ensure that all ministries, ministerial departments, state entities and public services in the country have internet service and telephone network.
- It is important that the development partners coordinate with each other. COVID-19 joint programming and implementation highlighted some issues of development partners' coordination.
- A faster and more effective process on the part of the state in support of Social Solidarity Institutions is necessary to ensure that they can provide their services and necessary support to the population.
- Continue implementing the Municipal Strategic Plans and allocate resources for their implementation.

There is a general agreement among stakeholders that Timor-Leste has taken a response that meets immediate needs such as containing the spread of COVID-19 concurrently responding to the livelihood needs of the communities and re-opening economic activities within the country. Furthermore, the preparedness to COVID-19 was different during the first, second and third SoEs. However, views diverge and more challenges are stated when it comes to **mid- to long-term recovery measures including** strengthening institutional capacities, essential services and systems, responding to the economic downturn, disaster and climate change adaptation and addressing gender equality. Furthermore, there was a common apprehension among the KII participants that in case of community transmission or more cases in the country, all services will struggle and it would be hard to contain and manage the situation.

## 7. Conclusions

The main purpose of the current SEIA study was to identify the impacts of COVID-19 on the general population, poor and vulnerable households, and MSMEs among the selected *sucos* in Timor-Leste. The SEIA looked at a broad range of topics including income, employment, social cohesion, access to health, education and other essential services as well as supply chain disruptions and coping strategies employed by households and MSMEs to minimise negative impacts of COVID-19.

The SEIA has contributed to understanding the current situation by assessing the extent of the impact of COVID-19 on various aspects, both at the individual and household levels (from the citizens' side) and obtaining information on key obstacles MSMEs, government and service providers were facing (from the service providers' side). The varying impacts of COVID-19 on vulnerable and non-vulnerable households, poorest (lowest wealth quintile) and relatively well-off (highest wealth quintile) households, households and businesses in Dili and outside were documented.

During the first SoE, preparation was insufficient in terms of budget, training and availability of PPEs. During this period, interpretation of regulations and rules differed and a sense of urgency and fear prevailed. However, government non-government and development partners got together immediately. Government established coordination mechanisms and task forces, donors and development partners were flexible to shift funding, while INGOs, NGOs and other social solidarity institutions provided training, PPEs, transportation and communication. Most importantly, efforts to maintain essential services such as keeping hospitals open were possible with joint efforts from government, municipal governments and other actors.

The SoE prevention measures implemented by the government were generally accepted by the majority of the population. Social cohesion, trust in institutions and community resilience remain high, and in some cases, improved during the COVID-19 SoE. Despite these myriad obstacles, however, businesses in Timor-Leste remain optimistic overall on the future of their businesses. The country's strong entrepreneurial spirit and sense of determination in the face of challenges came through clearly in many of our interactions with MSMEs. Businesses are eager to restart and build themselves up better than before.

The importance of set of policies to recover better is highlighted in a UNDP report, 'the COVID-19 crisis brings to the fore the need for integrated policies and responses that coordinate between crisis response, health, inclusive growth, poverty reduction, gender equality, climate change, access to justice and services, and urbanization'.<sup>171</sup> This is especially relevant where the SEIA highlighted the current fragility of households in Timor-Leste in terms of health, education, food security, and livelihoods.

The response should focus on improved COVID-19 preparedness. It should prioritize designing responsive structures, education systems, and social protection programmes urgently, especially for those who have been excluded. The SEIA demonstrates that women and men were affected differently by COVID-19 mitigation measures. The recovery period presents an opportunity to further

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<sup>171</sup> The Social and Economic Impact of Covid-19 on the Asia-Pacific Region, Position Note, Prepared by UNDP Regional Bureau for Asia and the Pacific, April 2020

the discussion on reaching women and men according to their individual vulnerabilities (for example, informal worker status or disability status) in addition to household-level vulnerability. Social protection programmes may be improved by considering the effectiveness of the government's subsidies during the SoE in meeting the needs of women and men in their homes and workplaces and engaging the intended target population in designing outreach initiatives. There might also be lessons to learn from the particular strengths of women and men in resilience to economic shocks.

In some areas, women faced unique challenges during the SoE. Women and girls absorbed the bulk of additional unpaid care work in the home. Reasons for the drop in access to family planning and reproductive health services during the SoE need to be further investigated to better understand how to sustain healthcare service availability and utilization in any future SoEs. The increased care burdens, loss of income and stress generated during the period, and attention to service availability for survivors of domestic violence, offer an opportunity to strengthen monitoring and reflection with service providers. This can support strategies for the Government to enable service provision that factor in chronic and recurrent social and economic stressors in the Timor-Leste context. Reproductive health and domestic violence response services are essential services to avoid preventable deaths and morbidities, including during periods of national emergency.

Greater involvement of women of diverse backgrounds and skill sets will strengthen national recovery and pandemic preparedness plans. The COVID-19 crisis has been multi-dimensional, affecting all sectors of the economy and society, and women's roles in agriculture, health, markets, community cohesion, food security, education, water and sanitation, and MSMEs, across rural and urban areas, are essential to national systems. The perspectives of girls and older women, as well as those with disabilities and representing more marginalized groups, such as LGBTI persons are also important to maximize the impact of responses.

Access to family planning and reproductive healthcare is essential for women's health and bodily autonomy. The SEIA finds that a significant proportion of women missed these health services during the SoE. Timor-Leste may see a rise in the birth rate or in teenage pregnancies in some localities as a result, which would put additional women at risk of maternal mortality and morbidity and halt the progress the nation has made in those issues. Current levels of food insecurity are also likely to exacerbate poor nutrition among women of childbearing age.

High levels of poverty, food insecurity and malnutrition combined with very low resilience of agricultural systems, dependence on food imports, and little diversification of the rural economy have exacerbated the impact of the COVID-19 crisis in Timor-Leste and are likely to amplify its mid-to long-term impact on food security and people's diet. There has been little discussion on the link between the health crisis and the food crisis generated by the COVID-19 containment measures, but this assessment, complemented by other initiatives, may start to inform this and result in concrete action. For example, the crisis may accelerate the adoption and implementation of the One Health Strategy (linking human, animal and environmental health) and be an opportunity to work seriously on food safety and containing the propagation of zoonotic diseases and plant pests.

The COVID-19 crisis has the potential to play a catalytic role in accelerating agri-food systems' transformation in Timor-Leste and globally. In the short-term, this transition may be based on green value chains development, rural livelihoods' diversification, universal access to basic services (including WASH), and enhanced agricultural practice (e.g. adapted mechanization, nutrition sensitive

agriculture, sustainable plant and livestock protection, taking into account gender considerations). An increasingly high number of people and organizations from the civil society, private and public sector are already calling for this transition.

In summary, this SEIA highlights key information provided by the respondents and reveals underlying vulnerabilities faced by the population and MSMEs. The SEIA could be used by decision-makers to inform short- and medium-term socio-economic policy priorities and budgetary allocations of line ministries and municipalities. Human centric programmes such as cash-for-work, food assistance, school feeding programmes, water and sanitation investments and protection services for the most vulnerable should form the priority of the Government in the coming years.

It is also important to emphasize that one-off measures and quick fixes will only provide temporary relief; whereas well-designed, complex and medium-term poverty reduction, health, education and climate adaptation programmes are needed to protect the population from the long-term impact of the pandemic, and to help the country build resilience and self-reliance from within. The worst effects of COVID-19 can be minimized if the country leadership commits to a new social contract and implements forward looking and comprehensive programmes to tackle critical tipping points to lift the population from multi-dimensional poverty traps.

Further research should be carried out to fully understand the implications of the COVID-19 among the population and the businesses. In this respect, the following should be considered for the repeat SEIA:

- The SEIA assessment did not include people living in institutions (domestic violence shelters, prisons, other facilities) and future assessments should include groups/people living in institutions, with consideration to the ethical requirements involved.
- Repeat analysis might consider an increase in size and designing for a nationally representative sample– also to allow multi-variate analysis. This could also include investigation into intra-household impacts, considering most household heads are male, to highlight any disparities related to assets, knowledge, coping mechanisms and benefits of recovery measures.
- Given the high relative cost of nationally representative surveys, even if it is not possible to find resources to undertake such as survey, there is still a lot to be gained by revisiting the existing households and expanding the sample size to enable multi-variate analysis to be conducted.
- The original criteria for selection of *sucos* was based on concentration of vulnerability, distance from higher-order healthcare facilities and location in mountain as opposed to coastal areas, which also acts as a proxy for accessibility. These criteria (and the urban rural delineation of the selected sites) were not used as delineators for analysis, but their analysis would be useful in that it would give a scientific basis for categorization (whereas the municipality delineation is fairly arbitrary given that the selected *aldeias* are not representative of the municipalities) and through creation of an urban/rural variable and a variable for coastal/mountain location and another for distance to higher order health

facilities, some useful analysis on the impact of COVID-19 and the effectiveness of coping strategies would be possible.

- Using data from the Agriculture Census on the agricultural practices, main crops/livestock rearing practices in the selected *aldeias* would also provide more insight into vulnerability and food insecurity across the selected *aldeias*. Further research on time-use and the impact of unpaid care could facilitate design of recovery programmes and mental health programmes, which also address gender inequalities.
- Considering the gender disparities across MSMEs, targeted analysis of female-owned businesses could identify specific barriers that affect women-led enterprises which might not be visible from existing findings.
- Toward strengthening national research capacities and more participation action research methods, partnership with local academic institutes, research bodies and organizations representing vulnerable groups could be explored.

## References

- Allah, Mosoka P, Laura A Skrip, Shai Gertler, Dan Yamin, and Alison P Galvani. 2015. "Quantifying Poverty as a Driver of Ebola Transmission." *PLoS Negl Trop Dis* 9." 12.
- Anelovski, Dragan. 2015. *Socio-Economic impact and needs assessment – Donbas region -Ukraine*. Ukraine. Kiev: FAO.
- Asian Development Bank. 2020. "Timor-Leste Sign \$3 Million Grant Agreement Supporting Coffee." 13 July. <https://www.adb.org/news/adb-timor-leste-sign-3-million-grant-agreement-supportingcoffee-sector-development>.
- DFAT. 2019. "Australia Timor-Leste Health Review Report."
- DFAT, The Asia Foundation and Orima Research. 2020. "Timor-Leste COVID-19 Survey Wave 1."
- FAO. 1999. *Agricultural Censuses and Gender Considerations - Concept and Methodology*. <http://www.fao.org/3/x2919e/x2919e05.htm>.
- FAO and European Union. n.d. *Food Security and Nutrition Policy Effectiveness Analysis Briefing note #1 - Situation, drivers, trends and emerging issues in Timor-Leste*.
- FAO. 2019. "Women's access to rural finance: challenges and opportunities." <http://www.fao.org/3/ca5167en/CA5167EN.pdf>.
- FAO, General Directorate of Statistics and Ministry of Agriculture and Fisheries. 2018. *Timor-Leste Agricultural Census 2019: Instruction manual for field staff*. .
- GDACS. 2020. *Overall Green alert Flood*. 15 March. <https://www.gdacs.org/report.aspx?eventtype=FL&eventid=1100400>.
- General Directorate of Statistics, ILO, UNFPA. 2018. *Timor-Leste Population and Housing Census 2015: Analytical Report on Labour Force. Thematic Report Volume 10, GDS and UNFPA*.
- General Directorate of Statistics, Ministry of Health and IFC. 2018. *Timor-Leste Demographic and Health Survey 2016*.
- General Directorate of Statistics, RDTL. 2018. "ESTATÍSTICA MUNICÍPIO. ."
- GoTL. 2020. The Government Approved a Forceful Stimulus Package to Manage the Economic and Financial Risks from The Coronavirus. <http://timor-leste.gov.tl/?p=24159&lang=en&lang=en>.
- . 2020. Dispatch No. 005/PM/II/2020, of 18 February, amended by Dispatch No. 012/PM/III/ 2020, of 20 March, and 014/PM/III/2020, of March 28. *Jornal da República de Timor-Leste*.
- . 2020. "Government Decree No. 3/2020 of 28 March - Implementing Measures of the Declaration of the State of Emergency Made by the Decree of the President of the Republic no 29/2020, of March 27." 28 March.
- . 2020. Government Decree No. 3/2020 of 28 March - Implementing Measures of the Declaration of the State of Emergency Made by the Decree of the President of the Republic no 29/2020, of March 27.

- . 2020. Government Decree No. 3/2020 of 28 March - Implementing Measures of the Declaration of the State of Emergency Made by the Decree of the President of the Republic no 29/2020, of March 27. *Jornal da República de Timor-Leste*.
  - . 2020. Government Resolution No. 11/2020 of 27 March - Recommends that the Public Administration Human Resources provide the respective activity in a non-presential regime. *Jornal da República de Timor-Leste*.
  - . 2020. Government Resolution No. 12/2020 of March 31 - Policy for Reducing the Negative Economic Impact and Economic Recovery Following the Pandemic of COVID-19. *Jornal da República* .
  - . 2017. "Growing Tourism to 2030: Timor-Leste National Tourism Policy." March. <https://www.timorleste.tl/wp-content/uploads/formidable/4/TL-National-Tourism-Policy.pdf>.
  - . 2020. Law Decree No. 16/2020 of 30 April - COVID-19 Pandemic Employment Support Measures. *Jornal da República de Timor-Leste*.
  - . 2020. Law Decree No. 17/2020 of 30 April - Creates a Compensation Supplement for Public Administration Employees, Agents and Workers who provide the respective Professional Activity in the Prevention or Control Services of COVID-19 or in Conditions of Direct Ex. *Jornal da República de Timor-Leste*.
  - . 2020. Law No. 5/2020 of 30 June - Authorizes the second transfer extraordinary contribution of the Petroleum Fund. *Jornal da República de Timor-Leste*.
  - . 2020. Law-Decree No. 12/2020 of April 14 - Regulates the COVID-19 Fund. *Jornal da república de Timor-Leste*, .
  - . 2020. Law-Decree No. 15/2020 of 30 April - Monetary support for households in the context of the Covid-19 Pandemic. *Jornal da República de Timor-Leste*.
  - . 2020. Law-Decree No. 21/2020 of June 5 - Creates a Temporary Allowance for Citizens Timorese who meet or reside temporarily abroad. *Jornal da República de Timor-Leste*.
  - . 2020. Ministerial Diploma No. 14/2020 of March 31 - Establishes the Situation Room of the Integrated Crisis Management Center. *Jornal da República de Timor-Leste*.
  - . 2020. Ministerial Diploma No. 24/2020 of 27 May - Temporary Income Payment Exemption Regarding Properties Belonging to the State's Private Domain. *Jornal da República de Timor-Leste*.
  - . 2020. Dispatch No.: 804 / MOP / V / 2020 - Support measures for the population during the State of Emergency in the field of electricity and water supply.
- IADE. 2016. IADE – Instituto de Apoio ao Desenvolvimento Empresarial. <http://iade.gov.tl/?lang=en>.
- IASC. 2018. "IASC Gender Handbook for Humanitarian Action."
- ILO. 2020. "ILO Monitor: COVID-19 and the world of work. Third edition." April. [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms\\_743146.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_743146.pdf).



- ILO, Ministry of Finance, General Directorate of Statistics and UNFPA. n.d. *Labour Force, Summary of the Thematic Report, Timor-Leste Population & Housing Census 2015.*
- La'o Hamutuk. 2020. "La'o Hamutuk." 30 April.  
<https://www.laohamutuk.org/Justice/2020/DL16SubsEmprego30Apr2020en.pdf>.
- La'o Hamutuk. 2020. <http://www.laohamutuk.org/Justice/2020/20Emergency.htm>.
- MAF et.al. 2020. "Rapid Food Security Assessment 2020: Full Report. Timor-Leste. 9 June."
- Ministry of Finance, GDS, UNWOMEN and UNFPA. 2018. "Gender & Sustainable Development in Timor-Leste: Key to Leaving No One Behind."
- Ministry of Finance, RDTL. 2020. *COVID-19 Fund Management Board. Budget Execution Report for the COVID-19 Fund - Period from April 17 to July 24, 2020.*
- Morris, Cliff. 1992. *A Traveller's Dictionary in Tetun-English and English-Tetun from the Land of the Sleeping Crocodile East Timor.*
- OECD. 2011. "What about women? Female headship, poverty and vulnerability in Thailand and Vietnam." <https://www.oecd.org/dev/pgd/46982877.pdf>.
- Pardeshi. 2010. "Age heaping and accuracy of age data collected during a community survey in the Yavatmal District, Maharashtra." *Indian Journal of Community Medicine* 3 (35): 391-395.
- Plan International and UNFPA. 2017. "Teenage Pregnancy and Early Marriage in Timor-Leste: Research on the Decision-Making Pathways of Young Women in the Municipalities of Covalima, Aileu and Dili."
- Rede Feto and partners. 2019. "Civil Society Organisations' Submission Regarding the 2019 State Budget ."
- Rutstein, Shea O. n.d. Steps to constructing the new DHS Wealth Index.
- Sampaio, A. 2020. "Covid-19: Comerciantes queixam-se de ameaças da polícia no maior centro comercial em Dili. Wwww.Lusa.Pt. ." Lusa. 30 March.  
<https://www.lusa.pt/article/3h5QXleXmbZrfyzQjgua6TMSZM5iuSI1/covid-19-comerciantes-queixam-se-deame%C3%A7as-da-pol%C3%ADci>.
- SME Europe. n.d. "SME Impact Assessment for Covid-19 - Survey Presentation."  
<http://www.smeeurope.eu/sme-impact-assessment-for-covid-19/>.
- The Washington Group on Disability Statistics. 2017. "The Washington Group Short Set on Functioning: Question Specifications." October.
- Taitoli. 2020. "Health Authority records 1100 cases of dengue 10 fatalities, July 21, 2020,." 21 July.  
<http://www.taitoli.tl/en/2020/07/21/health-authority-recorded-1100-cases-of-dengue-10-fatalities/>.
- The Asia Foundation, UN Women, Australian Aid. 2015. "Beyond Fragility & Inequity: Women's Experiences of the Economic Dimensions of Domestic Violence in Timor-Leste. The Asia Foundation, Nabilan. 2015; Gendered Marketplace Assessment: Women vendors' voices & aspirations for change."

- TOMAK. 2017-18. "Marketplace Assessment Field Research ."
- Tourism Timor- Leste. 2020. "'Hope Spot' nomination recognizes Timor-Leste's Marine Biodiversity." 30 June. <https://www.timorleste.tl/hope-spot-nomination-recognizes-timor-lestes-marine-biodiversity/>.
- UN Women. 2020. [www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-womenduring-pandemic](http://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-womenduring-pandemic).
- UN Women and WHO. 2020. Violence Against Women and Girls Data Collection during COVID-19. 17 April 2020. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/vawg-data-collection-during-covid-19-compressed.pdf?la=en&vs=2339>.
- UNDP. 2019. "Human Development Report 2019." Briefing note for countries on the 2019 Human Development Report: Timor-Leste. [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/TLS.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/TLS.pdf).
- UNDP. 2020. The Social and Economic Impact of Covid-19 on the Asia-Pacific Region, Position Note April 2020. UNDP Regional Bureau for Asia and the Pacific.
- . 2014. The socio-economic impacts of Ebola Virus Disease in Guinea, Liberia and Sierra Leone—The Road to Recovery. UNDP.
- UNFPA, GDS and. 2018. Timor-Leste Population and Housing Census 2015: Analytical Report on Marriage. Thematic Report Volume 7, .
- UNFPA, National Statistics Directorate and. 2012. Analytical Report on Gender Dimensions: Timor-Leste Population and Housing Census 2010 Volume 14 Page23.
- . 2010. Mortality Monograph: 2010 Timor-Leste Population and Housing Census.
- United Nations. 2020. "A UN framework for the immediate socio-economic response to COVID-19. United Nations."
- United Nations. 2020. "Brief #2: Putting the UN Framework for Socio-Economic Response to COVID-19 Into Action: Insights." 3.
- United Nations, and and Ministry of Social Solidarity Timor-Leste (MSS) International Labour Organization (ILO). 2018. "Challenges and ways forward to extend social protection to all in Timor-Leste: Assessment-Based National Dialogue report." Timor-Leste.
- UN WOMEN, SEM, ILO and SEPFOPE. 2017. *Gender analysis of the 2013 Timor-Leste Labour Force Survey: A statistical summary of women and men at work in Timor-Leste. UNWOMEN, Secretary of State for the Support and Socio-Economic Promotion of Women.*
- UN WTO. 2020. "UNWTO World Tourism Barometer and Statistical Annex, Update July 2020. UNWTO World Tourism Barometer, 18(4), 1–36." <https://doi.org/10.18111/wtobarometereng.2020.18.1.4>.
- USAID. n.d. "USAID Tourism For All Project | Project Description | Timor-Leste." <https://www.usaid.gov/timor-leste/project-descriptions/usaids-tourism-all-project>.

- Westfalen-Lippe. 2004. "Rapid Assessment and Response (RAR) Guide on Problematic Substance Use Among Refugees, Asylum Seekers and Illegal Immigrants." Manual.
- WHO. 2020. Disability considerations during the COVID-19 outbreak.  
<https://www.who.int/publications/i/item/WHO-2019-nCoV-Disability-2020-1>.
- . 2020. "Recommendations to Member States to improve hand hygiene practices to help prevent the transmission of the COVID-19 virus." Interim guidance.
- . 2020. Routine immunization services during the COVID-19 pandemic. Guideline note, WHO Western Pacific Region.
- . 2020. "Coronavirus Disease 2019 (COVID-19) Situation Report – 18 Timor-Leste, Data as reported by 13 March 2020."
- . 2016. "Country Cooperation Strategy, Timor-Leste, 2015-2019."
- . 2011. World Report on Disability.  
[https://www.who.int/disabilities/world\\_report/2011/report.pdf](https://www.who.int/disabilities/world_report/2011/report.pdf).
- Wim Naude', Amelia U. Santos-Paulino and Mark McGillivray. 2009. "Vulnerability in developing countries. ." 13. Hong Kong: World Institute for Development Economics Research (UNU-WIDER).
- World Bank. 2019. "Developing Timor-Leste Gender-Disaggregated Poverty Small Area Estimates." Technical Report, Washington DC.
- World Bank. 2020. Timor-Leste Economic Report: A nation under pressure. April.  
<https://www.worldbank.org/en/country/timor-leste/publication/april-2020-timor-leste-economic-report-anation-under-pressure>.
- Worldometers. 2020. <https://www.worldometers.info/coronavirus/#countries>.

## Annex 1. Glossary

Household	Standard definition for household (e.g. as used in Census) was used: The concept of household is based on the arrangements made by persons, individually or in groups, for providing themselves with food and other essentials for living. A household consists of one or more persons who usually share their dwelling and share their principal meals. the distinction between a family and a household- family reflects blood descent and marriage, while household is used in this rapid assessment to identify an economic/social unit.
Head of household	A household head is a usual resident member of the household acknowledged by the other members of the household as the household head. It was up to the respondents to define who heads the household and the interviewers were not required to assess who the household head is most likely to be.
Municipality, suco and aldeia	Timor-Leste is divided into municipalities (first units level), subdistricts (or administrative posts) (second level), villages (sucos) (third level) and aldeias.
MSMEs	The definition of MSMEs varies. MSME report from the World Bank/IFC (*1), classifies business size as follows: Micro: 1 to 9 employees; Small: 10 to 49 employees; Medium: 50 to 249 employees. For Timor-Leste, medium Enterprises have between 51 and 100 employees.
Vulnerable households	A household in this study was considered vulnerable if one or more of its members belonged to any of the following categories: living with a disability, female head of household, older than 60 years of age, a person recently joined the household because of COVID-19 or a female member was pregnant or lactating. In the case of disability, a household member was considered as living with a disability if it was indicated that he/she had a 'lot of difficulty' or 'cannot do at all' one or more of the set of questions on functioning, as proposed by the Washington Group. Other variables could have been taken into account, however, early tests showed that if more criteria would have been applied, practically all households in the survey would be considered vulnerable. Therefore, only the most prominent variables were included.
Wealth quintile	A wealth quintile variable was created to describe households in terms of their living standard. In a way, this variable can also be considered as an indicator of vulnerability, with households in the lowest quintile being most vulnerable. The wealth index was created following the same methodology used in the Demographic and Health Survey (DHS), i.e. using Principal Components Analysis (PCA). In short, scores were given to individual households based on ownership of selected assets and characteristics of the dwelling. Then, quintiles were calculated for these household scores and each household was given a code according to the quintile to which it belonged.

## Annex 2. Socio-economic context of Timor-Leste

As a young nation, Timor-Leste has made remarkable progress in human and economic development. The Human Development Index (HDI) value increased from 0.505 to 0.626 between 2000 and 2018 with life expectancy growing by 20.8 years and expected years of schooling by 2.6 years. Because of these gains, the country has achieved medium human development status in position 131 out of 189 countries.<sup>172</sup> The country's economy has been one of the fastest growing in the world since its independence in 2002, with GDP per capita increasing from \$866 in 2001 to \$2,591 in 2014 and GNI per capita increasing by about 85 percent between 1990 and 2018.<sup>173</sup>

However, Timor-Leste continues to face serious threats to its development, compounded by climate change effects and relative geographic isolation as a Small Island Developing State (SIDS). The dependence of 70 percent of citizens on agricultural production leaves them vulnerable to climate change and natural disasters. A high percentage of youth aged 23 to 29 (45 percent) are neither employed nor in education or training,<sup>174</sup> and chronic malnutrition is common in children under 5.<sup>175</sup> The inequality-adjusted HDI falls by 28 percent to 0.450 when inequalities in income, schooling, and life expectancy are taken into account.<sup>176</sup>

### Poverty

Timor-Leste has made significant progress in reducing poverty and improving living standards, with the proportion of Timorese living in poverty declining from 50 percent in 2007 to an estimated 42 percent in 2014. Although inequality, as measured by the consumption Gini coefficient, was 0.29,<sup>177</sup> relatively low by international standards,<sup>178</sup> poverty reduction was uneven across different income and demographic groups. In terms of income, a World Bank (WB) report indicates 'real consumption per person in Timor-Leste has increased modestly between 2007 and 2017, by 1.43 percent per year on average, whilst this growth was slower for the bottom 40 percent of the population, at the average rate of 1.35 percent per year'.<sup>179</sup> In terms of age, 47.3 percent of the poor population were aged under 15 whilst 5.3 percent were aged above 61.<sup>180</sup> Poverty in Timor-Leste is also characterized by regional discrepancies. Although 80 percent of the poor are concentrated in rural areas, the capital, Dili is home to the largest number of people living in poverty.<sup>181</sup>

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<sup>172</sup> UNDP. 2019. "Briefing note for countries on the 2019 Human Development Report: Timor-Leste." Human Development Report 2019. [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/TLS.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/TLS.pdf)

<sup>173</sup> <https://www.worldbank.org/en/country/timor-leste/overview>

<sup>174</sup> Timor-Leste Labour Force Surveys 2010-2013-2016: Main Trends Based on Harmonized Data. International Labour Organization, Secretary of State for Employment Policy and Vocational Training (SEPFPOPE), Ministry of Finance, and General Directorate of Statistics, Page 19.

<sup>175</sup> Timor-Leste Demographic and Health Survey 2016. General Directorate of Statistics, Ministry of Health, and ICF. 2018.

<sup>176</sup> UNDP. 2019. "Briefing note for countries on the 2019 Human Development Report: Timor-Leste." Human Development Report 2019. [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/TLS.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/TLS.pdf)

<sup>177</sup> Coefficient indicated between 0 and 1 with higher values indicating greater inequality.

<sup>178</sup> The World Bank, Ministry of Finance, General Directorate of Statistics. Poverty in Timor-Leste 2014.

<sup>179</sup> The World Bank Group. 2018. "Timor-Leste Systematic Country Diagnostic: Pathways For A New Economy And Sustainable Livelihoods"

<sup>180</sup> World Bank. 2019. Timor-Leste Poverty: Developing Timor-Leste Gender-Disaggregated Poverty Small Area Estimates. Technical Report.

<sup>181</sup> World Bank. 2019. Timor-Leste Poverty: Developing Timor-Leste Gender-Disaggregated Poverty Small Area Estimates. Technical Report.

Furthermore, the Human Development Report 2018 indicates 45.8 percent of the population (594 thousand people) are multidimensionally poor, while an additional 26.1 percent are classified as vulnerable to multidimensional poverty (338 thousand people),<sup>182</sup> making Timor-Leste the country with the highest multidimensional poverty rate among South-East Asian countries. Most of the population have no consistent incomes due to working in the informal sector, and many are subsistence farmers.<sup>183</sup> The following sections provide a further overview of important non-monetary poverty dimensions in Timor-Leste as it pertains to issues of gender equality, food security, employment, access to services and vulnerability.

### Gender Equality

The Gender Development Index for Timor-Leste in 2019 (0.899) places it slightly above the average for all medium human development countries (0.845), meaning that the gap between men and women in Timor-Leste is smaller than expected, but still falls short of parity.<sup>184</sup> Significant progress on gender commitments is visible in legal and policy frameworks, but these are only partially implemented and largely under-resourced, with less than one percent of the 2019 State Budget (SB) allocations dedicated to gender equality commitments.<sup>185</sup>

On women's leadership in decision-making, in 2020, 40 percent of national parliament seats are held by women, but at local levels, women represent only 4.6 percent of Chiefs in Village Councils. On women's empowerment, Timor-Leste scores below two-thirds of peer nations on most SDG indicators of reproductive health and family planning, past year and overall experiences of violence against women and girls, and socio-economic empowerment of women.<sup>186</sup>

### Women workers

Overall, 35 percent of the national workforce is female, with a maximum of 50 percent in Viqueque.<sup>187</sup> Yet there are wide differences in the type of employment that women and men engage in, with women in employment that is most vulnerable to economic shocks like the COVID-19 emergency measures. In 2013, only a quarter of employed women (28 percent) were in waged or salaried (employee) positions, whereas half (49 percent) of all employed men were in secure jobs.<sup>188</sup> Men predominate in every sector except self-employed non-farmers, of which 57 percent are women. Seventy-six percent (76 percent) of businesses and farms are owned by men; men occupy roughly 59-69 percent of the jobs in government, NGOs, international organisations, and state-owned enterprises. Among employed women, 75 percent, compared to 64 percent of employed men, are in

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<sup>182</sup> UNDP. 2019. "Briefing note for countries on the 2019 Human Development Report: Timor-Leste." Human Development Report 2019. [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/TLS.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/TLS.pdf)

<sup>183</sup> UNDP. [https://www.tl.undp.org/content/timor\\_lesste/en/home/poverty.html](https://www.tl.undp.org/content/timor_lesste/en/home/poverty.html)

<sup>184</sup> UNDP. 2019. "Briefing note for countries on the 2019 Human Development Report: Timor-Leste." Human Development Report 2019. [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/TLS.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/TLS.pdf)

<sup>185</sup> Rede Feto and partners. 2019. *Civil Society Organisations' Submission Regarding the 2019 State Budget*

<sup>186</sup> 'Inequalities in Human Development in the 21<sup>st</sup> Century: Briefing note for countries on the 2019 Human Development Report, Timor-Leste.' UNDP. 2019.

<sup>187</sup> 'A Gender-Sensitive Insight of Poverty Mapping for Timor-Leste.' The World Bank, Ministry of Finance, and General Directorate of Statistics. 2019. Page 5.

<sup>188</sup> UNWOMEN, Secretary of State for the Support and Socio-Economic Promotion of Women (SEM, Secretary of State for Employment Policy and Vocational Training (SEPFPOE), and ILO. 2017. *Gender analysis of the 2013 Timor-Leste Labour Force Survey: A statistical summary of women and men at work in Timor-Leste.*

vulnerable employment, that is, are own-account workers, contributing family workers, or involved in the informal economy;<sup>189</sup> in rural areas, this increases to 83 percent of women.<sup>190</sup>

Among people not seeking employment, the majority (66 percent) are women, primarily due to family responsibilities, reflecting a social norm where women are burdened with the majority of, if not all, household duties. This has been exacerbated by COVID-19.

Marketplace closures due to COVID-19 predominantly affect women, with an estimated 75-85 percent of vendors in municipal and sub-municipal markets being women.<sup>191</sup> Although market vending presents a number of safety risks to women, it also provides women with social capital outside of their families. This is important, especially for those who live in disparate farms. Vending also puts money directly into the hands of women, who report that their husbands have a tendency to use money on things that are not useful to the family, such as alcohol, gambling and tobacco.<sup>192</sup>

### Intra-household wealth and coping strategies

Women's individual property and small assets can provide economic security that is a critical source of individual empowerment and allows women to have greater decision-making roles within their families or leave an abusive relationship by reducing their economic dependence on their spouse. Women in Timor-Leste own houses and land nearly at the same rates as men but are more likely to own them jointly with others,<sup>193</sup> and legal tenure does not always reflect customary understandings of land ownership. Most of Timor-Leste practices patrilineal land inheritance.<sup>194</sup> Therefore, women have less control over tenure, disposition, or transfer of land and property and may be at a disadvantage in deploying such assets as tools of economic security, for example, through loans, cooperative ventures, or rentals. In times of crisis, the coping strategies families use can compromise women's assets first, when items such as jewelry, *tais*, or small animals like chickens, typically considered women's livestock,<sup>195</sup> are the easiest to sell quickly.

Female-headed households in Timor-Leste have a lower incidence of poverty (by consumption measures) than-male headed households, but this is a relatively recent trend, emerging between the 2007 and 2014 Surveys of Living Standards,<sup>196</sup> and data on household headship can be misleading.<sup>197</sup> As of 2016, eighteen percent of households in Timor-Leste are female-headed.<sup>198</sup>

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<sup>189</sup> ILO, GDS and UNFPA. n.d. Labour Force, Summary of the Thematic Report, Timor-Leste Population & Housing Census 2015. ILO, Ministry of Finance, General Directorate of Statistics and UNFPA.

<sup>190</sup> UNWOMEN, SEM, ILO and SEPFOPE. 2017. Gender analysis of the 2013 Timor-Leste Labour Force Survey: A statistical summary of women and men at work in Timor-Leste. UNWOMEN, Secretary of State for the Support and Socio-Economic Promotion of Women (SEM, Secretary of State for Employment Policy and Vocational Training (SEPFOPE), and ILO

<sup>191</sup> TOMAK, Marketplace Assessment Field Research 2017-18, as cited in Gendered Marketplace Assessment: Women vendors' voices & aspirations for change. UN Women, Australian Aid, and TOMAK, 2018, page 6.

<sup>192</sup> Gendered Marketplace Assessment: Women vendors' voices & aspirations for change. UN Women, Australian Aid, and TOMAK. 2018.

<sup>193</sup> Timor-Leste Demographic and Health Survey 2016. General Directorate of Statistics, Ministry of Health, and ICF. 2018.

<sup>194</sup> Beyond Fragility & Inequity: Women's Experiences of the Economic Dimensions of Domestic Violence in Timor-Leste. The Asia Foundation, Nabilan Program. 2015.

<sup>195</sup> Beyond Fragility & Inequity: Women's Experiences of the Economic Dimensions of Domestic Violence in Timor-Leste. The Asia Foundation, Nabilan. 2015.

<sup>196</sup> 'Poverty in Timor-Leste 2014.' The World Bank, Ministry of Finance, General Directorate of Statistics. 2016.

<sup>197</sup> 'The United Nations 2010 Principles and Recommendations for Population and Housing Censuses'. 2008.

<sup>198</sup> Timor-Leste Demographic and Health Survey 2016. General Directorate of Statistics, Ministry of Health, and ICF. 2018.

### Food security

With some of the highest rates of malnutrition in the world, malnutrition and food insecurity have been (and remain) some of Timor-Leste's greatest development challenges. Prior to the COVID-19 crisis, rates of undernutrition in children under 5 years and women of reproductive age were all above the acceptable World Health Organisation (WHO) cut-off values for public health significance in both urban and rural areas, in all municipalities, and among both boys and girls.<sup>199</sup> In terms of food insecurity, the results of the integrated food security phase classification, conducted for the first time in 2018, indicated that 36 percent of the population was moderately to severely food insecure.

This persisting situation is a consequence of a myriad of factors including inadequate dietary diversity and intake among boys and girls, poor diets of women of reproductive age, limited physical and economic access to food, limited food-based nutrition knowledge, poor access to clean water and inappropriate hygiene practice at household and community level. In addition, the agriculture sector is not productive nor diversified enough to cope with climate and economic shocks<sup>200</sup> but it represents the main livelihood of 66 percent of Timorese<sup>201</sup> and is a foundation of households and national food security. Timor-Leste is also a food deficit country, where up to 70 percent of the rice consumption needs are met through imports. As this study results suggest, the impact of the measures to contain the COVID-19 pandemic (especially those restricting people and goods' transport) have amplified these pre-existing conditions.

### Climate change and disaster

As a SIDS, Timor-Leste displays both vulnerabilities and resiliencies to climate change and disasters. Timor-Leste is prone to a wide range of natural hazards, including droughts, floods, and landslides in addition to the threat of climate change such as seasonal weather fluctuations that influence agriculture and sea-level rise and ocean acidification that influence fishing.<sup>202</sup> Within this context, the SoE period was preceded and overlapped with disruption in precipitation. As highlighted in the World Food Programme (WFP) report published in June 2020, 'the amount of precipitation over the country compared to preceding years was poor with a lower rainfall anomaly. Dryness through the Standardized Precipitation Index can be found from the eastern part of the country in May. An increase in the unstable weather patterns including the coming dry season could negatively impact small scale farmers and people in vulnerable areas'.<sup>203</sup> These impacts are linked to poverty and increase the negative impact of the SoE on small-scale farmers and others in Timor-Leste.

### Private Sector

The emergence of the COVID-19 crisis at the end of 2019 and its global escalation in February and March of 2020 brought an additional wave of economic obstacles to Timor-Leste's already-strained private sector. Similar to many other countries around the world, government measures to contain and prevent the transmission of the disease, such as travel and transportation restrictions and social distancing requirements, had immediate impacts on the ability of businesses to conduct activities as usual, particularly MSMEs. As a result of this combination of factors, the WB projects that GDP in

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<sup>199</sup> Due to data errors identified in the 2016 DHS, interpret data with caution.

<sup>200</sup> KONSSANTIL FAO EU. 2019. Food Security and Nutrition Policy Effectiveness Analysis.

<sup>201</sup> GDS and MAF, Timor Leste Agricultural Census 2019

<sup>202</sup> 'Nation-building policies in Timor-Leste: disaster risk reduction, including climate change adaptation', Jessica Mercer, Ilan Kelman, Francisco do Rosario, Abilio de Deus de Jesus Lima, Augusto da Silva, Anna-Maija Beloff and Alex McClean. *Disasters*, 2014, 38(4): 690–718. Overseas Development Institute, 2014.

<sup>203</sup> Timor-Leste, *Agro-climate Outlook/ Perspetiva Agro-klimátika Ver4*. June 2020, <https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000118232.pdf>



Timor-Leste in 2020 will contract by almost 5 percent, a sharp decline after an expansion in 2019 of 3.4 percent.<sup>204</sup>

In 2019, Timor-Leste saw its first increase in GDP since 2016 (up 3.4 percent). In the intervening years, the country faced severe financial challenges due to notable decreases in public spending (starting in 2017) and decreases in private investment largely due to political and economic instability (2018). The WB states that a resumption of public spending and increases in private spending toward the end of 2018 (mainly on goods and professional services) were likely the main factors contributing to the economic recovery seen in 2019.<sup>205</sup>

The beginning of 2020, however, saw another wave of political instability and stalled budget approvals. The adoption of the duodecimal system in January 2020 (allowing state agencies to spend only one-twelfth of their budgets per month) further solidified another period of decreased public spending and economic uncertainty.<sup>206</sup> As a large portion of Timor-Leste's economic activity relies on government spending (particularly in the construction sector), this drop created immediate financial shocks through the economic system. As such, the country's continued reliance on state spending also causes concern amongst development partners and outside investors over the potential independent growth of the private sector.<sup>207</sup>

Unemployment is high, employment opportunities in the formal sector are generally limited, and job creation by the private sector falls far short of demand. While the labour force participation rate more than doubled from 24 percent in 2010 to 46.9 percent in 2016, crucially over 50 percent of the working age population are not economically active, with women particularly behind men in terms of labour force participation."<sup>208</sup> Laborers in the informal sector and those employed in MSMEs are particularly vulnerable to economic shocks and are disproportionately affected.

### Governance

On January 17, 2020, the National Parliament of Timor-Leste did not approve the proposal for the SB for 2020, initiating a duodecimal regime. With this regime in place, the government was limited in management since it was obliged to govern with the same budget approved in 2019 but limited to monthly use of that budget. The lack of SB increased the political crisis within the government, leading to the resignation of Prime Minister Taur Matan Ruak. This resignation request was withdrawn two months later, due to the COVID-19 crisis.

With the coalition of parties that constituted the government disrupted,<sup>209</sup> new coalitions were presented to assume political power.<sup>210</sup> At the end of May, in the middle of SoE, the President of the

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<sup>204</sup> World Bank Group. (2020, April). Timor-Leste Economic Report: A nation under pressure.

<https://www.worldbank.org/en/country/timor-leste/publication/april-2020-timor-leste-economic-report-a-nation-under-pressure>

<sup>205</sup> World Bank Group. (2020, April). Timor-Leste Economic Report: A nation under pressure.

<https://www.worldbank.org/en/country/timor-leste/publication/april-2020-timor-leste-economic-report-a-nation-under-pressure>

<sup>206</sup> La'o Hamutuk. (2020, January 13). *General State Budget for 2020*.

<https://www.laohamutuk.org/econ/OGE20/19OGE20.htm#duodecimal>

<sup>207</sup> KIIs

<sup>208</sup> UNSCDF

<sup>209</sup> That was formed between PLP, CNRT, KHUNTO parties

<sup>210</sup> LP, FRETILIN and KHUNTO parties

National Parliament, Arão Noé Amaral of the CNRT party, was removed, with Aniceto Guterres Lopes of FRETILIN elected as successor.

Moreover, the political impasse over the past years has adversely impacted the economy, with non-oil real GDP contracting by 4.6 percent in 2017 and growing by only 0.8 percent in 2018.<sup>211</sup> It is important to also note the low representation of groups identified as 'vulnerable' (women, persons with disabilities, young mothers, etc.) within governance structures and the limited mechanisms for these groups to influence and provide feedback on decisions around resource allocations and expenditures.

### Annex 3. Summary of access to essential services in Timor-Leste

While access to most services has significantly improved, inequality in accessing quality services and opportunities remain key development and human rights challenges in Timor-Leste. There are significant disparities between rural and urban communities, and women, early adolescent girls and boys, children under 5, and people with disabilities are most vulnerable to exclusion and marginalization.

#### Social protection

Timor-Leste has struggled to reach vulnerable people who are eligible for government cash transfer programmes. Among target groups identified as vulnerable to COVID-19, as indicated in Section 2.2 of this report, women living in poverty, older persons, persons with disabilities, and single-parent headed households are among the groups eligible to pre-COVID-19 social protection programmes. However, analysis of the various schemes has shown that these programmes did not meet the needs of most groups, with the exception of the veteran payments, which overwhelmingly reach elderly men who make up one percent of the population.<sup>212</sup> For example, only 14 percent of people registered by the government as persons living with disabilities were reached with disability benefits from 2009-2012, noting that the registered numbers reflect only a portion of the population with disabilities.<sup>213</sup> Survivors of violence receive a one-time hardship payment, while the *Bolsa de Mae* benefit for vulnerable parents and children did not provide sufficient resources to reduce vulnerability to poverty. In addition, the difference in benefit values varies significantly, although all groups are worthy recipients of social benefits. The uneven programme coverage and transfer size across programmes are problems that need to be considered in COVID-19 economic recovery packages to uphold the aim to protect societies and recover better.<sup>214</sup>

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<sup>211</sup> IMF <https://www.imf.org/~media/Files/Publications/CR/2019/1TLSEA2019001.ashx>

<sup>212</sup> Timor-Leste Social Assistance Public Expenditure and Program Performance Report. Washington, D.C.: World Bank. Retrieved from <http://documents.worldbank.org/curated/en/193531468117251571/Timor-Leste-Social-assistance-public-expenditure-and-program-performance-report>

<sup>213</sup> Gender & Sustainable Development in Timor-Leste: Key to Leaving No One Behind. Ministry of Finance, General Directorate of Statistics, and UNWOMEN. 2018.

<sup>214</sup> United Nations (UN); International Labour Organization (ILO); Ministry of Social Solidarity Timor-Leste (MSS) (2018). Challenges and ways forward to extend social protection to all in Timor-Leste: Assessment-Based National Dialogue report

## Health

Timor-Leste has made significant improvements in health. As highlighted in the WHO Country Cooperation Strategy,<sup>215</sup> notable progresses include ‘reconstructing health facilities, expanding community-based health services such as the integrated community health services and a considerable number of national medical graduates have joined the health workforce’. Furthermore, Malaria incidences in Timor-Leste have dropped dramatically in the last two decades, falling from a high of 223,002 cases in 2006, to zero cases in 2018, and infant and child mortality rates have each declined by about one-third since 2009-10.<sup>216</sup>

According to WHO, major health problems currently affecting Timor-Leste constitute both communicable diseases (e.g. tuberculosis, malaria, and dengue, which continue to pose a public health challenge, lymphatic filariasis, soil-transmitted helminth infections and yaws) and noncommunicable diseases (e.g. cardiovascular and chronic obstructive pulmonary diseases, which are among the ten leading causes of death and highest tobacco use prevalence rates in the world).<sup>217</sup> In 2017, there were an estimated at 498 cases of TB per 100,000 people. Nearly 50 percent of cases in Timor-Leste go untreated. Limited access to clean water and basic sanitation contributes to the spread of infectious diseases, such as diarrhoea.<sup>218</sup>

Due to a high number of the population living in rural areas with remote villages isolated by mountainous terrain and poor road conditions, Timor-Leste’s decentralisation policy poses new challenges in health service accessibility. As the DFAT Health Review report highlights, challenges especially at municipality level are pronounced ‘where management capacity is limited, financial flows are not timely, accountability is diffuse, and citizens’ engagement in governance is low, ...while recent growth of the medical workforce is welcome, many new doctors lack adequate clinical competences, and geographical distribution of health professionals is inequitable.’<sup>219</sup>

### **Maternal, Neonatal, Child and Adolescent Health**

The fertility rate in Timor-Leste has fallen over recent years, and the demand for modern family planning has increased as shown by the DHS of 2016, which reports that one quarter of women had an unmet need for a family planning method.<sup>220</sup> Crucially, only 35.9 percent of married women 15-49 make their own informed decisions regarding sexual relations, contraceptive use, and reproductive healthcare (compared to 51 percent of women globally).<sup>221</sup>

Women in Timor-Leste have a poor baseline nutritional status that will likely be exacerbated with widespread economic disruption. The 2016 DHS found that 23 percent of women of childbearing age are anaemic and 27 percent are underweight. Poor nutrition is one of the contributors to high maternal mortality, with the maternal mortality rate estimated at 215 (per 100,000 live births) by the

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<sup>215</sup> WHO. 2016. Country Cooperation Strategy, Timor-Leste, 2015-2019.

<sup>216</sup> DFAT. January 2019. Australia Timor-Leste Health Review Report. <https://www.dfat.gov.au/sites/default/files/timor-leste-health-review-report.pdf>

<sup>217</sup> WHO. 2016. Country Cooperation Strategy, Timor-Leste, 2015-2019. Page. xi

<sup>218</sup> Cited in [https://www.burnet.edu.au/countries/12\\_timor\\_leste](https://www.burnet.edu.au/countries/12_timor_leste)

<sup>219</sup> DFAT. January 2019. Australia Timor-Leste Health Review Report. <https://www.dfat.gov.au/sites/default/files/timor-leste-health-review-report.pdf>

<sup>220</sup> Timor-Leste Demographic and Health Survey 2016. General Directorate of Statistics, Ministry of Health, and ICF. 2018.

<sup>221</sup> Timor-Leste Demographic and Health Survey 2016, as cited in ‘Common Country Analysis: Timor-Leste 2019,’ draft version. United Nations Country Team.

Maternal Mortality Estimation Inter-Agency Group in 2015 and at 195 by the 2016 DHS. Distance to a health facility is the greatest factor driving maternal mortality, as 70 percent of people in rural mountainous areas are more than a two-hours walk away from services, and only around half of births take place in a facility.<sup>222</sup>The estimated mortality rate among children under five years old is 64 per 1000 live births - out of which infant mortality takes the biggest share (70 percent) . Over 67 percent of deaths in this age group happen during the first two years of life which is also the period when diarrhoea prevalence is high. Child mortality is higher among children of mothers with low levels of education (48 deaths per 1,000 live births) and those from poorer households (55 deaths per 1,000 live births).

With schools closed to prevent the spread of COVID-19, there is a risk that adolescents' sexual activity will increase and/or contraceptive options will be less available, putting girls at risk of early pregnancy. This is particularly concerning when noting that pre-COVID-19, three out of four sexually active adolescent girls had an unmet need for contraception (74.7 percent).<sup>223</sup> Access to health information may be less available as well; among young women who have ever received information on reproductive health, most received it from health facilities (49 percent) and schools (45 percent).<sup>224</sup>

### Violence against women and girls

Violence against women and girls (VAWG) remains one of the most widespread human rights violations and public health concerns for the country. Two studies highlight the pervasive extent of VAWG and the factors that perpetuate the problem in Timor-Leste. The 2016 DHS found that more than a third (38 percent) of women experienced physical/sexual intimate partner violence during their lifetime, with 37 percent experiencing VAWG in the 12 months prior to the study, more than double the average of 18 percent across 106 countries.<sup>225</sup> A dedicated VAWG study found lifetime experiences of partner violence at 59 percent, while over 80 percent of men and women in Timor-Leste believe domestic violence is justifiable.<sup>226</sup> Nearly half of ever-married women report their husbands exhibit controlling behaviours such as insisting on knowing where they are at all times.<sup>227</sup> Less than 20 percent of women seek help from formal service providers, reflecting the stigma, victim-blaming and lack of accessible quality services available to women and girls. As seen in other pandemics and with their movement restrictions, tensions and disruptions to education, work and social supports, VAWG has increased during COVID-19 in several countries.<sup>228</sup> Considering the under-resourcing of services for survivors of violence pre-COVID-19, there is a risk that women and children could be in greater danger if front line VAWG police, justice, health and social services are not recognised as essential services in the COVID-19 response.

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<sup>222</sup> Timor-Leste Demographic and Health Survey 2016. General Directorate of Statistics, Ministry of Health, and ICF. 2018.

<sup>223</sup> *ibid.*

<sup>224</sup> *ibid.*

<sup>225</sup> UN Women. Women Count Dashboard: <https://data.unwomen.org/>

<sup>226</sup> Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study, Main Report. The Equality Institute for The Asia Foundation, Nabilan Project. 2015.

<sup>227</sup> Timor-Leste Demographic and Health Survey 2016. General Directorate of Statistics, Ministry of Health, and ICF. 2018.

<sup>228</sup> *ibid.* <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>

## Education

Access to education has shown significant improvements, with a primary net enrolment rate of 89 per cent in 2018 (girls 93/boys 86) compared to 64 per cent in 2005.<sup>229</sup> Challenges remain in the quality of education and the lack of safe water and sanitation at schools which disproportionately affects girls, as well as high repetition rates. The preschool gross enrolment rate was 21 per cent in 2018, far behind the national target of 50 per cent by 2015.<sup>230</sup>

The interruption of the academic calendar in response to COVID-19 may present challenges to sustained enrolment in education. Currently, around 11 percent of children aged from 6-17 have never attended school, nearly equally boys and girls. Among them are working children, young female farmers and young parent; 19.6 percent of young mothers reported that they stopped going to school due to motherhood. Although the direction of causality is unclear, the relationship between education and early childbearing is illustrated by the percent of 19-year-old mothers who have never attended school (23 percent) compared to 10 percent of 19-year-old women who have not given birth.<sup>231</sup> Data for young men who are fathers are not available.

## Water, sanitation and hygiene

A large proportion of the population in Timor-Leste lacks access to clean drinking water and improved sanitation facilities. A third of the rural population does not have access to safe water, and nearly a third of rural dwellers practice open defecation.<sup>232</sup> Although cases of faecal transmission of COVID-19 have not been recorded, the virus is found in the waste of infected persons and its potential transmission through that route has not yet been ruled out. Supplies for menstrual hygiene are also essential for women and girls' basic hygiene. Across rural and urban areas, women and girls have the most responsibilities for managing water and sanitation at the household level. A 2016 time-use study finds that collecting water requires an average of three hours a day in rural areas. Considering the additional water usage expected as part of COVID-19 household preventive measures, women and girls are likely to face additional hours of work, which will affect their ability to participate in education, livelihood and other activities.<sup>233</sup>

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<sup>229</sup> Education Management Information System

<sup>230</sup> *ibid.*

<sup>231</sup> 'Gender, Summary of the Thematic Report, Timor-Leste Population & Housing Census 2015.' ILO, Ministry of Finance, General Directorate of Statistics, UNFPA, and UNWOMEN. n/d.

<sup>232</sup> Timor-Leste Demographic and Health Survey 2016. General Directorate of Statistics, Ministry of Health, and ICF. 2018.

<sup>233</sup> UN Women, UNFPA, Ministry of Finance, SEII. 2018. Gender & Sustainable Development in Timor-Leste: Key to Leaving No One Behind.

## Annex 4. Households characteristics

This section provides background information on the level of economic and social development of the surveyed households, population and MSMEs for a better understanding the impacts of the COVID-19 crisis on vulnerable groups. Information in this section includes housing facilities (sources of water supply, sanitation facilities, dwelling characteristics, and household possessions), household arrangements (headship and size), and general characteristics of the population such as age/sex structure and education. In this section and subsequent sections, a comparison is often made between different groups or categories in the survey. Because not all municipalities were included in the sample and *sucos* were not selected randomly, results from the survey cannot be inferred to the general population and to the municipalities to which the *sucos* and *aldeias* belong. As this study is intended to make only a rapid assessment of the situation, they are presented as is.

### Household Profile and Demographics

After weighting for unequal probability of selection in the sample, a total of 437 households and 2,835 individuals were included in the analysis of the SEIA of COVID-19. The survey had a near 50/50 gender representation (1,419 males and 1,416 females) with the most coverage of age groups 0-4, 10-14 and 20-24, representing 12.3 percent, 11.4 percent and 12.5 percent of the total population, respectively. More younger individuals were present in the study than older ones. About 75 percent of the studied population was under the age of 35 and only about 5 percent was aged 65 and above (Figure 74). This is in line with the population structure observed in the Census. It is notable that, especially among men, age-groups 20-24 and 30-34 have a higher representation than the adjacent age-groups. This may well be due to patterns of age-heaping for ages 20 and 30.

Figure 74 Population pyramid, SEIA 2020

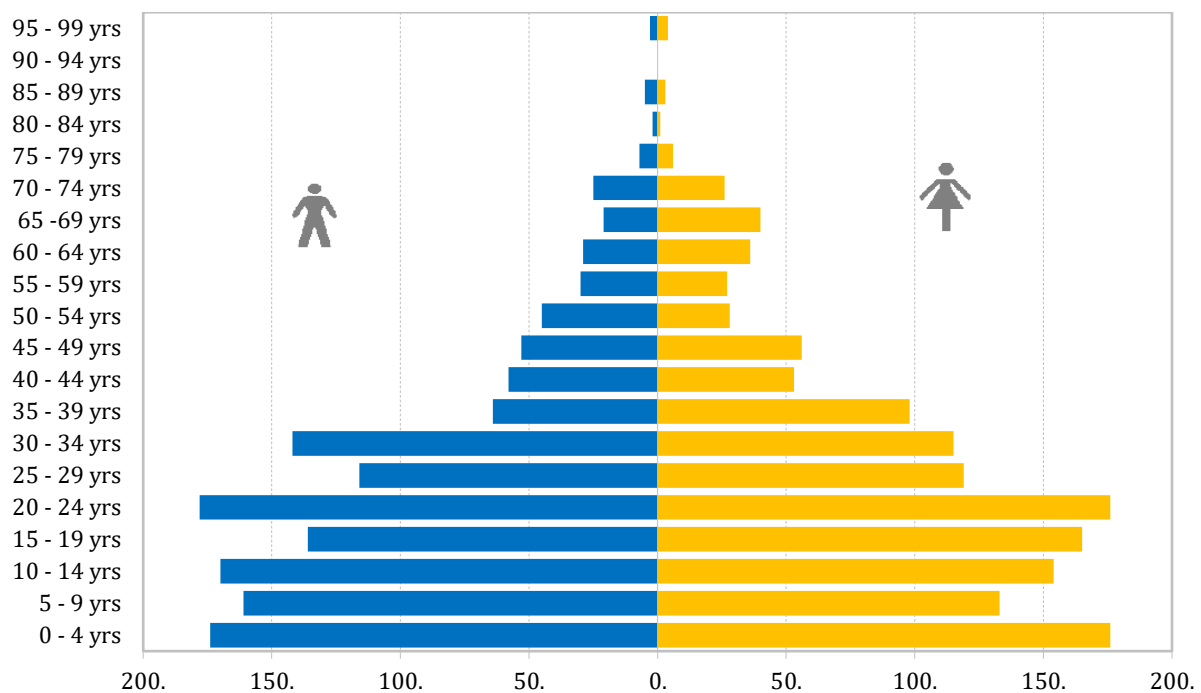
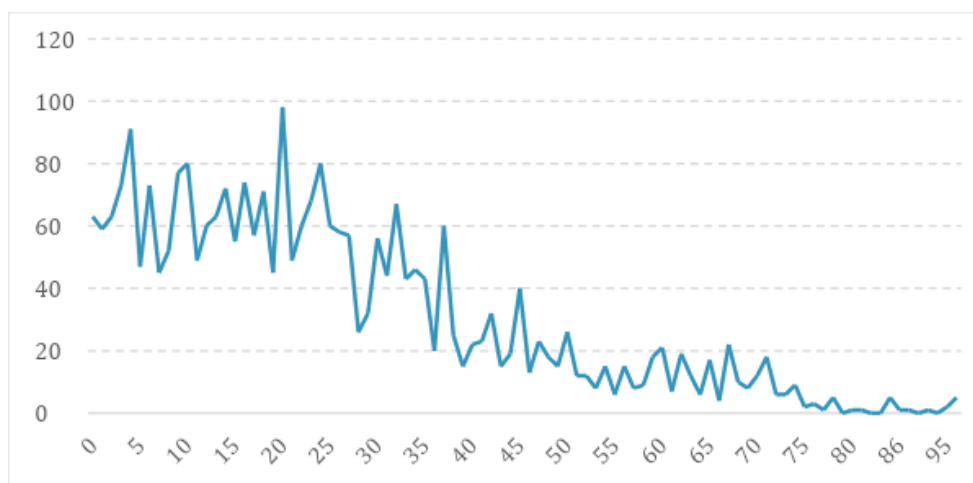


Figure 75 shows that the individual age distribution in this study is characterised by significant 'heaping'. Age heaping occurs when there are excess frequencies of certain ages, particularly those

that are round or more attractive such as even numbers and multiples of five.<sup>234</sup> Age heaping in this dataset is likely due to the misstatement of age as respondents may not be entirely sure how old they are. This pattern was also observed in the 2015 census. One example is where the age of the population is heaped is at 20-years-old. A total of 98 individuals (3.5 percent) in the population were reportedly 20-year-olds, whilst only 45 (1.6 percent) reported to be 19, and 49 (1.7 percent) said they were 21-year-olds. As Timor-Leste has a young population, it is evident that the age distribution decreases as age increases, though this happens sporadically due to age heaping.

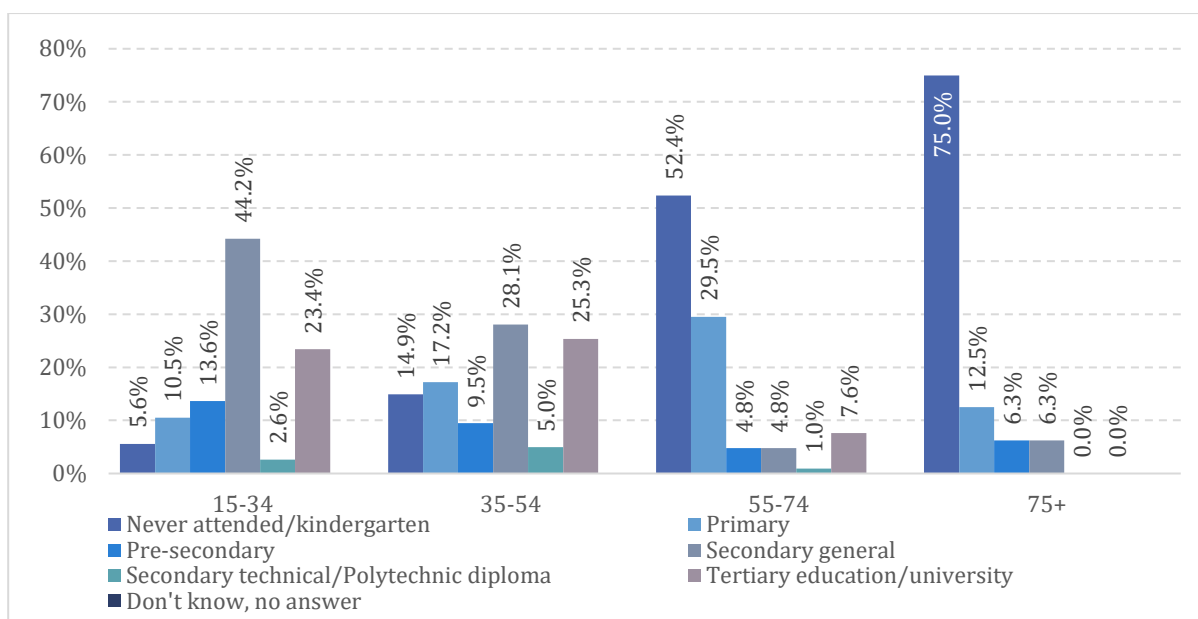
Figure 75 Population by single years of age, SEIA 2020



The highest educational level attained by most men varies significantly by age (Figure 76). Many older men never attended school or only went to kindergarten. This accounts for 75.0 percent of the male population above age 75. Only 12.5 percent had primary education as their highest educational level pre-secondary and secondary education. Both were mentioned as their highest education by only 6.3 percent of male respondents aged over 75. As age decreases, the level of educational attainment increases. Among the 55-74 age group, 7.6 percent had attained tertiary education/university, whereas no one did in the 75+ age group. The younger age groups of 35-54 and 15-34 increasingly had attended secondary general education (28.1 percent and 44 percent, respectively) and tertiary education/university (25.3 percent and 23.4 percent, respectively) as their highest attained educational level.

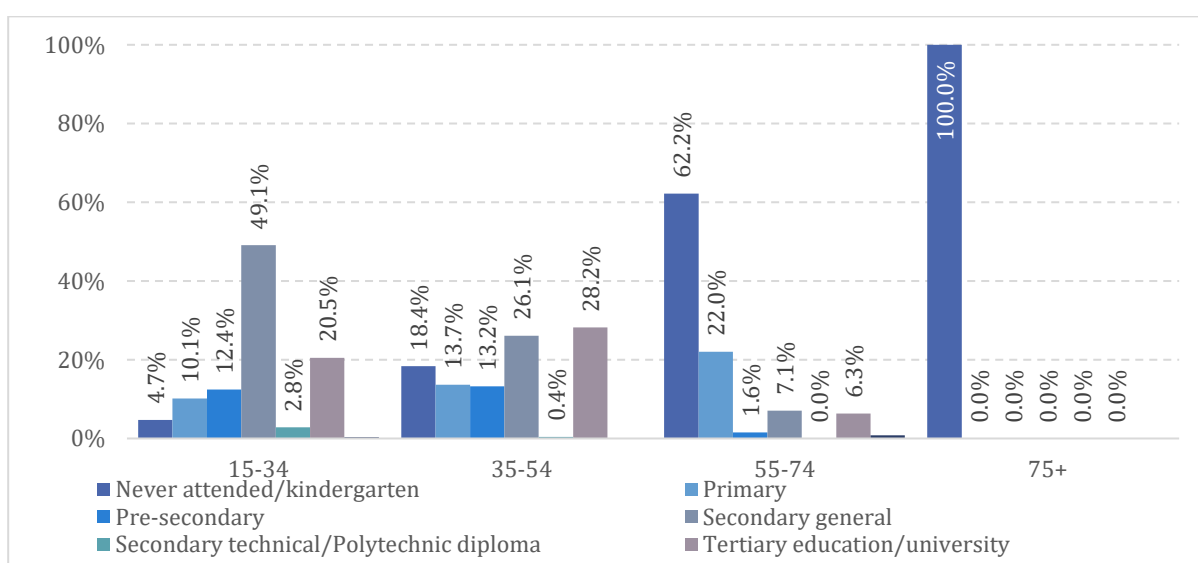
<sup>234</sup> Pardeshi (2010). Age heaping and accuracy of age data collected during a community survey in the Yavatmal District, Maharashtra. *Indian Journal of Community Medicine*, 35(3), 391-395.

Figure 76 Male highest educational level by broad age group, SEIA 2020 (n=914)



As for the highest female educational level, a similar but lower pattern than males, can be seen in the older age group (Figure 77). The oldest women (75+) in the survey only completed kindergarten or never went to school in the first place. As age decreases, there are fewer women who never attended school or only went to kindergarten, and more who obtained a higher education. While 4.7 percent of women aged 15-34, never attended school, this percentage was 18.4 percent for women aged 35-54, and 62.2 percent for women aged 55-74, respectively. General secondary education was attained the most by those in the 15-34 years age category (28.1 percent), though it should be noted that some of the younger ones in this category may still be pursuing this. This is slightly higher than males, which stands at 44.2 percent.

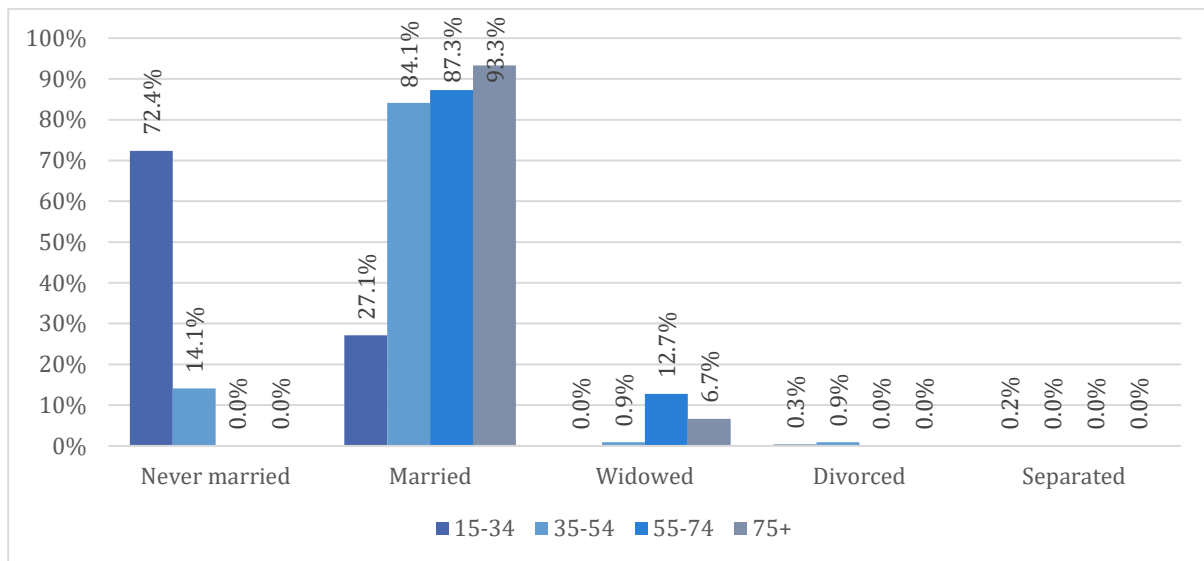
Figure 77 Female highest educational level by broad age group, SEIA 2020 (n=946)





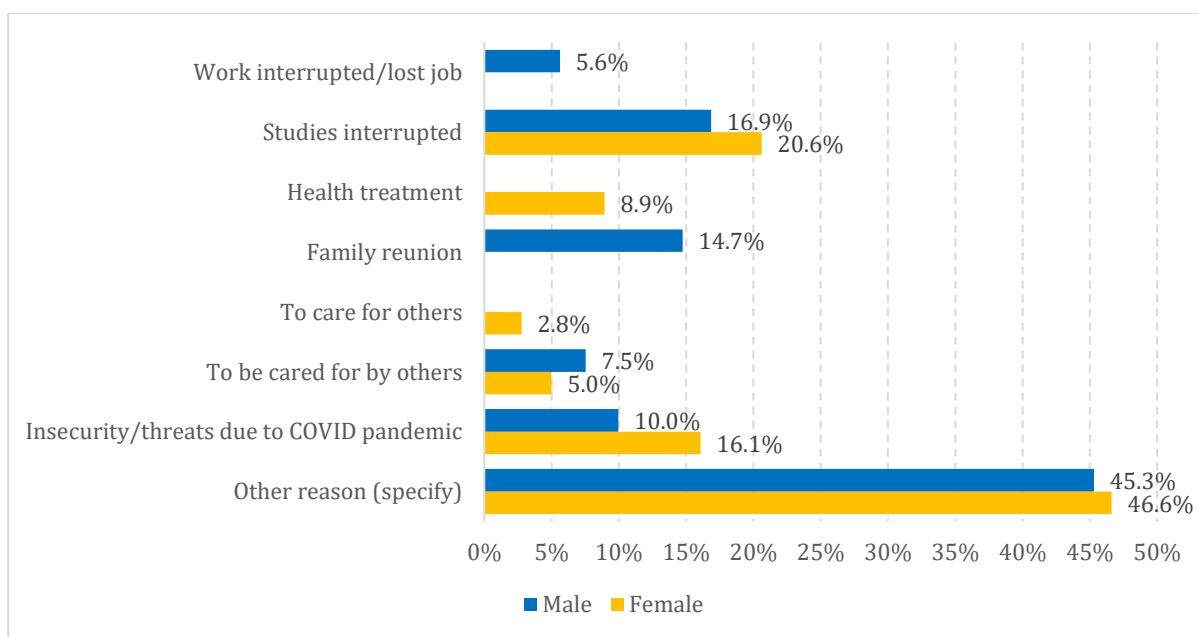
Marital status by broad age groups of the studied population in the five municipalities is shown in Figure 78. It should not come as a surprise that the two youngest age groups (15-34 and 35-54) have the highest proportion of unmarried individuals (48.7 percent of men and 41 percent of women), standing at 72.4 and 14.1 percent, respectively. Among the married population, the older the person, the more chances that they have been married. Of those aged 75 or older, 93.3 percent were currently married and 6.7 percent widowed. The vulnerability of older women is demonstrated by their much higher percentage of widowhood; among all women aged 65 and older, 63 percent were widowed, against only 9.7 percent among men.

Figure 78 Marital status by broad age group, SEIA 2020 (n=1857)



About 98.9 percent of both men and women did not move during the SoE, whilst 1.1 percent of each group did. The reasons for moving to their current place of residence varied. Some indicated insecurity or threats due to the COVID-19 pandemic, accounting for 10.0 percent of men and 16.1 percent of women. About 16.9 percent of men and 20.6 percent of women moved as their studies were interrupted, while 7.5 percent of men and 5 percent of women moved to be cared for by other household members during COVID-19. Only women (2.8 percent) reported moving to their current residence during the pandemic to care for others, while 14.7 percent of men reportedly moved home to be reunited with family (Figure 79). However, one should note that these figures are based on very few cases (31).

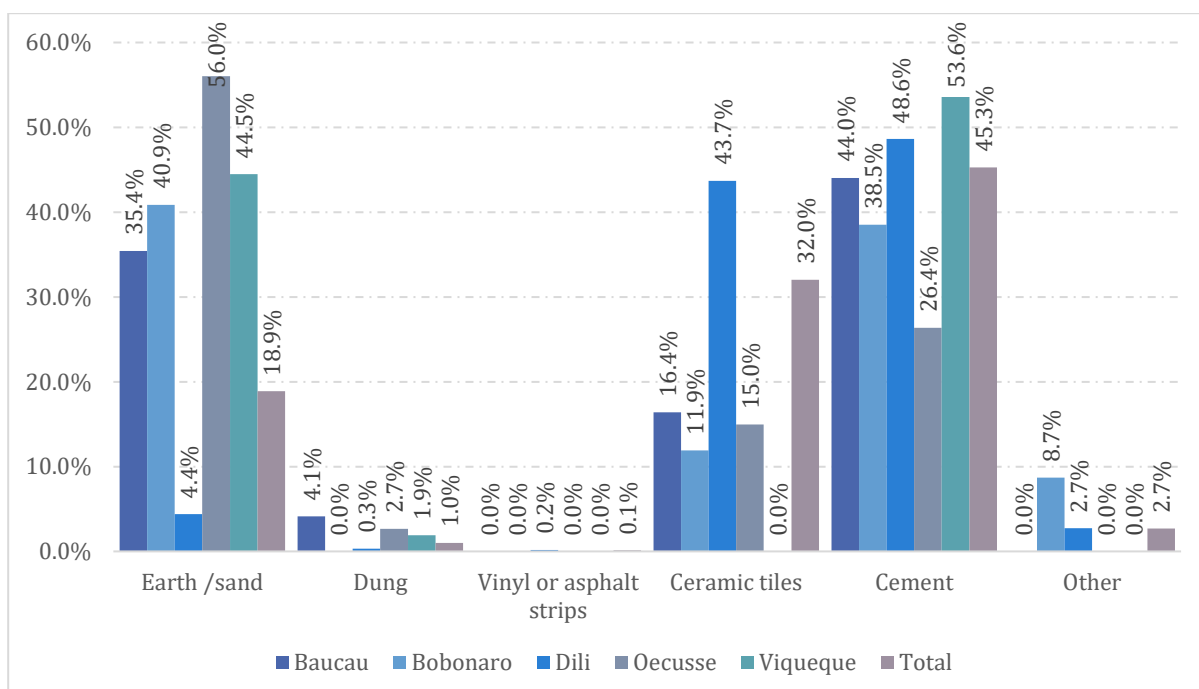
Figure 79 Reason to come live at current residence during COVID-19 pandemic, SEIA 2020 (n=31)



### Housing facilities and amenities

The material used for the construction of a house’s floor, walls and roof, gives an idea of what households can afford or access when it comes to building their homes. Figure 80. indicates that in all municipalities (Baucau, Bobonaro, Oecusse and Viqueque) but one (Dili), the most common floor material used in houses were earth/sand and cement. In Dili, there was an overwhelming use of ceramic tiles (43.7 percent) and cement (48.6 percent) for the flooring of homes. Dung, vinyl or asphalt strips are rarely used as flooring material.

Figure 80 Type of main floor material by municipality, SEIA 2020



When it comes to the materials used for building the walls of houses, the most popular in almost all municipalities (except Bobonaro) is concrete/brick<sup>24</sup> which is used in 66.9 percent of households. This is basically the sole material used for building walls in Dili. In the other municipalities, there is some more variety. In Oecusse for example, people also built their walls from bamboo (22.4 percent) or palm trunk (*bebak*) (26.6 percent). In Bobonaro, palm trunk (*bebak*) (31.2 percent) and *meia parede*<sup>235</sup> (21.5 percent) were also commonly used to build walls.

In all five municipalities, the majority of households use corrugated iron or zinc as the main roof material, totalling 91.9 percent of the homes. The second most common material used as roof material are palm leaves (*tali tahan*), thatch or grass (6.1 percent). In Dili, this was rarely used as 98.1 percent use corrugated iron or zinc instead.

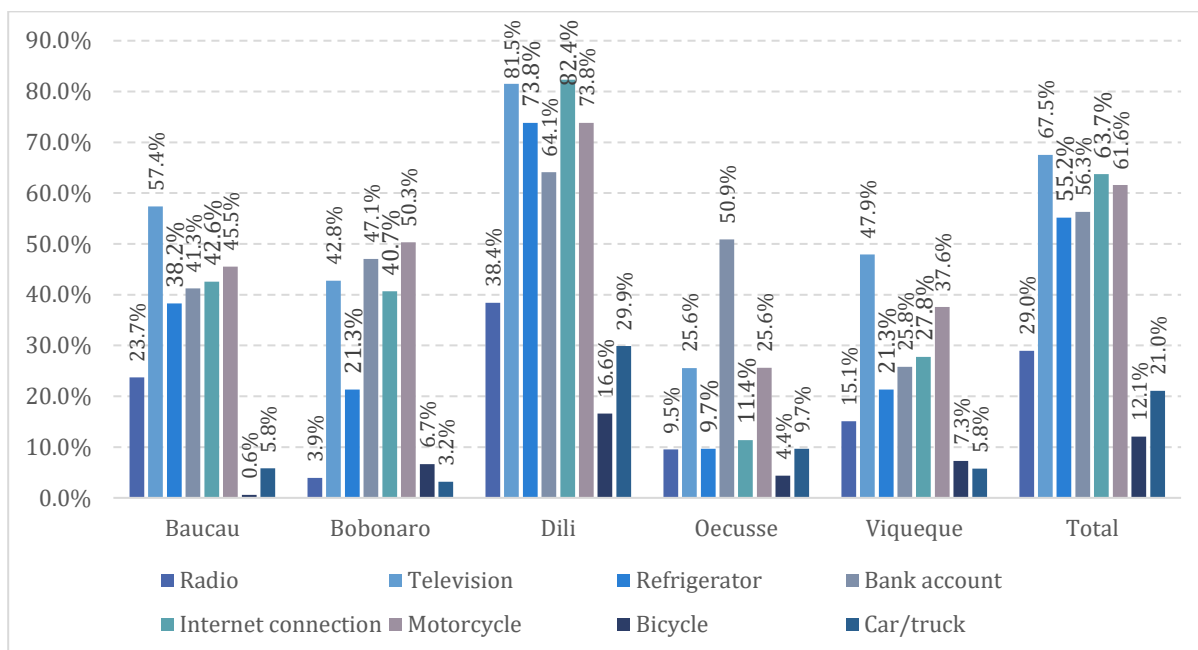
In most of the five municipalities included in this study, televisions (67.5 percent), internet connections (63 percent) and motorcycles (61.6 percent) were the items most owned by households (Figure 81). Significant variation between municipalities exists, however, and Dili households own the most items overall. With televisions for example, 81.5 percent of Dili households own one, while this is only a quarter (25.6 percent) in Oecusse. Radios are not owned by many households, with 38.4 percent or fewer possessing one in the various municipalities. Much variation exists in the ownership of refrigerators across the sample of households. In *aldeias* sampled in Dili, almost three-quarters of households own one, whilst among those sampled in most other municipalities, only about a third of households or fewer have a refrigerator. Between 25.8 percent (in Viqueque) and 64.1 percent (Dili) of households own bank accounts. Internet connection is owned, on average, by 63.7 percent of the households, with Oecusse (11.4 percent) and Viqueque (27.8 percent) having the fewest connected households. When it comes to transport with motorcycles, bicycles and car/trucks, the former is the item most owned by households.

There was no real pattern in terms of male and female-headed households, with the exception of bank accounts and motorcycles. Female-headed households were more likely to have bank accounts than male-headed households (71.4 percent and 52.8 percent, respectively); motorcycles were somewhat more common in male-headed households (63.1 percent compared to 55.2 percent in female-headed households).

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<sup>235</sup> Semi-permanent house – half of the wall consist of tiles etc. and half other materials such as wood, bamboo.

Figure 81 Items owned by households, by municipality

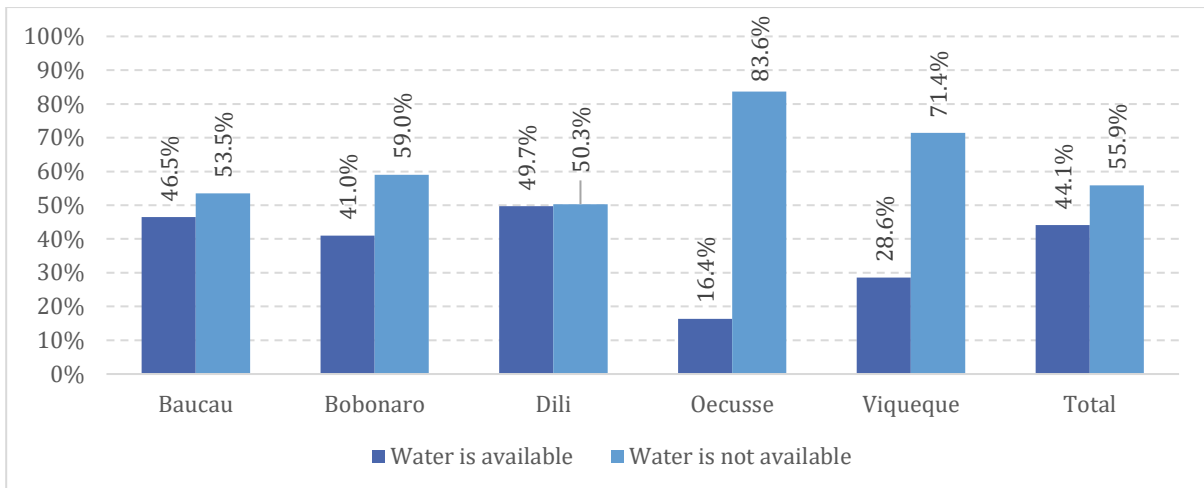


### Water availability and hygiene

**A key prevention measure for COVID-19 is handwashing**, implying the availability of water and soap, or hand sanitizer. During the study, upon entry of the houses, interviewers observed whether there was any water for handwashing. **In many households in this study, it did not seem to be available.** A total of 55.9 percent of the households in the 24 *aldeias* sampled in this study were observed to not have water on the premises, with Oecusse (83.6 percent) and Viqueque (71.4 percent) seemingly having the fewest dwellings with water available (Figure 82). Nevertheless, it should be noted that these figures are all based on a rapid observation by the interviewer and should therefore be interpreted with caution.

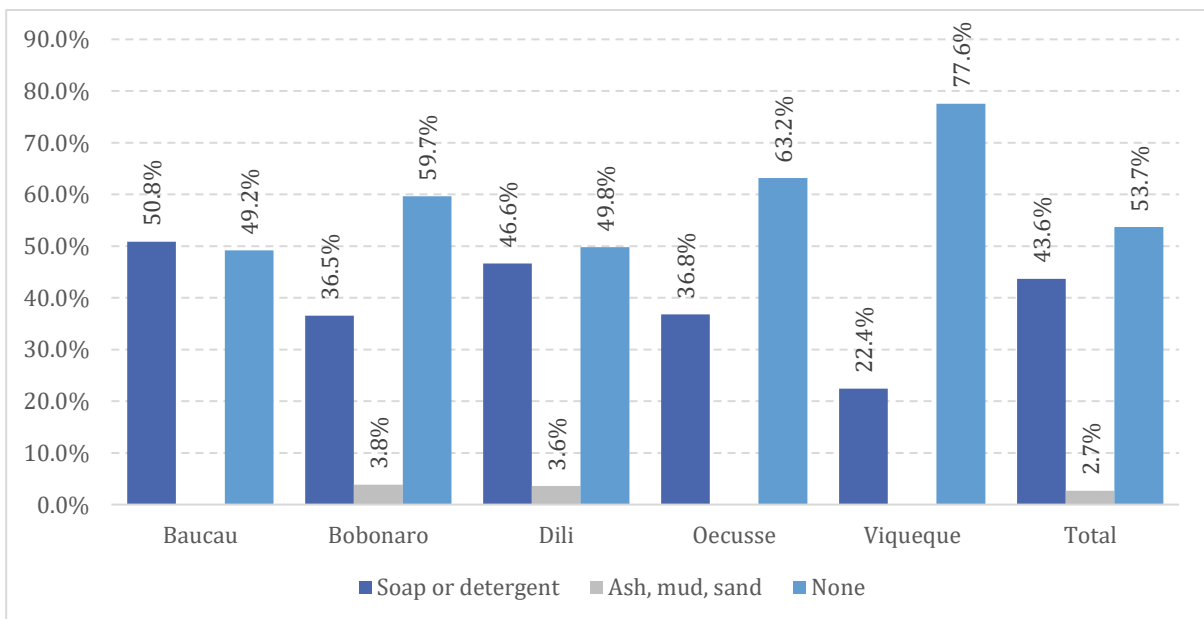
The 2015 DHS presented the lack of availability of piped water or water from a tube well or borehole within the last two weeks and showed lower figures than observed during this study. In SEIA, of the total surveyed households, 38.0 percent of households did not have water available for at least one day in the past two weeks. About 60.0 percent of households had water available with no interruption of at least one day within the last two weeks.

Figure 82 Number of households by observance of water at the place for handwashing, by municipality



When interviewing the households, interviewers also observed whether there was soap or detergent available at the house for handwashing. Across the 24 *aldeias* sampled in the five municipalities, **53.7 percent of households were observed to have no soap, while 43.6 percent had some available.** It should be noted that, again, these figures are based on the interviewer’s observations. Nevertheless, they do give an indication of the difficulties households face in terms of proper handwashing to prevent COVID-19 and other illnesses.

Figure 83 Number of households by observance of soap at the place for handwashing, by municipality



## Annex 5. Description of MSMEs

The MSME portion of the SEIA analyses the impacts of the COVID-19 pandemic and SoE regulations on Micro-, Small and Medium-sized businesses in Timor-Leste. The MSME study combines both qualitative and quantitative data gathered from individual business owners, expert interviews, secondary data from national surveys, business leaders, government, entrepreneurial NGOs and others at national and sub-national levels. This combination of sources allows for an understanding of the broad trends and experiences in the private sector during the pandemic as well as the direct impacts on individual businesses' operations, capacities, supply chains and employees.

**Table 20 Breakdown of MSME data collected by municipality**

Municipality	MSME Questionnaire	KIIs
Baucau	21	3
Bobonaro	14	4
Dili	31	4
Oecusse	11	3
Viqueque	13	4
<b>Total</b>	<b>90</b>	<b>18</b>

A total of 90 individual businesses and 18 key informants, representing a variety of industries across the five selected municipalities, participated in the MSME questionnaire and in-person interviews respectively. Respondents were predominantly male (70 percent), with female and other/unknown respondents representing 29.2 percent and 1.1 percent respectively. The questionnaire targeted key decision makers within businesses (owners 77 percent, managers 23 percent) and focused mainly on Timorese-owned businesses (88 percent).

**Table 21 MSMEs participating in the SEIA by size**

Definition	Count	Percentage (%)
Micro (1-10 employees)	76	84%
Small (11-50 employees)	13	14%
Medium (51-249 employees)	1	1%
<b>Total</b>	<b>90</b>	<b>100%</b>

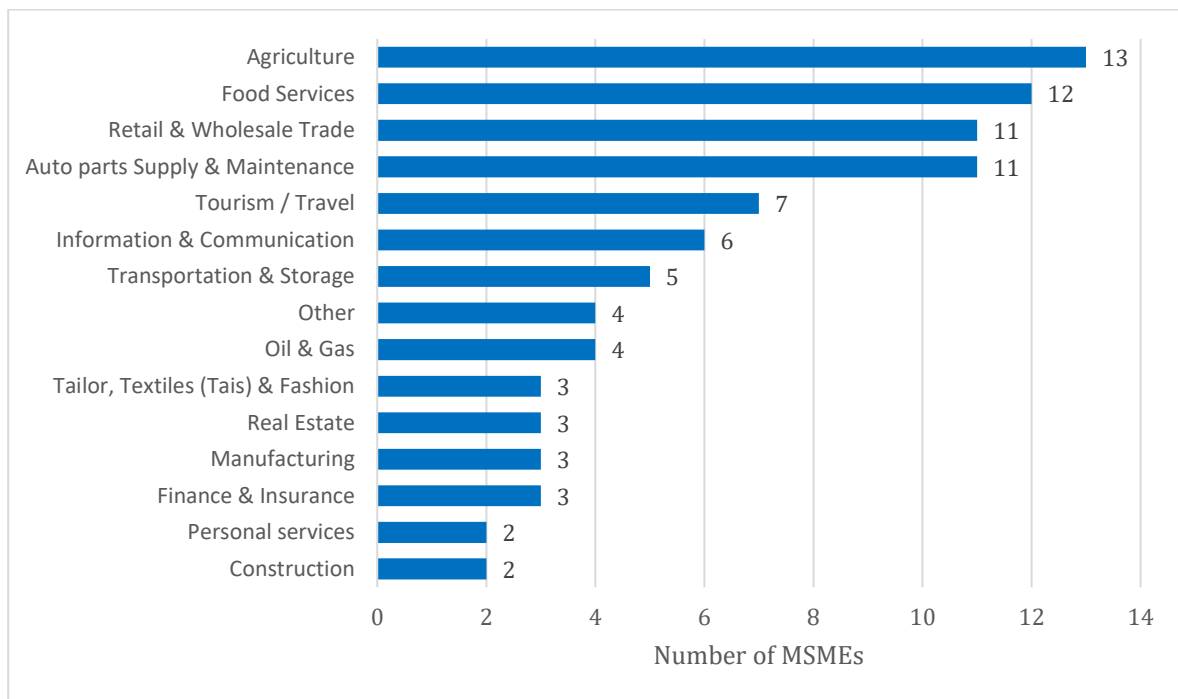
The majority of businesses (78 percent) employed staff, while around one-quarter were individual enterprises (22 percent). Overall, women were fewer in number and less likely to be full-time employees, based on the sample used for the SEIA. It is worth noting, however, as only 90 businesses across the five municipalities took place in the survey, the following gender analysis is not replicable nationwide. No disabilities were reported for employees.

**Table 22 Gender analysis of MSME employees**

	Male	Female	Other/ Unknown
Full-time employees	73%	2 %	6%
Part-time employees	66%	33%	2%

The MSME assessment also focused mainly on the formal sector (76 percent of respondents) to complement the information gathered from informal workers in the household and livelihood portion of the SEIA. As such, informal workers represent 18 percent of respondents, while 5.6 percent were unsure/did not answer. Most of the MSMEs interviewed conduct trade within Timor-Leste (77 percent), with only a few stating that they carry out international trade (6 percent import & export combined).

Figure 84 MSMEs by industry



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