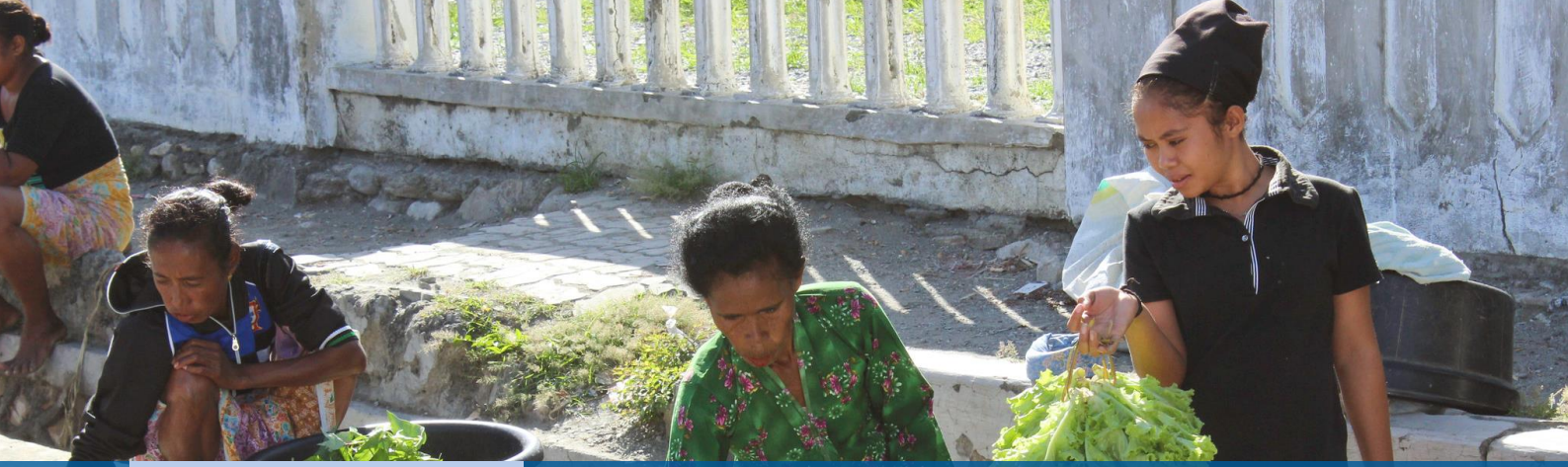

IN BRIEF

WOMEN'S NEEDS AND GENDER EQUALITY IN TIMOR-LESTE'S COVID-19 RESPONSE

What's the Issue?

Women and girls' immediate and long-term needs must be addressed and integrated into Timor-Leste's COVID-19 response, in order to ensure both women's access to services and human rights, and to enable women to contribute to shaping the response. Based on lessons learned from previous outbreaks, this brief outlines gender issues related to the COVID-19 pandemic and response in Timor-Leste, and puts forward key questions to be considered by COVID-19 decision makers in Timor-Leste.

Women and girls are disproportionately affected by crises, such as COVID-19, due to structural barriers and pre-existing gender inequalities. National responses to COVID-19 have highlighted the urgent need to identify the specific needs and capacities of vulnerable population groups, such as women, to inform prevention, response, and recovery mechanisms, and strengthen the adaptive capacity of people most at risk and reduce vulnerabilities. It is imperative that not only vulnerability factors are addressed, but furthermore, that women are recognized as active agents in disaster risk reduction and epidemic management and are engaged in mitigation efforts across sectors.

Global reality, national response

On 11 March 2020, the WHO declared the coronavirus disease 2019 (COVID-19) a global pandemic. First discovered in Wuhan province, China, on 31 December 2019, the virus has spread quickly across the world. As of late April 2020, there are over three million confirmed cases of COVID-19 and more than 200,000 deaths in 185 countries and territories across the world.[1]

On 21 March 2020, Timor-Leste announced its first confirmed case of COVID-19. The government has taken several measures to prevent the spread of COVID-19, mobilizing resources and pursuing technical capacity from various partners.[2] By 28 March 2020, the government declared a State of Emergency, imposing restrictions on movement and enforcements of social distancing to limit the spread of the virus. Large gatherings were suspended, as well as public transport. While the country has so far avoided large numbers of people falling ill to COVID-19, the economic and psycho-social impacts of the pandemic are already being felt. An outbreak would not only overwhelm the health system, but also exacerbate the country's poverty.[3]

BOX 1. UN WOMEN COVID-19 RESPONSE IN TIMOR-LESTE

UN Women in Timor-Leste is focusing on five key areas of intervention in the COVID-19 response.

1) **Coordination** (eg. Convening a Gender and Protection Working Group, together with UNICEF; contributing to policy documents on protection against sexual exploitation and abuse for quarantine and isolation facilities)
2) **Women's Economic Empowerment** (eg. engaging the Baucau Safe Market Technical Working Group in COVID-19 response)
3) **Ending Violence Against Women** (eg. adapting school violence prevention and parenting programmes, and support to civil society organizations, including persons with disabilities via EU-UN Spotlight Initiative)
4) **Women, Peace and Security** (eg. promoting representation of women in COVID-19 response mechanisms)
5) **Communications** (eg. engaging with media to feature gender issues in COVID-19 coverage and promoting key

Key gender issues related to the COVID-19 outbreak in Timor-Leste

Increased violence against women and children, especially those with disabilities:

Violence against women (VAW) is a pervasive human rights violation around the world and in Timor-Leste, where domestic violence was only outlawed in 2010. Two studies suggest that VAW remains highly prevalent in Timor-Leste with serious consequences. The 2016 Demographic and Health Survey (DHS) reported that more than a third (38%) of women have experienced physical/sexual intimate partner violence (IPV) during their lifetime, and the Nabilan Study suggests that prevalence is at 59%, while over 80% of men and women in Timor-Leste believe domestic violence is justifiable.[4] Women and girls face an even greater risk of violence during emergencies.

We continue to see emerging reports of increased VAWG from countries affected by COVID-19, and in past outbreaks, signifying that VAWG is an equally widespread pandemic occurring in the shadows of the virus.[5]

Factors increasing women's risk of domestic violence:

- **Restrictions on movement** and isolation measures reduce options for women to leave a violent situation and confine women and girls with their abusers.
- **Women's loss of employment** or reduced access to informal work as a result of COVID-19 may increase financial dependence on abusive partners and isolate women from accessing vital social support systems to cope and escape an abusive situation.
- **Older women as well as women and girls with disabilities** are likely to suffer increased domestic/sexual violence and neglect during COVID-19 with disruptions in services and restrictions in their movement.[6]
- **The decrease in the availability of services for women** alongside the increasing incidence of VAWG under COVID-19 conditions suggests life-saving care and support to VAWG survivors (psycho-social support, clinical management of sexual violence and mental health) may be disrupted if health service providers become overburdened with handling COVID-19 cases.[7]

Women and girls at risk of other forms of gender-based violence (GBV):

Sexual harassment and violence: In addition to violence from partners or families, women and girls are at increased risk of sexual harassment in public spaces, due to physical? Or social distancing during the outbreak where movement on streets and transport is limited. Women may face increased fear, violence, abuse and sexual harassment and are less likely to drive and be in public spaces freely due to restrictive gender and social norms. Women who need to access public spaces for collecting water, purchasing food or selling products often face the risk of harassment and abuse, and are likely to be blamed for any abuse they face when alone in public spaces.

Women are often the frontline health, social service providers, responsible for facility support (including administration and cleaning services), as well as home-based caretakers. They are providing security, serving in a variety of roles in the COVID-19 response, but are in fewer leadership and decision-making positions compared to men. The power imbalances and harmful gender norms increases the risk of women facing violence in their places of work.

Sexual exploitation and abuse: Restrictions in movement, quarantine and isolation measures, loss of livelihood and educational opportunities, and food insecurity can lead to increased sexual exploitation and abuse. This is evidenced from the experiences of previous pandemics (e.g. Ebola and Zika). Both the 2016 DHS and the Nabilan Study found that girls between the ages of 15-19 had the highest rates of experiencing physical and or/sexual violence. Adolescent girls in particular face increased risks of different forms of sexual exploitation and abuse during COVID-19. Girls living with relatives or in domestic work outside their immediate families are particularly at risk given the power imbalance with their caregivers due to financial dependency and age.

Cyberbullying and technology-related violence. As women are relying on technology and online platforms for working, studying and communicating, these tools are sometimes creating new channels for harassment, bullying and violence. Young women, women and girls with disabilities and elderly women are particularly at risk of such forms of abuse.

BOX 2. RECOMMENDED ACTIONS TO ADDRESS VAWG IN THE CONTEXT OF COVID-19

1. Allocate resources for addressing violence against women and girls into the COVID-19 Response Plans.
2. Strengthen and support adaption of quality and accessible health, social, security and justice support services for women and girls who experience violence during COVID-19.
3. Strengthen capacities of key health, justice and security services to prevent impunity and improve quality of response.
4. Put women at the centre of policy change, solutions and recovery through support for grassroots women's rights organizations, especially those providing essential services to hard-to-reach, remote and vulnerable populations, and ensure women's community organizations are represented in COVID-19 decision-making processes.
5. Ensure sex-disaggregated data is collected and reported as part of COVID-19 monitoring to measure the impact of COVID-19 on VAWG.

Increased health risks:

Women are often the frontline health, social service providers, responsible for facility support (including administration and cleaning services), as well as home-based caretakers. They face increased exposure to COVID-19 without having adequate access to personal protective equipment and information to protect themselves from infection, as well as access to support. Domestic workers are also on the frontlines of the battle against COVID-19 and are at risk as they are required to work in others' homes and to come in close contact with people, items and surfaces that may be carrying the virus. Within homes in Timor-Leste, women are often responsible for caring for those who become ill, increasing their potential risk of exposure to COVID-19.

During a crisis, resources are often diverted from health services due to the strain on the health system. As a result, women and girls may not be able to access sexual and reproductive health services, pre-and post-natal health care, or routine health treatments such as cervical cancer screening. A global risk index analysis during COVID-19 indicated that Timor-Leste was the second most at risk country to COVID-19 in the region.[8] One of the defining risks was access to healthcare. In a country with limited access to healthcare services for women, evident in the high maternal and under-5 mortality rates, further compromising women's ability to access health services could devastate health outcomes for women and children.[9]

Unemployment, economic and livelihood impacts:

The economic impact of COVID-19 resulting from the widespread closure of businesses and industries will put increased financial strain on communities, particularly in populations that are already vulnerable.[10] Women are more likely than men to be engaged in insecure, informal, part-time and lower-paid employment in Timor-Leste, with little or no income security and social protection. Only 40% of working age women are economically active in the formal labour sector, and women hold less than one third of government positions (31% women vs 69% men), 37% of jobs in state-owned enterprises, and only a quarter of private sector jobs (24% women vs 76% men).[11] Given that limited jobs are available in the formal sector for an increasing younger population, COVID-19 threatens substantial development gains in women's economic empowerment made since the country's independence in 2002.

The informal sector is the biggest source of income for Timorese, employing approximately 60% of the population, the majority of whom are women.[12] Women informal workers are particularly engaged in the heavily affected industries such as agriculture, small-scale trade, food and beverage retail, domestic work, traditional weaving and handicrafts, and often occupy precarious employment positions that do not permit working remotely.[13] Due to movement restrictions, cancellation of public transportation and business closures, women are at disproportionate risk of losing income and lack economic safety nets such as social protection, employment, benefits, and health insurance.

Unequal burden of unpaid care:

In both urban and rural settings in Timor-Leste, women are primarily responsible for providing food for the household, childcare, and other unpaid domestic work. Social distancing, school closures and containment strategies will increase women and girls' care duties, as they will be expected, due to gender norms and roles, to care for elderly and ill family members, as well as siblings who are out of school.[14] Adolescent girls affected by the closures of universities, vocational and educational activities due to restriction measures may also experience an increased risk of early marriage and increased caregiving roles within their families, reducing their ability to access remote learning programmes. This is likely to place them further behind when education activities resume and increases the likelihood of dropouts among adolescent girls.[15]

Unequal access to information:

Given that women have a lower literacy rate than men in Timor-Leste, and only 10.5% of women with disabilities are literate, it is evident that the most marginalized women and girls are at a greater risk of being excluded from critical, life-saving measures and information.[16] Evidence from previous outbreaks suggests that education status can impact knowledge uptake for certain groups. It is therefore important that messaging is relayed through appropriate materials that are accessible and understandable by all. There is a need for targeted approaches with risk communication and services to reach all social groups, taking into account gender, age, disability, education and migration status.[17] In addition, there should be a recognition of the specific health and communication needs of marginalized groups in Timor-Leste, including women, with particular attention to those living in rural areas, women in informal labour, pregnant and lactating women, survivors of domestic violence, as well as LGBTIQ persons, the elderly, ethnic minorities, people living with HIV, people living with disabilities and migrants.

Unequal access to basic needs:

Access to clean water and improved sanitation, along with safe hygiene practices, plays a fundamental role in preventative health measures for COVID-19. Over 40% of the population in Timor-Leste lives below the national poverty line.[18] Many households in Timor-Leste do not have a water source and rely on communal taps, with more than 20% of the population lacking access to clean water, particularly in rural areas.[19] Additionally, Timor-Leste has been ranked as the most at risk nation in the region for food insecurity during COVID-19.[20] Considering women are primarily responsible for collecting water, cooking, cleaning, and providing health care and hygiene for their households, these barriers in accessing basic needs disproportionately affects the lives of women in the context of COVID-19 and highlights the need to adapt standard COVID-19 prevention measures in the context of poverty.[21]

Key questions for COVID-19 decision-makers in Timor-Leste

The following questions are based on UN Women's COVID-19 checklist, issued on 20 March 2020:[23]

1. How do we ensure that women have access to essential GBV response services, such as shelters, hotlines and health centres, in a situation where social distancing and isolation limit access to these services? Where these services are available, are we ensuring that these service providers have adequate information on how to reduce the risk of exposure to COVID and access to protective equipment, so that women who access them can protect themselves from coming into contact with the virus?

2. Men's incomes tend to be higher than women's in Timor-Leste, and as more women are in vulnerable work, there are significant inequalities in terms of access to income security, unemployment benefits and other social protection. Are we targeting our economic responses to serve women's interests?

3. Men are also overrepresented in political decision-making. Are we considering how women's voices and interests are reflected in the decision-making processes and outcomes we are leading? Have employers and trade unions representing female-dominated labour markets had a say? Are women's organizations, women's shelters or NGOs being consulted? How are we supporting women who work in the informal sector?

4. Women are poorer than men and have less economic power. When we are thinking about cash transfers, will these target individuals rather than households in order to mitigate women's economic dependence of men?

5. When economies slow down or even come to a halt - are we preparing targeted interventions for single parents, the majority of whom are women?

6. We know that elderly women and men are at high health risk right now. Women are the majority of the elderly, especially over the age of 80. Yet, they tend to have lower pensions, if any, and less possibility to buy care and other services. Do we know whether they are left alone or have any support? Do we know that the information that everyone is depending on right now has reached them?

7. When elderly-care exists, it is often women who provide it, either through paid work or simply through their support to family members. What are we doing to ensure that they are protected against transmission? Are we able to provide 'cash for care' to ensure that they are being paid for their work?

8. During a crisis, people need reliable access to food. In Timor-Leste, women play a significant role in low-paid food production work, including in agriculture and food and beverage retail. What are we doing to protect their situation, including their working conditions, salaries and access to land?

9. When schools are closed, those with the resources may be moving to online or remote teaching. Are we doing enough to ensure that girls are not finding themselves caring for younger siblings or grandparents while boys continue to study?

10. Rates of maternal mortality remain high in Timor-Leste. What are we doing to ensure that maternal-care continues under safe conditions for staff and mothers? The burdens on health systems are straining them to breaking point. How are we protecting women's health, including the health of mothers in that context?

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