



Gender and Power Analysis on CoVID-19 Health System Strengthening Project (CoHSiS)

Report
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Author

CARE International in Timor-Leste

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List of Acronyms

ALFeLa	Asistênsia Legál ba Feto no Labarik (<i>English: Legal Assistance for Women and Children</i>)
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
DHS	Demography Health Survey
DMC	Disaster Management Committee
FGD	Focus Group Discussion
FOKUPERS	Forum Komunikasaun ba Feto Timor-Leste (<i>English: Forum for Timorese Women</i>)
GBV	Gender-Based Violence
GMF	Grupu Maneja Fasilidade (<i>English: Water Facility Management Group</i>)
JSDF	Japan Social Development Funds
MSSI	Minister of Social Solidarity and Inclusion
NAP-GBV	National Action Plan against Gender-Based Violence
PRADET	Psychosocial Recovery and Development in East Timor
PSF	Promotor Saude Familia (<i>English: Family Health Promoter</i>)
PSHEA	Prevention of Sexual Harassment, Exploitation and Abuse
SDMC	Suco Disaster Management Committee
SEII	Secretary of State for Gender Equality and Inclusion
VAW	Violence Against Women
VPU	Vulnerable Person Unit



Executive Summary

A female doctor explaining about COVID-19 vaccination to a patient in Dili, 2022 © Sarah Wiles

Introduction

From July 2022 to April 2025, the COVID-19, and Health System Strengthening Support Project (commonly known as CoHSiS) will be in operation. This three-year initiative, funded by the Japan Social Development Fund (JSDF) and administered by the World Bank Group, aims to empower municipalities to prepare for and respond to COVID-19 and other health emergencies. Specifically, CoHSiS's implementation is focused on two municipalities: Covalima and Viqueque. To ensure gender equality, the project will incorporate CARE's Gender Equality and Women's Voice Framework into all its intervention. As part of its planning process, the project aims to conduct a comprehensive gender analysis on six key areas of inquiry: (i) Sexual/gender division of labour, (ii) household decision-making, (iii) claiming rights and meaningful participation in public decision-making, (iv) access to public space and services, (v) control over productive assets, and (vi) violence and restorative justice using both primary methods which include utilising SAA methodology in focus group discussions, key interviews with key stakeholders as key informants and individual survey with the community and secondary data sources.

Key findings

Sexual/Gender Division of Labor

Timor-Leste is predominantly a patriarchal society with strong social and gender norms and gendered power imbalances that lead to gender inequality. At the household level, women and girls are overburdened with work as they perform most of the household chores and child and elder care; and spend their time on agriculture or horticulture work as well as contributing to community or cultural events. On the other hand, based on the primary data analysis, men are expected to be breadwinners for the family and women are expected to take care of the household. In cases where men have performed chores outside their prescribed roles, for example, the daily clock showed caring for babies, taking care of the children, and doing household activities like cooking and

fetching water, women and the community at large have stigmatised men. When men try to take up roles that are already defined as women's roles, women and the community can even call men "gay". Additionally, women spend an average of 12 hours daily (5 am – 10 pm) on household chores while men spend an average of 9 hours daily on productive work (6 am – 10 pm) taking out resting time from both males and females. Self-confidence and belief in their own abilities are key components that aid women in negotiating for a fairer household division of labour with their partner.

Despite the existence of negotiation between partners for sharing household chores, tasks remain gendered and resistant to change. Men and boys who challenge these norms by performing household chores face backlash and stigmatization. However, there is some evidence of shifting trends, with more men participating in traditionally female chores.

Household Decision-Making

Generally, women have less decision-making power in households, with their scope often limited to daily matters like food consumption and management of finances for daily expenses. Men tend to make the more substantial decisions regarding matters like buying and selling large animals, land, and generally making agricultural choices.

The division of decision-making power varies depending on the marriage system, with some communities adhering to matrilineal traditions where women have more influence, but even in such cases, significant decisions still require consultation with males within the family.

The study highlights that attending traditional ceremonies and making decisions about children's futures, education, and financial matters can lead to conflicts if not handled jointly. While discussions with community members indicated the importance of mutual consultation in women's negotiation for decision-making, the study also found that women who make independent decisions without consulting their husbands are blamed if the outcomes are unfavourable.

Control over productive assets

In Timor-Leste, control over productive assets, including agricultural land, crops, and animals, poses a significant challenge for women. Men predominantly hold control over big productive assets, such as buffalos and horses, and are the primary decision-makers for household assets. There's a clear distinction between "big assets" and "small assets," with women primarily owning the latter, which includes items like Tais (traditional weavings) which have a lower monetary value.

However, there are signs of change, with recent developments, such as training and activities by NGOs and the government, leading to increased participation of women in decisions about household and productive assets. Joint decision-making, especially on assets with lower monetary value, is now more common. In some cases, men are giving women more autonomy over these assets.

Strategies employed by women to negotiate control over productive assets include mutual agreement, open communication, temporary changes in responsibilities, and shared responsibility.

The study also identifies differences in ownership and control of assets between patrilineal and matrilineal societies, where practices can vary significantly. For example, in patrilineal societies, the presence of a male family member often automatically bestows inheritance rights, while in matrilineal societies, women are prioritized for inheritance, particularly regarding land. However, the study notes that it is essential to consider the specific context of individual families.

Access to public space and services

Access to public spaces and services in Timor-Leste is influenced by various factors, including health services, sources of information, and public facilities. The country's health services comprise public and private healthcare facilities, traditional healers, and community health services. Public facilities are mainly free, aiming to bring healthcare closer to the community. However, there are challenges, such as poor road conditions, lack of public transport, shortage of skilled health providers and limited female healthcare providers, and cultural barriers that affect women's and girls' access to these services.

During the COVID-19 pandemic, access to health services became even more critical, with 80.1% of the communities expressing their understanding of the importance of healthcare during the pandemic.

In terms of public services, community members rely on health centers, health posts, schools, local markets, village chief offices, churches, and police stations as their main sources of services and information. However, despite some progress, women and girls still face challenges in accessing these public spaces. These barriers include a lack of knowledge, education, early marriage, and limited safety in specific areas, such as rivers and forests. Certain public spaces also pose safety risks, particularly for women and girls who may be at risk of sexual abuse.

Decision-making processes for accessing these public areas vary, with some decisions being made jointly, and others by individuals themselves.

Claiming rights in and meaningful participation in public decision-making

Women's political participation in Timor-Leste is supported by the 30% Quota system, leading to 27 to 40% female representation in the parliament, considered one of the highest in the Asia Pacific region. At the local level, however, the representation of women in leadership roles is lower, particularly for chief positions at the suco level, where only 5% are female.

Women's attendance at public meetings is often limited to token participation, and they need permission from their husbands to attend. They generally participate in meetings related to women's issues. While some progress has been made, challenges persist, including gender stereotypes, cultural norms, and lack of self-confidence among women.

Efforts are being made to increase women's participation in local government through legislation mandating the inclusion of female delegates. Still, leadership positions at the suco and village levels remain primarily held by men.

The main barriers to women's leadership and influence include: societal expectations regarding women's roles in caregiving, inadequate self-esteem, and social norms that encourage deference to men. Lack of collective action and initiative among women also hinder their participation.

Key skills for women to participate meaningfully in public decision-making include knowledge, ability, creativity, higher education, and public speaking. Advanced information and early communication are crucial for women to actively participate and take up leadership roles.

Violence and Restorative Justice

Gender-Based Violence (GBV) is a significant human rights concern in Timor-Leste, leading to poverty, discrimination, and social injustice for vulnerable groups. The government has implemented policies and legal frameworks, such as the Domestic Violence Law and the National Action Plan against Gender-Based Violence

(NAP-GBV), to address and prevent GBV. However, the prevalence of GBV remains high, with a significant percentage of women experiencing spousal physical and sexual violence, and much lower percentages of men.

Many GBV service providers, including the Vulnerable Person Unit (VPU), shelters, and NGOs, are available. Still, a substantial number of GBV cases go unreported due to factors like limited knowledge, cultural roles, financial dependency, fear of stigma, and fear of losing children.

The COVID-19 pandemic exacerbated domestic violence, and a significant proportion of respondents identified it as an important issue faced by women.

Common forms of GBV include emotional and physical violence, with physical violence being more prevalent in Viqueque.

Key informants highlighted that women often cannot negotiate sexual activity with their partners, and factors contributing to GBV include alcohol use, economic status, clothing choices, and walking alone.

Attitudes towards GBV are concerning, with a significant proportion of both females and males in Covalima and Viqueque expressing agreement with justifications for violence against women. This underscores the need for further awareness and education on GBV and its consequences.

The prevalence of agreement with these attitudes may be influenced by local norms, traditions, and external factors, such as the level of involvement of non-governmental organizations (NGOs) in each area.

Recommendation

The following are recommendation from the study:

- Ensure that women's current responsibilities are taken into account and avoid overburdening them with additional project activities. Engage women in the design of activities that consider their existing roles.
- Address gendered social norms and roles by facilitating discussions with couples to challenge these norms and highlight the negative impacts of overburdened roles.
- Engage men and boys in reflecting on male masculinity, promoting gender equality, and leveraging trusted leaders as advocates for change. This can help break down gendered divisions of labour and encourage more equitable roles within households.
- Use tools like Social Analysis and Action (SAA) to engage couples in reflection, and building trust in decision-making processes. Additionally, conduct separate discussions with women to understand their experiences and positions in household decision-making, fostering more equitable decision-making processes.
- Raise awareness among girls and boys about equity in decision-making and control over productive assets, challenging gender norms through reflection with couples and fostering open communication between spouses.
- Provide leadership and confidence training for women and girls to influence public decision-making, improve accessibility for people with disabilities, and involve them in community scorecard initiatives to advocate for better access and inclusivity in public spaces.
- Advocate for improvements in the quota system and offer leadership and confidence training for women and girls. Target men and boys to address power dynamics in public decision-making and promote greater representation of women in leadership positions at the local level.



Introduction

Rural women and girls in Atsabe, Ermera, 2022 © Sarah Wiles

Background and rationale

The Gender and Power Analysis is for the **COVID-19 and Health System Strengthening Support Project**, also known as **CoHSiS**. It is a project funded by the **World Bank Group** through **Japan Social Development Fund (JSDF)**. The project started in June 2022 and will continue until April 2025. It is implemented in two municipalities, Covalima and Viqueque.

The project aims to support the municipalities in strengthening the capacities of communities to prepare for and respond to COVID-19 and other health emergencies. The project will target different levels of community organizations such as local authorities, Disaster Management Committee (DMC), Suco Disaster Management Committee (SDMC), Water Facility Management Group (GMF), health workers, and Agriculture Extension Officers to build their capacity for preparedness and response to health emergencies. The project will also focus on improving community awareness, attitudes, and behaviours around COVID-19 practices. It will integrate a gender equality perspective, engaging men and boys, Prevention of Sexual Harassment, Exploitation and Abuse (PSHEA), and Gender-Based Violence (GBV), including referral pathways targeting GMF and others to build up their awareness around these issues. GMF is specifically targeted because of the WASH interventions of the project.

The project has three main components:

1. Building capacity for preparedness and response to COVID-19 and other health emergencies at the community level with two sub-components:
 - a. Improving coordination between community organizations and formal health sector service delivery system; and
 - b. Strengthening the capacity of community organizations to prepare for and respond to COVID-19

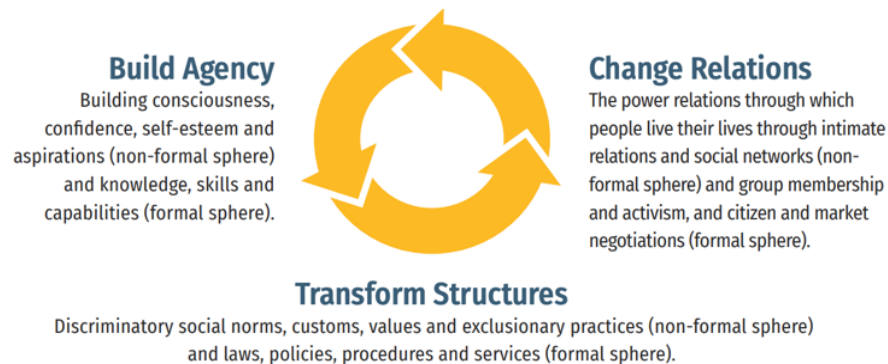
- and other health emergencies.
2. Improving community awareness, knowledge, attitudes, and behaviours towards COVID-19 and other health emergencies
 3. Project management and administration, monitoring and evaluation, and knowledge dissemination.

Gender and power analysis was conducted to examine gender roles and relations from interpersonal, household, community, provincial and national levels. It examines both the public and private spheres of people’s lived experiences. It seeks to understand the differing priorities, needs, activities and responsibilities of men and women, and boys and girls across different life stages, and in the various roles they play (as sons and daughters, lovers, mothers and fathers, citizens, neighbours, paid workers, unpaid workers, etc.).

Design, Methodology and Approach

Overall Framework

This gender analysis used CARE’s Gender Equality Framework (GEF) as an analytical framework.



The GEF posits that Transformative change means addressing the structural causes as well as the symptoms of gender inequality, with the aim of achieving lasting change in the power and choices people of all genders have over their own lives, rather than just a temporary increase in opportunities. The aim is to **build agency** of people of all genders and life stages, **change relations** between them and **transform structures** so they can realize their full potential in their public and private lives and be able to contribute equally to, and benefit equally from, social, political, and economic development. This framework was used to test whether the tools and questions address the three core areas of: building agency, changing relations and transforming structures.

Approach

The assessment employed a consultative process, ensuring that key stakeholders were informed and involved in the process, additionally, CARE’s team internally (project team and the Gender and Program quality team), and internationally, through the Gender Cohort system was engaged and involved. The assessment is based on a mixed-method approach including a desk review of available information. Subsequently, primary data involving mostly qualitative and quantitative tools were collected.

Evidence and information were collected at various levels: project level with project participants, community stakeholders, and leaders, and representative level with ministries, departments, and agencies.

The approach to data collection was participatory, ensuring that key areas of inquiry were covered.

Methodology and tools

The methodology used includes a desk review/secondary data analysis, and primary data analysis through qualitative and quantitative methods. Evidence gathered were subjected to the respective analyses against selected CARE International Gender Analysis Good Practices key areas of inquiry including Sexual/Gender Division of Labour, Household Decision-Making, Control Over Productive Assets, Access to public space and services, Claiming rights and Meaningful participation in Public Decision-Making and Violence and Restorative Justice.

The field data collection was undertaken from March to April 2023. Data analysis and reporting was done in August and September.

Desk Review

As part of the methodology, an initial desk review was conducted which covers gender, social norms, practices, and policy in Timor-Leste section. A summary of the information from the desk review was included in each section of the areas of inquiry.

Primary data collection

The desk review revealed that more up-to-date information was required on the gender and social norms, practices, and policy in the location. As such, primary data was collected by the project team.

The primary data was collected through Key Informant Interviews (KII), Focus Group Discussions (FGD) with key members, and individual surveys.

Sampling: size and strategy

The sample size and strategy were composed with consideration of the different tools as stated above.

For **FGDs**, which focused on collecting perceptions on the household roles and decisions, through pile sorting tools, access to public spaces and meaningful participation through social mapping tools, and household chores through daily clock tools. A convenience sampling strategy was used where women, men, girls, and boys are selected based on access and eligibility and using the criteria below:

1. Confident to hold conversations in a group setting with similar age category members they do not know.
2. Understand the traits and characteristics of their community.
3. Are involved in community group activities such as water users groups, health volunteers, etc.

FGD was conducted at the post-administrative level, a total of 22 FGDs (9 discussions each with adult males and females and 2 each for boys and girls) were conducted with a maximum of 8 participants per group. Each group ensures diversity is considered (for instance, each group should include (where applicable) single, married, divorced, single heads of households, and persons living with disability). The table below shows the detailed sample size for FGD.

Table 1 - FGD Tools by Group

Tools	Location	Women	Men	Boys	Girls	Total
Daily Clock	Viqueque	2	2	1	1	6
	Covalima	1	1	1	1	4

Social Mapping	Viqueque	2	2	-	-	4
	Covalima	1	1	-	-	2
Pile Sorting	Viqueque	1	1	-	-	2
	Covalima	2	2	-	-	4
	Total	9	9	2	2	22

For **KIIs**, collected information from stakeholders in the community covering all areas of inquiries. Convenience sampling was used, this time, the key project stakeholders were identified for interviews based on their knowledge of the location. In total, **46** key informants were interviewed. Sample detail can be seen in the table 2 below.

Table 2 - KII Sample Size

Location	Female	Male	Grand Total
Covalima	3	5	8
Dili	5		5
Viqueque	8	25	33
Grand Total	16	30	46

*A detailed list of key informants is included in the annex

For the **individual survey**, which covered all areas of inquiry, a stratified random sampling approach was utilized to ensure the representation of all age groups in the survey. To achieve stratification, population figures were disaggregated by age and sex. A sampling calculator was used to identify the appropriate size, using a margin of error of 5%, and a 95-confidence interval. A total of 455 individuals were surveyed which includes 245 females and 179 males. Twenty-one people living with disabilities (12 females and 9 males) were also interviewed. -Table 3- below shows the details.

Table 3 - Individual Survey Sample Size

Location	Female	Female living with disability	Male	Male living with disability	Grand Total
Covalima	52		54	2	108
13 – 23 years	10		15		25
24 – 35 years	20		12		32
36 – 45 years	8		10	1	19
45 – 55 years	9		11		20
Above 55 years	5		6	1	12
Viqueque	193	12	125	7	337
13 – 23 years	20		6	1	27
24 – 35 years	55	2	29		86
36 – 45 years	51	1	28		80
45 – 55 years	40	4	32	3	79

Above 55 years	27	5	30	3	65
Grand Total	245	12	179	9	445

Data Quality Assurance

To ensure quality in the assessment, the following processes was implemented:

- training for data collectors (the CARE team, and supervisors) on gender and social norms, study objectives, and tools to be administered;
- translation of all data tools and guides into the local language (Tetum);
- field testing of tools and methods with a subsequent debriefing session to capture participants' opinions on how to improve the tools;
- daily progress check-ins by the CARE team and assigned supervisor; and
- daily briefings with the team to gather more qualitative information on observations.

Data Analysis

For qualitative analysis, a table matrix was used to analyse the data by creating thematic codes that align with each area of inquiry. Additionally, narrative analyses were used to focus on the stories and language used as this adds an additional layer to gender and norms assessments.

For quantitative analysis, advanced excel computations and pivots were primarily used for analysis. All datasets were analysed together to get a clear story. Firstly, hypothesis and assumptions were identified to guide the analysis, an example of the assumption is the research team assumed more gender positive findings in Covalima than Viqueque due to the marital and heritage practices in the location. The qualitative data from the KIIs and FGDs where the primary dataset for the study. This dataset was first analysed for themes and patterns according to each area of inquiry, codes were created to save these themes where necessary. The quantitative data was used to corroborate the findings from the qualitative data and vice versa, which also served as a way to triangulate and validate the hypothesis and assumptions that the research team had. Additionally, in areas where the qualitative data had limited information, the research team cross-checked the data with a sample of the key informants via direct phone calls to confirm and collect additional information.

Limitation of study

Accessibility to all locations to sample the selected participants would have been ideal, but the terrain of the country coupled with weather changes made it difficult to access all. Hence, the team sampled locations that has similarities with others not sampled.

Key Findings

Timor-Leste Context

Timor-Leste was affected by the COVID-19 pandemic, and the Minister of Health declared the first coronavirus case on March 21, 2020. As of January 2023, there was only 1 active case out of a total of 23,407¹ cumulative cases.

To respond to the COVID-19 situation, the government of Timor-Leste implemented a national vaccination program for AstraZeneca, Sinovax, and booster shots for adults, including Pfizer for adolescents. This program helped prevent the further spread of COVID-19 across the country. As of May 2022, vaccination coverage for the first dose was 84.4%, and for the second dose was 70.5%².

During the COVID-19 situation, the government actively raised awareness on key messages for preventing COVID-19, especially on good hygiene practices and social distancing. The hotline number “119” was set up to provide advice and respond to questions related to COVID-19. The government’s efforts indicate that 98.75% of people heard about the COVID-19 outbreak from various communication channels such as television, radio, social media, and health units/care workers. Television was the main information channel with a total of 83%, and this percentage remained stable in both sexes. Radio was the second information channel with 56% of men and 53% of women among age groups above 30. People who were under 30 responded that social media was an information channel to get information about COVID-19, with 56% of men and 52% of women considering the virus to be very dangerous, especially for elderly people, children under five, people with comorbidity, pregnant women, and other groups of people³.

As of now, the government’s restrictions for COVID-19 have been lifted due to the low number of COVID-19 cases. Some of the restrictions include using masks, social distancing and reducing the number of people at gatherings.

In addition to COVID-19, other health concerns such as **Dengue** fever have also been reported in Timor-Leste. There have been more than **3,591 cases**⁴ with 87 cases in Viqueque and 121 cases in Covalima⁵.

According to the Population and Housing Census 2022, the resident population of Timor-Leste is **1,340,434**. Of this population, there were **678,087** men and **662,327** women. The average household size is 5.4 persons⁶, which is slightly lower than the average Census data from 2015 with 5.7⁷. Covalima and Viqueque have an average household size of 4.7 and 4.8 respectively. Viqueque is more populated with 80,176 (39,813, Females, 40,363 Males) than Covalima 73,933 (36,329 Females and 37,604 Males)⁸.

Poverty in Timor-Leste has declined significantly from 2007 to 2014. However, the lack of recent data has become one of the challenges to understanding the current situation. The poverty line in Timor-Leste has fallen from **50.4%** in 2007 to **41.8%** in 2014⁹. Women and poor people are more socially vulnerable, with almost **60%** of the

¹ Safety and Security Updates; St. John of God International Health Timor-Leste January 2023; Globally, as date of 8 February 2023, there are 676,593,069 cases with 6,774,634 deaths cases and reported 649,186,029 recovered from this virus.

² [World Health Organization, Timor-Leste](#)

³ [Assessment Community Perception on COVID-19, Timor-Leste \(July 2020\)](#)

⁴ Safety and Security Updates; St. John of God International Health Timor-Leste January 2023

⁵ Tatoli Media March 2022

⁶ [Census 2022 Preliminary Results](#)

⁷ Ibid

⁸ Population and Housing Census 2022

⁹ Timor-Leste Economic Report June 2022; Investing in Next Generation- World Bank Group

most vulnerable households being women based on the vulnerability index¹⁰.

The number of registered people living with disabilities is **17,061** (female 8,544 and male 8,517)¹¹. To ensure that people living with disabilities can have equal enjoyment, and fundamental freedoms and promote respect in Timor-Leste, in 2022 the national parliament ratified the International Convention on the Rights for Persons Living with Disabilities.

The Gender Policy and Legal Context

Overall Policy Framework

Timor-Leste is committed to promoting gender equality and women's empowerment through international instruments such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Timor-Leste is a signatory to CEDAW, which has been domesticated in a number of national-level policies, including the constitution. The Constitution of Timor-Leste guarantees commitments to gender equality, child protection, and disability in Articles 16, 17, 18, and 21. The constitutional provisions are translated into specific gender-specific policy and legal frameworks.

To address gender-based violence, the Timor-Leste government enacted the Domestic Violence Law, which considers domestic violence a public crime. Additionally, the National Action Plan for Gender-Based Violence (GBV) focuses on prevention, providing essential services to GBV survivors, and improving access to the legal and justice system, including monitoring and evaluation prepared by the Secretary of State for Equality and Inclusion (SEII).

However, despite these commitments towards gender equality and women's empowerment, the legal and policy environment still has challenges. The most recent CEDAW Concluding Observations noted that the legal framework needs strengthening. For instance, the CEDAW Concluding Observations recommends that **“the State party adopt a gender equality law and a definition of discrimination against women covering direct and indirect discrimination in the public and private spheres, as well as intersecting forms of discrimination”¹²**.

The National Gender Machinery

There are some institutions in Timor-Leste that support the implementation of gender equality, such as the Secretary of State for Gender Equality and Inclusion (SEII¹³), who has the power and responsibility to advance gender equality, put an end to discrimination and gender-based violence, and advocate for the inclusion of gender-sensitive language in national policy and law. SEII also has a mandate to advance gender equality in the economy, society, culture, and family life. Timor-Leste has also established the Gender Working Group, which includes Gender Focal Points in all line ministries, to ensure that Gender Equality is mainstreamed in the various ministries. In order to ensure that gender equality is integrated at the local level, SEII has also established the Gender Focal Point (both at the municipality and post-administrative level). The establishment of the child protection and gender-based violence focal point to ensure coordination of child protection and gender-based violence in the ministry, including developing policy and procedure for child protection and prevention of gender-

¹⁰ Ibid

¹¹ Timor-Leste Populations and Housing Census, 2022

¹² [Resource](#)

¹³ Recent government has changed the name to SEI – Secretary of State for Equality

based violence, is another way that the Minister of Social Solidarity and Inclusion is responsible for gender equality and prevention of gender-based violence.

The performance of the gender machinery is constrained by limited resource allocation. Timor-Leste's state budget allocation to the Secretary of State for Equality and Inclusion is \$1,950,000 which is divided into good government and institutional management with around \$924,108 and gender equality and inclusion with around \$1,228,156. There is limited information on gender-responsive budgeting allocations under each ministry, and limited information on budget analysis has become one challenge to analyse in the current situation.

Programming Implications and Recommendations

Align with Government Policies and Strategies: The government of Timor-Leste has accommodations for policies and strategies that would be a crucial and important guide to the implementation of CoHSIS project. The project should align with the existing policies and strategies of the government. This will ensure that the project complements the government's priorities. The study proposes the following recommendations:

- **Network and Collaborate:** The project should establish connections with the right networks (such as the gender working group at the municipality level) and collaborate appropriately. This could involve working with local organizations, government bodies, or other stakeholders in influencing domestication of CEDAW and other global gender commitments in local policy and legal frameworks.
 - Collaborate with other gender-focused agencies including the government to support the implementation of CEDAW commitments in local policy and legal frameworks.
- **Contribute to National Strategies and Laws:** The project should contribute to the implementation of the country's national strategies, action plans, and laws. For instance, it could support initiatives related to the GBV action plan or domestic violence law; and share key learnings on gender implementation to influence national strategies.
- **Participate in Municipal Gender/Referral Working Groups:** Regularly get involved in municipal referral working groups. This will ensure that the project is kept up-to-date with local developments and can respond to changes in a timely manner.
- **Monitor and Evaluate:** Regular monitoring and evaluation of the project's progress against its objectives and the country's national strategies is crucial. This will help identify any areas that need improvement and ensure that the project is achieving its intended outcomes.

Women's Empowerment

Self-confidence and self-efficacy

The initial study survey focused on women's opinions on their empowerment in a household and community. Females from the survey were asked about the extent to which they agreed or disagreed with the following statements:

- (a) I often do what my spouse/or male partner/relative tells me to do even if it is against my interests.
- (b) I often trust my spouse, partner or male relative over decisions concerning my life.

Table 4 below shows the perception of women in both study areas on the two statements above.

Table 4 - Women's Empowerment Statement (agency) (Female-only question)

Statement	Location	Agree	Disagree	I don't know
1: I often do what my spouse/or male partner/relative tells me to do even if it is against my interests	Covalima	54.9%	33.3%	11.8%
	Viqueque	40.8%	42.8%	16.4%
2: I often trust my spouse or male partner or male relative over decisions concerning my life	Covalima	58%	34%	8%
	Viqueque	61%	31%	8%

Respondents scored positively if they disagreed with the two statements. As can be seen from Table 3 above, a majority of the women in both study areas lack self-confidence and self-efficacy. While there are variations between Covalima and Viqueque especially in statement 1, where the majority agrees in Covalima and the majority disagrees in Viqueque, the general observation is that a majority of women lack self-confidence and self-efficacy. This can be attributed to heavy women's dependency on their husband or partner as the statutory head of the household and primary decision maker, and fear of the repercussions from their family members and the community if they deviate from prevailing gender norms.

"If a woman is involved in the children's future decision, and in case there is a negative consequence of her decision, the mother or the woman herself would be blamed by the rest of the family including the husband". **FGD (Pile sorting), Male, Covalima**

Opinion on Women's Economic role in a Household

This indicator focused on opinions on women's economic role in a household. Respondents were asked about the extent to which they agreed or disagreed with the following statement:

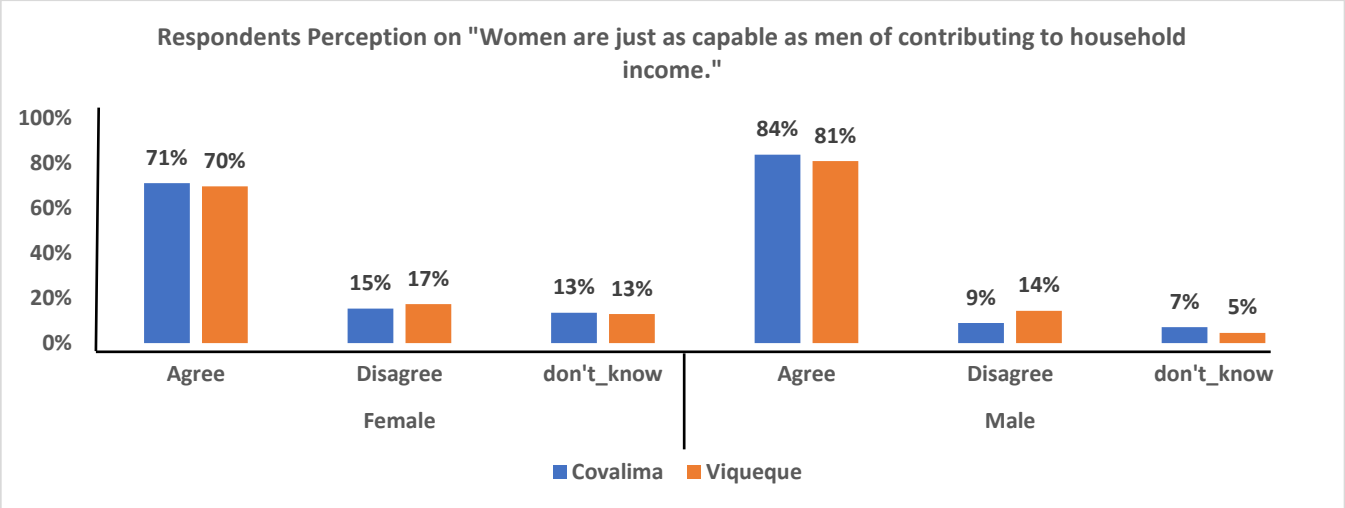
- (a) Women are just as capable as men of contributing to household income.
- (b) A man's job is to earn money; a woman's job is to look after the home and family.

Women as equal contributors to household income

Study respondents were asked if they agreed or disagreed with the statement; "Women are just as capable as men of contributing to household income." A respondent scored positively on this indicator if he/she agreed or

strongly agreed with the statement. Figure 1 below shows that a majority of the respondents in both study areas agreed with the statement:

Figure 1 - Women's contribution to household income



Both men and women in the FGDs indicated that due to changing times i.e., adoption of new lifestyles, and tough economic situations that demand combined efforts from the husband and wife, women have assumed the role of a provider/financier alongside their husbands. They no longer focus their time exclusively on unpaid household labour, waiting for their husband to be the sole breadwinner.

Women’s role in income generation

Survey participants were asked if they agreed or disagreed with the statement; “A man’s job is to earn money; a woman’s job is to look after the home and family.” A respondent scored positively on this indicator if he/she disagreed or strongly disagreed with the statement.

A significant percentage of females (63% in Covalima and 62% in Viqueque) and males (88% in Covalima and 84% in Viqueque) agreed with the statement which means they believe that earning money is a man's job and taking care of the home and family is a woman's job. This is derived from the practices, beliefs, values, and social norms that are upheld by the community where it is observed that women’s primary responsibility is for the home. This is instilled from the birth of a girl child where the expression “uma nain” which literally means “the owner of the house” is used. Also, “hakat luan” (means more mobility and access) and “hakat klot” (confined circle) are used to identify boy-child and girl-child respectively. The FGD activity using the daily clock tool also corroborates this finding where men and women, after reflecting on the chores difference between a man and a woman had this to say:

According to my observation from the daily clock, women do much more household work compared to men because men only help cut firewood, collect water and care for the children. Women are preoccupied with many things, including how to cook and what to cook, and women must take household work because it is a woman's role, and if a man does the work in the kitchen, people will see and laugh at him. **FGD (Daily clock), Male, Viqueque**

Women who have jobs like being a teacher, in our community, must first complete their household chores such as preparing breakfast and cleaning the house, then they can go to work. When they return from work, they must also prepare lunch and dinner, which is why we can recognize women doing more work. **FGD (Daily clock), Female, Covalima**

These statements reinforce the views upheld in the survey on the gendered division of labour: women's role is for household chores and men's role is to generate income.

These findings show that women believe that it is their role to take care of their husbands as they are tired when they have returned from the field. On the other hand, some men accept that they deserve to come back home and find the house is clean and that is a women's responsibility. However, some men support their spouses in household chores under specific circumstances, for example, when women are sick or after childbirth.

Gendered power dynamics within the household

This indicator focused on the opinions on power dynamics within the household. Respondents were asked to express the extent to which they agreed or disagreed with the following statement:

- If a woman does not agree with her husband, she should discuss it openly with the husband.

A respondent scored positively on this indicator if she/he agreed or strongly agreed with the statement. A majority of both males and females in Covalima and Viqueque agree with the idea of open communication between partners. Specifically, 71% of females in Covalima, 69% of females in Viqueque, 84% of males in Covalima, and 76% of males in Viqueque agree with the statement. This finding is also supported by the results across all FGDs for men and women where consultation is taken to avoid conflict, and decisions taken in a group benefit all members.

Before making decisions at home, consultation between husband and wife is important. **FGD (Pile sorting), Male, Viqueque**

Disagreement happens in decision-making, it is normal. However, consultation with each other and considering women's decisions is important. **FGD (Pile sorting), Female, Viqueque**

In both Covalima and Viqueque, we found that both males and females agreed that "housework and looking after children require significant skills," with percentages ranging from 50% to 56% for females and 59% to 64% for males respectively in Covalima and Viqueque. This belief may contribute to the fact that household chores are still primarily left for women and girls, as it is seen as a task that requires a lot of time, patience, and skill without providing any monetary compensation. However, in some cases where the husband takes on household duties, it is intended to lighten the workload for women.

Programming Implications and Recommendations

The results showed that many women in both study areas often rely on their male partners or relatives, even if it goes against their interests, indicating a lack of self-confidence and self-efficacy. While there is recognition of women's potential to contribute economically to their households, traditional gender roles still prevail. The project should consider the following:

- The project should **institutionalise SAA** to create space for people in the project impact areas to reflect and challenge the negative social and gendered norms.
- **Empowerment through Education and Training:** Implement a sustainable and scalable system for providing regular education and training to women and girls, including the use of SAA. This could include vocational training, financial literacy programs or VSLA, or leadership workshops. The goal of the training is to boost women's self-confidence and self-efficacy, enabling them to become more self-reliant.
- **Promotion of Gender Equality:** Engage men and boys in the community to challenge and reshape

traditional gender norms. This could involve men and boys leading and championing awareness campaigns to other men in the communities, workshops, or community dialogues that show the need to challenge and change the current social biases on women. Men play a crucial role in shaping gender norms, so their involvement is key to promoting women's empowerment.

- **Health Advocacy:** Equip women with the knowledge and skills to advocate for their own health needs. This could be achieved through health education programs or by creating platforms for women to voice their health concerns.

Sexual/Gender Division of Labour



























The context

Timor-Leste is predominantly patriarchal with strong cultural and social gendered norms and power imbalance leading to gender inequality in the division of labour. Women are responsible for unpaid care and domestic work and they are expected to do the majority of this work compared with men, which can lead to overburden. Women in Timor-Leste spend 26 hours per week in unpaid household and care work compared to only about 20 hours for men¹⁴. In the agriculture sector, women provide for 15% of the agricultural labour and also spend their time on agriculture/horticulture work, rearing animals (mostly smaller animals). Women are also responsible for caring for the sick, the elderly and persons with disabilities¹⁵.

Social Norms on Household Labour

Traditional practices in the community influence the gender roles and division of labour. Certain roles are seen as prohibited or forbidden for women to engage in, for example, traditional ceremonies where women must always stay at out of sight and at the back of the room or gathering, while men take on the visible, status-filled, ceremonial roles.. Women’s primary responsibilities are still seen to be household chores and caring for children, the sick, elderly and persons with a disability. Whereas men are seen as the breadwinner of the family.

Table 5 - Gendered division of labour (daily clock)

Task	Responsible
Food preparation	 + 
Cleaning the house	 + 
Prepare kids for school	 + 
Feeding the kids	 + 
Feeding domestic animals	 + 
Fetching water for the household	 + 
Taking kids to the health facility	
Weaving tais	
Buying food/ household items	
Managing the kiosks	 +  + 
Collecting firewood	 +  +  + 
Rearing big animals	 + 
Cultivate farm field	
House construction	

Keys

 +  **Women and girls**
  **Women only**
  +  +  **Women, girls and boys**
  **Men only**

 +  +  +  **Entire family**
  +  **Men and boys**

¹⁴ Timor-Leste DHS 2016

¹⁵ GPA from other projects – HAFORSA, W4W, HAMORIS

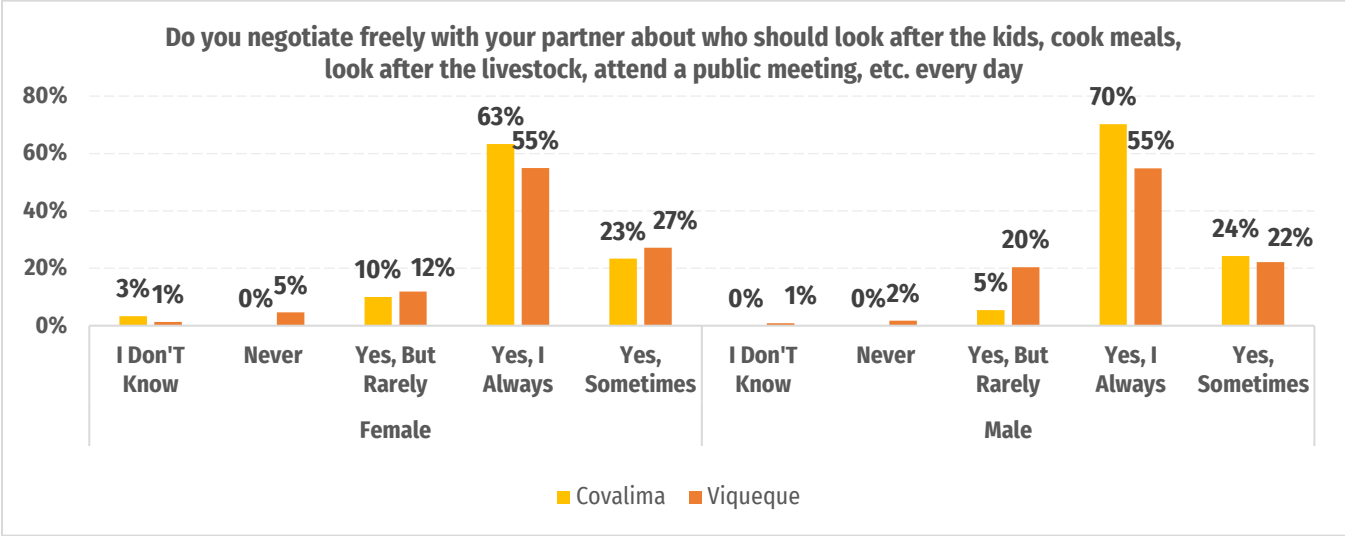
FGDs with women’s and men’s group show that women spend most of their time (on an average of 12 hours daily – between 5 am – 10 pm) on household chores such as washing clothes, cooking, collecting wood and weaving tais, dropping off and picking up kids from school, and feeding domestic animals, and so on. In comparison, men work an average of 9 hours (from 6 am to 10 pm) – 3 hours on average less than women – and rise 1 hour later than women. They spend an average of 2 hours on unpaid domestic and care work. The pattern is the same for both municipalities.

Negotiating for male support

Study respondents were asked if they negotiated for support in household chores. Figure 2, below, shows that both males and females negotiate for household chores. 70% in Covalima and 55% in Viqueque of males 63% in Covalima and 55% in Viqueque of females indicated that they always negotiate with their partners.

We can share workload between ourselves (husband and wife) for farm work while boys and girls stay at home, boys are tasked with collecting wood and taking care of animals (buffalo) while girls are tasked with collecting clean water for the house. **FGD (Pile Sorting), Male, Covalima**

Figure 2 - Negotiate with partner



However, even though women and men negotiate, the FGD results indicate that the tasks always remain gendered. That is, if women have an activity outside the house, the daughter steps in to take up the household tasks. It is similar with men, where boys step in to take over the task of a man or father, it is only when the son is unavailable that the father takes up these tasks.

Positive Deviants and Backlash

The FGD used pile sorting which showed that there are some men and boys who perform household chores, thus defying the social norms. However, they face backlash. Most of the men and boys who perform the chores are stigmatised as not being “man” enough, some also call them “gay”. Note that this is only practiced in certain communities.

If there are any boys or men doing household chores that are meant for women, the community will call or complain that the boys or men are Gay (in Tetum: Panlero for men or Bermanek for women.) Pile sorting FGD, Men, Covalima. **FGD (Pile sorting), Male, Covalima**

Based on the nature of my work, it's when the man leaves the house that I can do household chores like taking care of children, cooking, and weaving tais to generate some money to pay for my children's school fees as well as our subsistence. I see a similar thing applies in the community; when their husbands leave for, the women take care of the household, cook, do this and that, and take care of children in order to support their husbands - they don't just sit idly chatting endlessly and gossiping about others. They just talk about their own lives, taking care of their homes. I used to be silly in the past but now that I am married, I must help my husband and when the man leaves the house, I fix things, take care of the house, and help take care of the children, cook, and do house chores. **KII, SDMC, Female, Viqueque**

Changing Trends

Surprisingly, most male key informants from the KII's in Viqueque have a perception that roles are shared equally between men and women; whereas females in Viqueque along with males in Covalima believe that roles are still imbalanced.

Initially, men and women performed their respective tasks, but with the changes that have occurred, NGOs have also carried out socialization efforts so that the community now understands certain aspects of gender equality. Both women and men work together in our community. This helps to reduce or distribute the workload in our households. **KII, Village Chief, Male, Viqueque**

In the past, women were confined to household chores including taking care of the children and cooking at the kitchen. While men primarily focused on earning money. Nowadays, women and men have equal rights and equally distribute the tasks. However, there have been positive changes as international and national NGOs advocate for gender equality. While the progress may not be maximum, there has been a shift towards more balanced distribution of roles and responsibilities. **KII, RHTO Rep, Male, Covalima**

As can be seen from the two quotes above, key informants indicate that they are seeing changes in household

division of labour with more men performing household chores which are considered feminine.

Programming Implications and Recommendations

Women's time constraints and project intervention: Women often have limited time due to their responsibilities in running the household. This can prevent them from taking on paid and community-related roles. Women participating in program interventions may face challenges in fully engaging, given their existing workload of culturally expected paid and unpaid tasks. Therefore, the project team should ensure that program activities do not add an additional burden for women. The following actions are recommended by the study:

- **Accommodate women's roles:** the project should involve women in the design of activities to take into account the already overburdened roles of women and schedule project activities to accommodate these existing roles, this could mean ensuring that activities take place in the communities where women reside, making them more accessible for women. For example, community-based (closer to women) training should be preferred over residential training. Community-level training should also be conducted within a reasonable distance (for example, a radius of no more than 5 kilometres round trip or within a walking distance) and with advance notice given to participants.

Gendered social norms and roles: The unequal division of labour is exacerbated by gendered social norms with respect to the roles of women and men. In the community, women still believe that it is their responsibility to do household chores as men are doing heavy work outside the house. This practice is also passed down to the younger generation where girls are taught to take on household responsibilities while boys are taught to take on roles traditionally associated with fatherhood or men. Hence exacerbating the existing norm and continuing the cycle. This implies that the project cannot have activities that engage both women and girls at the same time as this could lead to domestic violence. Women have also expressed concern that men may be stigmatized if they participate in tasks typically associated with women, such as household chores and vice versa. Although these conditions are different for divorced people and widowers. The study recommends the following:

- The project should hold frequent discussions with couples (intimate dialogue) on challenging gender norms. This should be done to aid couples in realising the harmful effect of overburdened roles on women and aid to address social stigma that impedes men from assisting in areas they would ideally want to; but shy away from due to the community stigmatization. The couple curriculum model from the Idashyikirwa project can be a great resource here. SAA would also suffice to help in this transformation process; ensuring household tasks are not perpetually gendered.
- Engage men and boys to reflect on male masculinity, reflect on the benefit of gender equality practice in the household and devise means to ensure unequal gender norms are not perpetuated. SAA tools should be used to engage men and boys in reflection. Engage trusted key leaders of influence in advocating for change in males' discussion groups.

Household Decision-Making

Background

Household decision-making is key in Timorese society as it determines the adoption of practices and some behaviours promoted by projects and programs. Generally, women have less decision-making power in the household. Women mostly have the opportunity to make decisions in daily household things such as daily food consumption. In some practices (both matrilineal and patrilineal), men and women make joint decisions about their children’s education and healthcare. Men still make the final decision related to “Barlake¹⁶” and selling of large animals and land. On agricultural decisions, men make decisions on when to plant as they are the ones who cultivate the land.

Women mostly make their own decisions around selling of traditional clothes “Tais¹⁷” as women use the sale proceeds for supplementary income for household and children education needs. Women also decide on how much money they need to spend on their household, especially for food and other essentials.

The household decision-making varies from one marriage system to another. In the matrilineal marriage systems for example “Tetun-Terik” and “Bunak-speaking¹⁸” areas, major assets are owned by women, while men are responsible for ensuring the assets are productive. This means that women have more influence in decision-making, however, some decisions still require consultation with males within the family.

Women’s Sole Versus Joint Decision-Making

Using the pile sorting tool, men and women in separate focus groups discussed how decisions are made within the household, especially decisions related to livelihoods.

Table 6 below summarizes the FGD discussions for all groups.

Table 6 - Pile Sorting with community members

Key Household Decisions	Woman	Man	Joint decision	Women are consulted but not in final say	Causes Conflict
Attending traditional ceremonies			✓	○	○
Planning for children’s future			✓	○	○
Utilizing funds from their daily earnings.			✓		○
Engaging in cultural activities			✓	○	○
Sending children to school			✓		○
Planting crops (rice and corn)			✓		
Harvesting farm produce			✓		
Water canalization supply			✓		

¹⁶ Barlake: Traditional marriage involved providing value to women based on Timor Custom. Usually, the male family bring buffalo, horse, tais and belak (a traditional medallion awarded by the village) and women family will return with pig, tais and morteen (traditional beads).

¹⁷ Tais is the traditional handwoven textile of Timor-Leste. Used for decoration and to create traditional clothing for ceremonies and festivals, it also expresses cultural identity and social class since the colours and motifs vary according to ethnic groups. Traditionally prepared by women.

¹⁸ Tetun Terik and Bunak; are dialects spoken in some parts of Viqueque, Manufahi, Covalima, and Bobonaro Municipalities.

Key Household Decisions	Woman	Man	Joint decision	Women are consulted but not in final say	Causes Conflict
Selling local products at the market (e.g., tais, vegetables, poultry animals)	✓				
Visiting the healthcare facility for medical care for both her children, family members (including the elderly) and herself.	✓				
Buying nutritious food and schooling materials	✓				○
Attending religious activities	✓				
Using mosquito nets and other disease-preventive measures	✓				
Planning meals (deciding on what to cook)	✓				
Managing daily expenses	✓				○
Attending community meetings		✓			
Selling big animals (e.g., buffaloes)		✓		○	○
Building a house		✓		○	○
Cultivate crops (rice and corn)		✓			
Initiating a high-earning business		✓			○
Spend money on traditional events			✓	○	○
Buying things for COVID-19 prevention			✓		

Participating in certain activities, such as attending ceremonies and cultural events, can create conflicts within the community due to traditional gender roles. Women are expected to attend social gatherings and prepare food while showing respect to the family and community. Focus group discussions also revealed that if a woman makes decisions regarding her children's future and education without consulting her husband or family, she may be blamed if the outcome is negative. When it comes to financial matters in the household, decisions related to selling large animals are typically left to men, but it can cause conflict if the wife is not informed beforehand.

While the FGDs indicated that there are some decisions solely made by women and men, the surveys indicated that for many issues, decisions, are largely made jointly as shown in Table 7 below.

Table 7 - Household Decisions

Who decides...	Sex	Location	Equally Both	Father	Father-dominated	I decide	I don't know	Mother dominated	Mother
When to rear livestock animals	Female	Covalima	50%	27%	-	19%	2%	-	2%
		Viqueque	53%	11%	1%	21%	7%	3%	3%
	Male	Covalima	48%	13%	5%	29%	-	2%	4%
		Viqueque	51%	5%	5%	33%	5%	-	-
When to feed animals, milking	Female	Covalima	46%	21%	2%	27%	-	-	4%
		Viqueque	48%	9%	1%	29%	4%	4%	4%
	Male	Covalima	53%	9%	4%	25%	-	4%	5%
		Viqueque	63%	6%	4%	20%	4%	-	3%
When to prepare land?	Female	Covalima	38%	38%	4%	17%	-	2%	-
		Viqueque	45%	21%	7%	17%	7%	2%	-
	Male	Covalima	48%	14%	4%	25%	2%	2%	5%
		Viqueque	42%	12%	8%	35%	2%	-	1%
What crops to grow	Female	Covalima	44%	22%	-	31%	-	2%	13%
		Viqueque	48%	12%	3%	27%	7%	3%	10%
	Male	Covalima	46%	11%	-	21%	-	7%	14%
		Viqueque	67%	5%	2%	17%	2%	5%	2%
When to plant and when to harvest?	Female	Covalima	58%	10%	-	25%	-	-	8%
		Viqueque	58%	4%	1%	19%	5%	3%	7%
	Male	Covalima	59%	5%	2%	16%	-	4%	14%
		Viqueque	74%	2%	1%	14%	2%	2%	5%
To buy food	Female	Covalima	31%	10%	-	31%	-	4%	24%
		Viqueque	34%	5%	1%	38%	1%	3%	16%
	Male	Covalima	56%	6%	3%	31%	-	3%	-
		Viqueque	65%	1%	1%	17%	1%	15%	-
Child's medical treatment	Female	Covalima	50%	15%	-	21%	-	-	13%
		Viqueque	46%	3%	1%	29%	1%	5%	14%
	Male	Covalima	57%	5%	-	13%	5%	20%	-

Who decides...	Sex	Location	Equally Both	Father	Father-dominated	I decide	I don't know	Mother dominated	Mother
		Viqueque	65%	1%	2%	9%	7%	17%	-
Child's schooling?	Female	Covalima	62%	6%	-	21%	-	-	12%
		Viqueque	54%	7%	0.5%	24%	4%	3%	7%
	Male	Covalima	59%	7%	2%	11%	2%	2%	18%
		Viqueque	83%	3%	2%	8%	1%	1%	2%
Health related expenditures e.g., a household member is sick	Female	Covalima	50%	6%	2%	27%	2%	-	13%
		Viqueque	54%	4%	-	26%	3%	1%	11%
	Male	Covalima	57%	4%	-	14%	-	4%	21%
		Viqueque	73%	2%	2%	8%	4%	2%	8%
Spending money that you have earned	Female	Covalima	52%	8%	-	35%	2%	-	4%
		Viqueque	48%	4%	1%	28%	2%	8%	9%
	Male	Covalima	57%	2%	-	16%	4%	5%	16%
		Viqueque	62%	2%	2%	15%	2%	10%	8%
Spending money that your spouse/partner has earned	Female	Covalima	54%	6%	-	33%	2%	-	6%
		Viqueque	55%	3%	1%	20%	7%	6%	5%
	Male	Covalima	64%	-	-	9%	7%	2%	16%
		Viqueque	69%	2%	3%	7%	3%	8%	8%

The results were also corroborated by the key informant interviews:

As husband and wife who live in one family, they always make decisions together. However, we must appreciate our adult children who give their opinions, because in family life, we must listen to each other so that our family can live happily. **KII, Health Department, Male, Viqueque**

In terms of decisions about personal behaviour, the study noted that most married females in Covalima perceive that they decide by themselves (23%), followed by shared decisions with their spouse (21%); whereas single females in the same location perceive that shared decision-making (12%) is higher than deciding by themselves (6%). In comparison to married males, we see a higher gap between their deciding (36%) and sharing decisions (25%). In analyses by marital status, most single males consider that fathers have the final decision (13%) in the household, then single males (7%); before involving mothers in the decision (5%). By contrast, single females consider that decision is shared equally (12%) followed by fathers, mothers and single females deciding (6%). Girls between 13 – 23 years consider that decisions are shared equally (6%) or made by mothers (6%), however, boys within the same age group consider fathers (13%) to make the decisions followed by mothers (5%) and boys deciding (5%).

In Viqueque, amongst married females (33%) and males (37%) shared decision making was the most prevalent form, followed by decision-making by themselves (20%, 30% respectively). Single males tend to consider that the proportion is the same (3%) between shared decisions, the father making the decision, and making the decision by themselves; whereas single females consider that decision is shared equally (4%) followed by a tie between mother's and single female deciding with 1%. Analysis of data including people living with disabilities noted that females tend to say they decide (1%) while males say the decision is shared (2%). Like Covalima, girls, in the same age group, also consider that decision is shared equally (5%) followed by girls deciding (2%) with mothers (1%) while boys consider fathers and equally shared decision to be the same (2%), followed by boys deciding with (1%). In Covalima there was only one record for male people living with disability and it shows that male decides.

The majority of key informants mentioned that decisions in the household are shared equally (80%), followed by men (15%) and lastly by women (5%).

Equity in Decision-Making

Respondents in FGDs and individual interviews were asked about equity in household decision-making. The focus was on how decisions by persons with disabilities are considered in the household. FGD respondents indicated that they respect the views of persons with disabilities.

In our family, we have a person living with a disability who is involved in decision-making, and everyone listens and respects him **FGD, Male, Pile sorting, Viqueque.**

People living with disabilities can make any decision and we must respect it as they are human beings. **FGD, Male, Pile sorting, Viqueque**

Women's Decision-Making Negotiation

In the gender study, participants were questioned about how women negotiate decision-making in households. Based on the survey results, 41% respondents believe that mutual consultation is a key skill used by women in negotiations. Other skills and strategies mentioned include communication (24%), education (13%), and self-confidence (13%). By location and sex, we see that both females (75%) and males (60%) in Covalima report higher mutual consultation mostly to avoid conflict in the family and because the outcome benefits all. The study observed that 25% of female informants believed asking for permission from their husband/partner is a good strategy. In Viqueque males consider communication (42%) and mutual consultation (33%) as good strategies as compared to females who consider both mutual consultation (38%) and self-confidence (38%) to be the key skills for negotiation.

Key informants and FGD participants also observed that there are a number of strategies they use to negotiate for decision-making:

The strategy we use as women is that even though we can make our own decisions, we still inform our husbands as the head of the family. So, we don't get into trouble in the family. **KII, GMF, Female, Viqueque**

The strategy that I used is coming from myself and my family member who are already married, they inform me about their family, I learned from them, and apply it to my family. **KII, Health Worker, Female, Viqueque**

It happened once, when my husband was away in Dili, and our child fell ill. Without reaching out to him, as a mother, I independently chose to use our finances to take our child to the hospital. It shows that we have our own ability. **KII, GMF, Female, Viqueque**

Programming Implications and Recommendations

Increase vulnerability: the findings show that women who make decisions without consulting their husbands are blamed if the outcome of her decision is not positive or favourable. This implies that women are open to extra vulnerability for being brave and are not supported to step out of the gendered box and make decisions. Recommendations include:

- The project should arrange more reflection with couples using SAA tools to reflect on improving trust in decision making processes.
- Reflection targeting women and wives-only to discuss their experience and position in decision-making in the household.

Control over productive assets

Background

Productive assets for the households in rural areas include: agricultural land, crops (corn, rice, vegetable), big and small animals (such as buffalos, horses, pigs, chickens, and goats), and other products that people can sell for income, such as palm wine, belak¹⁹ and morteen²⁰ and Tais. Control over productive assets remains a challenge for women. For instance, women operate an average of 1.43ha of agricultural land compared to 1.53ha for men. The participation of women in the operations of household agricultural holdings is still relatively low at around 15%²¹ compared with men. In rural areas, men mostly have control over large productive assets such as buffalos and horses as they are responsible for taking care of these animals. On the other hand, women have control over low monetary value, things such as Tais which has high cultural value. Men have control over the use of money for major purchases with the exception of seed management which is mostly done by women²².

Ownership of Assets

Both key informants and focused group participants indicated that productive assets are divided into two types the “big assets”, which generally involve properties and assets with high monetary value, and the “small assets” which are items, properties, and assets with low monetary value. In terms of ownership, key informants indicated that small assets are owned by women, while the big assets are controlled by men as the head of the household.

The wealth in our village is animals, candlenut trees, and coconut trees. We can turn it into money and provide income for the family and our grandchildren. In the future, they use it to pay school fees. The man controls the wealth. If he dies, the woman handles it. Women cannot control it because men know better. It's not good for us to ask women to do that. Her responsibility is only in the house. If a man is no longer around absolutely, she will control both inside and outside the home. **KII, Sub-village leader, Male, Viqueque**

To manage all the existing wealth. Man is the chief of the family. He is the one who divides the work. Women manage light assets such as raising animals at home. Men do heavy work such as gardening and paddy fields. It is to complement each other to control well. **KII, Health Department, Male, Viqueque**

Decision-Making on Household Assets

Both key informants and focus group discussion participants indicated that men are the decision-makers on all household assets across the study areas and in both patrilineal and matrilineal marriage systems. Although this is the case, the KII indicated that the trends are changing with men giving women some permission to make their own decisions, especially on assets that do not have high monetary value.

¹⁹ Belak: Part of Timorese Traditional medallion, normally made from Bronze, gold and silver.

²⁰ Morteen: traditional coral bead necklace.

²¹ Timor-Leste Agriculture Census, National Report on Final Census Result, 2019.

²² GPA Water for Women 2018

The change is that women also have the right to sell their wealth, such as animals and land. But still, consult with the husband as the head of the family. **KII, Sub-village leader, Male, Covalima**

Recent developments (from participation in training and activities from NGOs and the government) have seen an increase in women's participation in decisions regarding the household and productive assets, with multiple references to joint decision-making between men and women in matters such as land purchasing or selling of cattle. There is even mention of working together so women are knowledgeable about properties in the family in the event of the death of the father/husband, which demonstrates a shift in the control domain.

Since destiny is beyond our control it's better for both parties to work towards a common good. To say that a woman cannot be in control because the man has better knowledge, ordering women to look after this and that her role is just limited to the household is not right. If we men are not there anymore, certainly she's the one who is going to control everything both in the house and outside. **KII, Sub-village leader, Male, Viqueque**

In our custom (matrilateral systems), productive assets like cars, land, houses, big animals, coffee, and candlenut plantations are controlled more by men, but when it is time to sell, we need to decide together. Also, when women don't have money, they can ask men to sell some productive assets. For small things, like vegetable gardening and small animals, women can decide by themselves. **KII, Sub-village leader, Male, Covalima**

Key Strategies Employed

Key informants mentioned that women use several strategies to negotiate control over productive assets. In Viqueque, male respondents mentioned mutual agreement and communication as the key skills that women use, while female respondents mentioned shared working together. In Covalima, males mentioned open communication and temporary change of responsibilities as the skills used by women, while female respondents mentioned that mutual agreement and communication as key strategies. These findings are supported by the individual survey where the majority of men (30% in Covalima and 55% in Viqueque) and women (25% in Covalima and 43% in Viqueque) said shared responsibility in managing productive resources is a key strategy.

Inheritance Rights

On inheritance rights, the individual survey sought to find out who has more inheritance rights among men and women. As can be seen from Table 8 below, 59% of females and 58% of male respondents in Viqueque indicated that men have preferential rights on inheritance claims, whereas 37% of female and 38% of male respondents in Covalima indicate that women have preferential rights on inheritance claims. Note that in Viqueque, the majority say men have preferential rights while in Covalima it is women. The margin between the result for men and women preferential right to inheritance in Covalima is ± 6 where the matrilineal system is mostly practised and is ± 55 in Viqueque where patrilineal system is practised. This aligns with previous analysis showing that even in systems that are meant to favour women's rights, the practice is different. Note that the data for Covalima represents both matrilineal and patrilineal systems as data collection covered communities practising both systems.

Table 8 - Access to Inheritance

Location	Sex	Both women and men have equal rights in inheritance claims	Men have preferential rights on inheritance claims	Women have preferential rights on inheritance claims	I don't know
Covalima	Female	25%	31%	37%	8%
	Male	21%	34%	38%	7%
Viqueque	Female	32%	59%	6%	3%
	Male	37%	58%	3%	2%

FGDs and key informant interviews corroborated on this.

Many changes have occurred, namely that in our ancestors, our family, men had full rights to control all inheritance. And now, we need to listen to each other. **KII, Sub-village leader, Male, Viqueque**

Currently, there are many changes. In the past, women were more entitled to parental inheritance, and men were not entitled to it. But everything changed with the presence of agencies. **KII, Sub-village leader, Male, Covalima**

During data collection, informal discussions with the project staff clarified some societal practices. Staff with experience in both matrilineal and patrilineal societies, which is practices in both municipalities of the project area, mentioned that there are differences in ownership of assets, decision-making on household assets, key strategies employed, and inheritance rights between the two societies. In patrilineal societies, the presence of a man or male child automatically bestows inheritance rights, while in matrilineal societies, females have the rights and are prioritized for inheritance (land), but males can still use the land. However, families can decide on a case-by-case basis to include male children in the inheritance rights. Rarely, patrilineal societies without any males may face threats from their extended family. Although this was not specifically inquired about during the data collection, it is important to understand the differences between these societies. This statement is corroborated by the KII's.

When it comes to inheritance, Timor-Leste has a patriarchal and matrilineal culture. For example, if I have a male child in a patriarchal culture and my husband passes away, the patrimony/inheritance would go to me or my children or even to the extended family. In a matrilineal system, all inheritance goes to women, but decisions are made by both men and women. These practices haven't changed yet due to the strong cultural norms. In the context of a matrilineal system, for instance, I may own a large piece of land, but it is my brothers who make decisions, not me as a woman. **KII, Fokuper, Female, Dili**

Programming Implications and Recommendations

Asset management: In rural areas, productive assets for households in Timor-Leste encompass agricultural land, crops, and various animals and products used for income generation. However, women face challenges in

controlling these assets, with men predominantly holding decision-making power. Men often control big assets, such as buffalos and horses with high monetary value, while women tend to manage and own smaller assets like Tais with low monetary value. This implies that women may face challenges in managing and deciding on the support provided by the project to build their resilience, and this could also lead to violence if not properly addressed. The study recommends that:

- The project should engage couples in reflection on challenging gender norms. This should be done to aid couples in realising the importance of equal or shared household assets and how it complements the household. SAA approach should be used to reflect on the current practices in asset control and engage in discussion or plans to challenge these practices.
- Engage girls and boys in awareness raising on equity in decision-making and control over assets.
- Through couples dialogues, the project should emphasise open communication between spouses to understand, support and build trust between each other to be more equitable in asset management.

Access to Public Spaces and Services

Background

In Timor-Leste, there is a variety of health services available to the community, including public and private healthcare facilities, traditional healers, and community health services. The existing health facilities are free including Health posts, Community Health Centres and Hospitals as well as the Integrated Community Health Services- SISCa program with the objective to integrate health services closer to the community, disseminating health promotion and education to unhealthy behaviour and others. SISCa includes different types of elements such as family health register, nutrition assistance, maternal and child health assistance, environmental health and personal hygiene, curative assistance, and health promotion.

In terms of channels for communication, community perception on COVID-19 assessment 2020 indicated that the top five preference channels or sources of information are: television (78%), social media (43%), radio (42%), health unit/health care worker (23%) and messaging applications (13%). Television (78%) is the most preferred channel (87% in Covalima and 82% in Viqueque) of information provision in all age groups, gender disaggregation and all municipalities. Social media 43% (44% in Covalima and 50% Viqueque) is mostly preferred by ages 18 – 29 years (50%) and is the least preferred in the age group above 60 years old (16%). Radio 42% (50% in Covalima and in Viqueque 48%) is popular among all age groups, except for the youngest age group of under 17 years old, which stands at only 28%. Amongst health workers 23% (7% in Covalima and 52% in Viqueque) is less popular for those who are under 17 years old with only 13% but rated the highest in Viqueque municipality²³.

HAMORIS project found that a high number of women in Covalima understand their rights to access health services²⁴. However, there are geographic barriers to accessing health services for women and girls, especially as many health facilities are located in the central areas. This makes it difficult for women and girls in rural areas to access health care services with challenges including poor road conditions, lack of public transportation and infrastructure in some areas, and limited health providers. Additionally, the HAMORIS project mentioned that the shortages of female practitioners or midwives lead to women not seeking services at health posts. A high number use traditional birth attendants for their health needs over midwives at the health post due to the challenges above. Some private health care may also not be free, and this may affect women and girls who have low incomes to access quality health care. Additionally, cultural, and social barriers become a challenge, particularly around reproductive health, especially around the comfort levels of women to talk openly with male health providers. There are 289 health providers in Covalima (female 189, male 100) and 420 health providers in Viqueque (female 199, male 221).

During the COVID-19 Pandemic, access to health services was paramount and 80.1%²⁵ of the communities understood this from the survey of SEIA 0.2 which indicated that they would prefer to go to the hospital if they have any kind of COVID-19 symptoms.

Access to public services

Using a social map tool, FGD participants identified health centres, health posts, schools, local markets, village chief office, churches, and police stations as the main sources of services and information, that is also available to all.

²³ Community perception on COVID-19 Timor-Leste

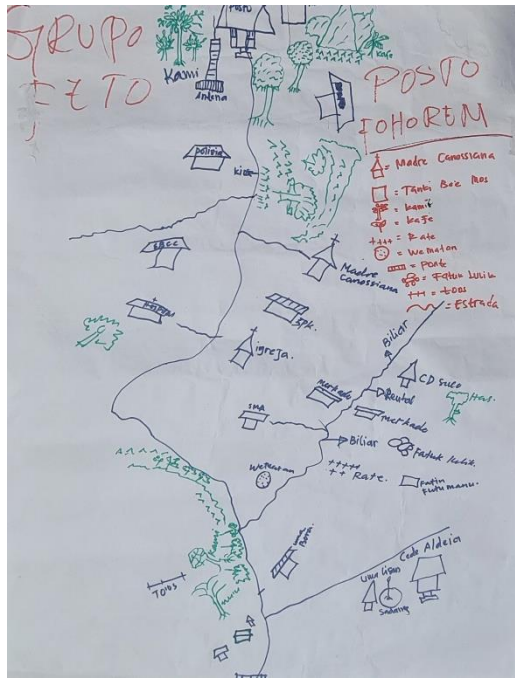
²⁴ HAMORIS Project; Gender and Power Analysis, 2018

²⁵ Socio Economic Impact Assessment of COVID-19 IN Timor-Leste, UN Timor –Leste, 2020

Figure 3 - Male Social Mapping in Viqueque



Figure 4 - Female Social Mapping in Covalima



Key informants also supported this by mentioning that health facilities and NGO services (including services from CARE) are available. A few respondents also mentioned local authorities (village and sub-village chief).

Men have more access to public spaces; women have less access due to their lack of capability. In this village, women have a lower education than men. **KII, SDMC, Female, Covalima**

Study participants were asked about the ease of accessibility of the public spaces especially for women and girls. Although most of the respondents in the KIIs indicated that women have equal access to public services, some female respondents indicated that although they have more access now, it is still not equal to men's level of access.

Some of the key challenges to access public services for women included lack of knowledge, education and early marriage.

In Dili, almost all public places are accessible to both men and women. However, during night times or when the situation is not safe, people cannot access public places. **KII, Pradet Rep, Female, Dili**

Respondents also indicated that the public services are accessible to persons with disabilities. Some participants, both male and female, expressed concerns that public spaces are not adequately made to be disability-friendly, while others mentioned that some places are disability-friendly. These responses suggest that there is a need for further improvement in making public spaces more accessible and inclusive for people with disabilities.

Women and men have the same right to access any job. The problem is in public places with no existing access ramps for people with special needs. **KII, Sub-village chief, Female, Covalima**

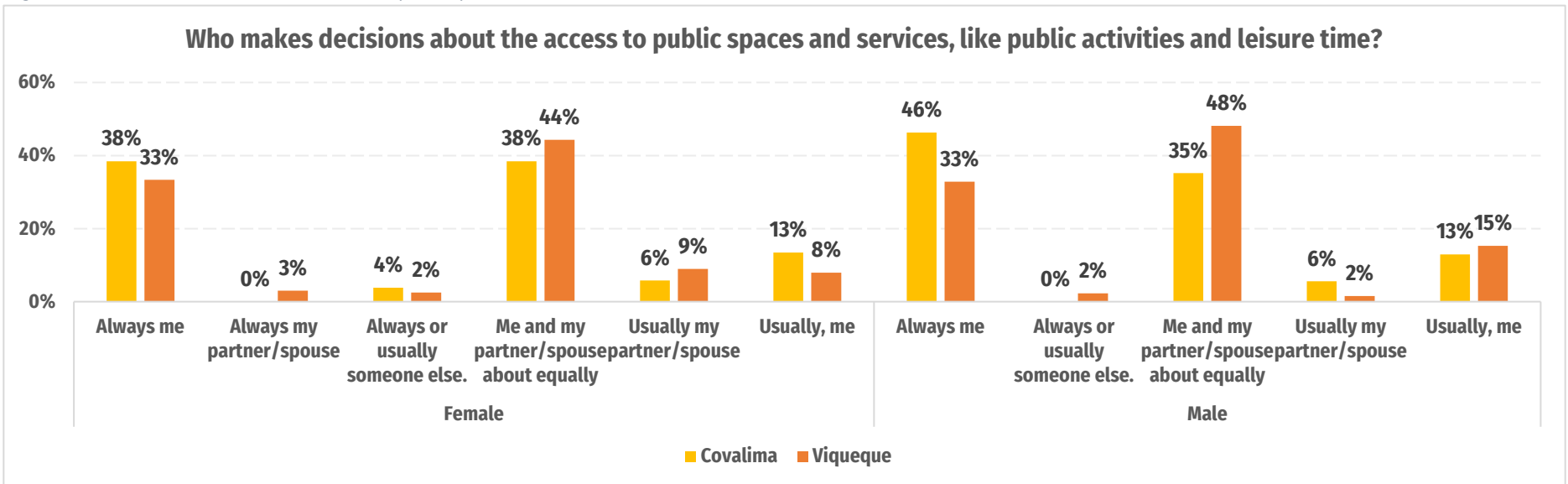
Using a social map tool, for problem mediation, FGD participants identified a traditional house specifically in Covalima, and sede suko and sede aldeia in both municipalities as key spaces for communities in Covalima. These spaces serves as a common ground for decision-making.

According to the FGD on social mapping, there are certain places such as rivers prone to flooding, mountains that are prone to landslides, forests, where women do not have access because of safety concerns. And there are other spaces that are seen as sacred, such as the group of stones in Covalima. The participants of the FGDs for women and men also highlighted that these sacred areas pose safety risks, particularly for women and girls who may be subjected to sexual abuse. Moreover, the KIIs noted that women had limited access to areas where significant economic activities were taking place.

Here I find that not many women work in public spaces, it's the men who are the majority. It's rare to find women doing work like scooping sand and ferrying stones. Currently, there are public programmes like “Uma Naroman ba Povu – houses for incapacitated families” in the village led by men. The women's only work is to clean public roads for \$3 per day. **KII, SDMC, Female, Viqueque**

The survey participants were asked about decision-making processes for accessing these public areas. In Covalima and Viqueque, 38% and 44% of females and 35% and 48% of males, respectively, indicated that decisions were made jointly. Meanwhile, in Covalima and Viqueque, 38% and 33% of females and 46% and 33% of males reported making their own decisions, as shown in Figure 5.

Figure 5 - Who makes decisions about access to public spaces and services



According to the key informants, when asked about available services for men and women, they usually associated "services" with household work. However, certain services are specifically available to women, including credit services, local markets, and government programs. These services are designed to ensure women's safety, address their lack of knowledge, and help them manage their household tasks.

Improving Access to Public Spaces and Services

During discussions about improving access to public spaces for both women and men, female key informants suggested sharing information with everyone, working collaboratively, ensuring accessibility for people with disabilities, and promoting gender equality. Male informants, on the other hand, recommended building capacities and intentionally involving women in activities.

Programming Implications and Recommendations

Health posts, schools, local markets, village chief/local authorities, churches, and police stations are critical public structures for services that are accessible to all community members. Women were mentioned to have lack of access due to knowledge and education and early marriage. Danger points such as rivers prone to flooding, mountains that are prone to landslides, forests, were mentioned as areas where women do not have access because of safety concerns. This implies that women's opinion may not be included in public spaces. Women mentioned that sharing information prior to activities could help improve their access in public spaces. Accessibility by people with disabilities was also raised as a concern as public spaces are not all accessible by people with disabilities. The study recommends the following:

- **Leadership and confidence training:** the project should engage women and girls in a regular and intensive training to build on their leadership and confidence to influence decisions in public fora by having structures that encourage female leaders and then influence other development practitioners to ensure a proportional representation of women in their structures.
- **Accessibility:** the project should ensure that activities are accessible by people with disability, this could be through the use of an open space for activities. Additionally, the project should collaborate with RHTO to advocate for the improvement of accessibility at public spaces.
- The project should also involve people with disability in community score card initiatives to ensure actions for people with disability are captured.

Claiming Rights and Meaningful Participation in Public Decision-Making.

Background

Women's political participation at the national level is supported by 30% of the Quota system.²⁶ Timor Leste has 27% - 40% of female representation in parliament which is considered the highest in the Asia Pacific region. In executive roles, female representation sits at 15%²⁷, including the Secretary of State for Gender Equality and Inclusion (SEII). In the Disaster Management Committee (DMC) in Viqueque, women's representation has 28% of seats²⁸.

At the local level, the picture is different from the national level. In terms of the overall composition of the suco council, there is a balanced representation of men and women but the majority of the positions of chief of aldeia and suco are held by men. Only 5% of the chief of suco²⁹ are female. There is no specific data on women's representation in the Water Facility Management Group (GMF), however, some research found that GMF has inclusive structures even though it is still dominated by men³⁰. A project evaluation indicated that there is some improvement in women's leadership with 42%³¹ of women having leadership roles such as delegate, community mobilizer, Family Health Promotor (PSF) and others.

Women's attendance at public meetings is mostly at the stage of token participation. A study indicated that 81% of women defined their position in the second scale of the ladder of participation³². For women to attend meetings, they have to seek permission from their husbands. As women are seen as primary caregivers and home managers, they often have no voice to contribute and influence decisions.

Women mostly participate in public meetings whose agenda is related to women's issues, such as agreeing on a uniform price for tais, health-related issues, and other handcraft. For instance, a meeting organized by Rede Feto³³ (an organization working to enhance women's participation at all levels in the country), will have women participating if the meeting is about women's issues at the community level and the chief of suco or other community representatives will request women to attend. People living with disabilities will attend the meeting when they are invited. There are some changes at the community level around the participation of women and people living with disabilities. Some data indicated that 56% of women and 53%³⁴ of people living with disabilities reported participating in the community action plan for preparedness and response, in Viqueque, to a disaster where the needs of women, children and persons living with disabilities are included and addressed.

Women's Participation in Local Governance

The Timor-Leste government is making efforts to increase women's participation in local government. This is being done through the Suco Council law (2016), which mandates the inclusion of three female delegates at the sub-village level, as well as one youth representative at the village level. In Viqueque and Covalima municipalities,

²⁶ Quota 30%: Under Article 12 (3) of the 2006 Law on the Elections of the National Parliament (as amended in 2011), on electoral lists, 1 out of every group of 3 candidates must be a woman.

²⁷ [Timor-Leste official page](#)

²⁸ Disaster READY Project: Endline Evaluation Report, August 2022

²⁹ Timor-Leste country update – SEM, pg. 4 – second paragraph

³⁰ Water For Women Project: Gender and Power Analysis 2018

³¹ HAMORIS Project: Final Evaluation, June 2022

³² HAFORSA 2 Baseline report

³³ Rede Feto is an umbrella organization for women's groups in Timor-Leste. They are working to promote gender equality and women's empowerment.

³⁴ *ibid*

women hold between 1% and 4.7% of leadership positions at the sub-village level, and between 2.6% and 3.3% of leadership positions at the village level. The Suco Council is responsible for community development and is overseen by the Ministry of State and Administration, as well as municipal and administrative post leaders. Its members consist of all village and sub-village chiefs, as well as delegates from sub-villages and traditional leaders.

Key Barriers to Women's Leadership and Influence

The societal expectation that women's primary responsibility is to care for their home and prioritise domestic duties over external commitments is one of the primary reasons for women's limited ability to serve on committees and assume leadership roles. As women are required to perform more housework than men, their ability to attend meetings is severely limited. In addition to their household duties, women must travel long distances on poor roads to attend committee meetings, which evokes social norms regarding women's mobility and safety concerns.

Even when women are able to join committees or attain leadership positions, cultural and social norms that encourage women to show deference to their male counterparts impede their full and meaningful participation. Due to low self-esteem or social pressure, women occasionally decline leadership positions for which they have been selected because of gender stereotypes perpetuated by men and sometimes by other women.

Lack of individual agency and collective action is also a key factor. According to the findings of the study, very few women take initiative and collective action regarding issues that affect them. The study noted that both municipalities do not have very vibrant women's collective action groups or women activists. Where women's collective action groups have been formed and empowered, social accountability initiatives have been implemented.

Women's Meaningful Participation and Skills Required in Public Decision-Making

During discussions with key informants on who leads groups between men and women in public fora, the majority of female informants noted that fora are mostly held by men and women, while male informants claimed that men mostly lead in these fora, followed by women. However, a small number of male key informants reported that women also lead, indicating changes in the community's leadership structures.

Women are really active in this group because the issues being discussed concerns their rights, needs and involvement. **KII, SDMC, Female, Covalima**

Both men and women identified knowledge and ability as essential skills required for leadership positions, with men also mentioning creativity, higher education, and public speaking. The findings from FGD also revealed that women believed having more knowledge on health and nutrition is crucial for decision-making in health-related matters. Informants, particularly women, emphasized the importance of advanced information and early communication through various channels such as invitation letters and phone calls to aid in the division of labour, which supports active and meaningful participation in public spaces and the possibility of taking up leadership roles.

Generally, some women are always active in conveying ideas at meetings, and some are not due to a lack of knowledge and fear. **KII, Post Administrator, Male, Covalima**

Women are very active in village meetings. They don't want to miss the opportunity to participate in the activities. Because if women are only at home and always in the kitchen, they have less knowledge and cannot compete with men to make public decisions. **KII, Sub-village chief, Male, Viqueque**

Regarding the question of whether women are active participants in decision-making bodies, both male and female informants in Viqueque believed that women are highly involved in decision-making bodies, while in Covalima, male informants reported that women are only partially active, and female informants stated that they are very active. The reason behind their response is mainly because women have rights, as mentioned in the quotes above.

Key informants also highlighted the level of support women had for one another, males and females affirmed that women support each other; and some male informants in Viqueque said only for some domestic work while others said women don't support each other.

Women always support fellow women to make their own decisions because, in our society, some women have extensive knowledge, and they encourage their friends who are shy to make decisions in the community. **KII, Village chief, Male, Viqueque**

Programming Implications and Recommendations

Women's participation in local government: the study noted that the government has put in place measures to ensure women are included in decision bodies at the national and local level such as the suco council law and the 30% quota system. Nevertheless, there are still limited participation of women in the local governance of both municipality with less than 5% of women in leadership positions. The key barriers to women fully participating according to the study are lack of confidence (agency), overburdened household tasks, and deference to men in meetings. This implies that women may not participate in various strategic structures. Also, women's needs may be overlooked at different levels such as the SDMC, and municipality level. The study recommends the following:

- **Advocacy at the national level to improve on the quota system:** while the quota system has been a great success in ensuring women's participation in national elections, it does not guarantee that women hold leadership roles. The quota system needs to be improved to ensure not only 30% of party's list is women but also 30% of positions in national and local level be filled by women.
- **Leadership and confidence training:** the project should engage women and girls in regular and intensive training to build their leadership skills and confidence to influence decisions in public forums.
- **Training targeting men:** the project should engage men and boys to discuss the power dynamics in public decision-making, drawing on Engaging Men and Boys modules to encourage more women to voice their opinions and for men and women to share power.

Violence and Restorative Justice

Background

In Timor-Leste, Gender-Based Violence (GBV) is a major human rights concern that can result in poverty, discrimination, and social injustice for vulnerable groups. The government is dedicated to putting an end to GBV/Violence Against Women (VAW) by implementing policies and legal frameworks to protect women and girls. The Domestic Violence Law (7/7/2010) recognizes Domestic Violence as a public crime, and the National Action Plan against Gender-Based Violence (NAP-GBV) 2022-2032 is a comprehensive, multi-sectoral initiative that focuses on prevention, essential services, and support for legal and justice services, including CEDAW conventions.

GBV still remains high in Timor-Leste with 33% of women aged 15-49 years indicated to have experienced spousal physical violence and 4% of women have also experienced sexual violence³⁵. 53% of men and 74% of women indicate that they accept that the husband can beat the wife when she doesn't complete her obligations³⁶. Strong social norms and practices around GBV coupled with limited knowledge of GBV among communities are still prevalent.

There are a number of GBV service providers such as the Vulnerable Person Unit (VPU) - a department within the national Police force, a shelter operated by various local organizations in the different municipalities, Asisténsia Legál ba Feto no Labarik (ALFeLa), Psychosocial Recovery and Development in East Timor (PRADET), including the Minister of Social Solidarity and Inclusion (MSSI) focal points on child protection and GBV. However, some survivors still choose not to report. The Nabilan program implemented by the Asian Foundation indicates that only 3% of women who experienced violence from husbands/partners reported to the police³⁷. A majority of people resort to reporting to community leaders, family and local leaders. "Mothers" are the primary and trusted people to be engaged when someone has experienced violence as they want to maintain confidentiality and they likely provide empathy and emotional support³⁸. Some reasons behind the silence from women are lack of knowledge on their rights and available services in their vicinity, women's cultural roles to keep family harmony and hold on to family dignity, financial dependency, concerns about stigma from the community, and fear of losing children and others.

Although survivors tend not to report, there are a number of cases that have been reported. For instance, 1301 cases (Domestic Violence 1082 and sexual violence 219 cases have been registered nationally by VPU, and 1073 cases registered in PRADET (Most cases of Domestic Violence) and Forum Komunikaun ba Feto Timor-Leste (FOKUPERS) registered 133 cases, nationally, during the last 12 months (January to December 2022)³⁹. This is due to the fact that community members use traditional justice through traditional community leaders to respond to cases around domestic violence. Further access to formal justice is difficult due to distances, unfriendly people at the reporting mechanisms, tedious and lengthy reporting process, limited geographical access from police and other organization, finance limitation and user fees, concern that matters would progress beyond police and sometimes women must travel several times to the court⁴⁰.

³⁵ Timor-Leste Demographic and Health Survey 2016

³⁶ Ibid

³⁷ Programa Nabilan nia Estudu Baze: Resultadu Principal sira kona-ba justisa, 2019

³⁸ Qualitative research on access to justice and care services for women and girls who experience violence: Spotlight Initiative, final report December 2021

³⁹ Data not publicly available due to sensitivity

⁴⁰ Qualitative research on access to justice and care services for women and girls who experience violence: Spotlight Initiative, final report December 2021. Pg. 23 - 24, Table 2.

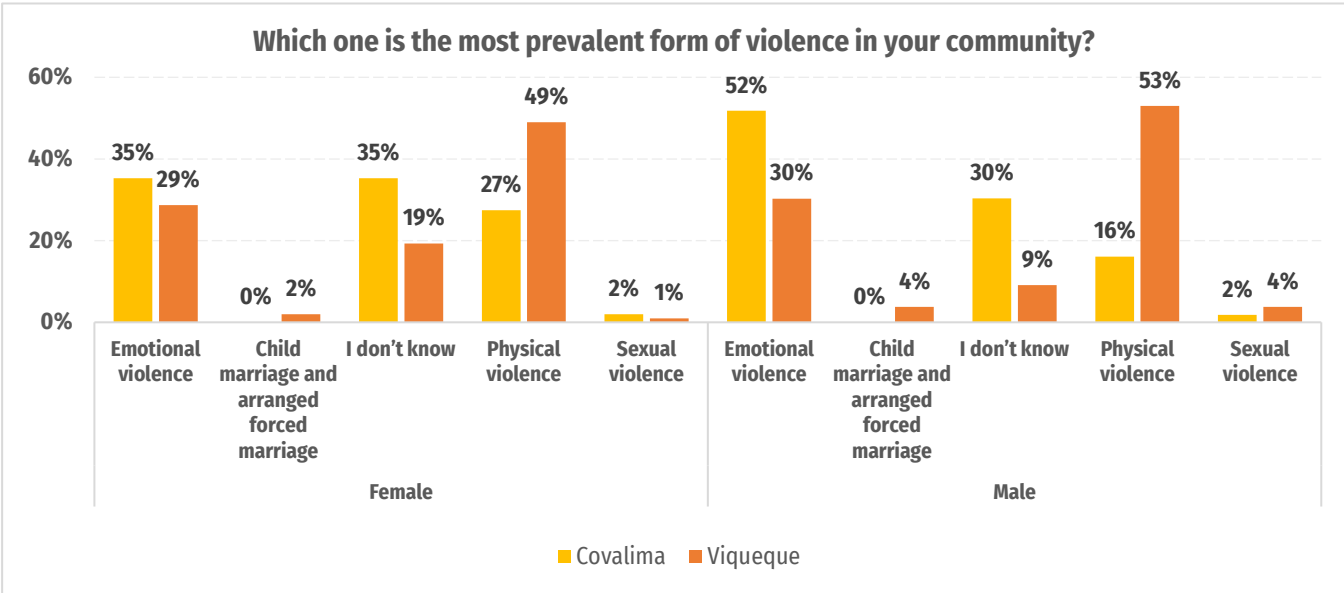
Domestic Violence increased during the COVID-19 pandemic as a result of public restrictions, for instance, the state of emergency that was established by the government. 24% of respondents from the survey on public perception considered the most important issues faced by women are domestic violence/ violence against women and children⁴¹.

Common Forms of Gender Based Violence in Study Impact Areas

According to the survey results, emotional violence is the most prevalent form of violence in Covalima, affecting 35% of females and 52% of males. Physical violence follows closely behind with 27% of females and 16% of males experiencing this violence. In Viqueque, physical violence has a higher prevalence rate with 49% of females and 53% of males affected, followed by emotional violence with 29% of females and 30% of males affected. The survey also revealed that emotional and physical violence are the most common forms of violence in households across all age groups. Figure 6 provides more details.

Key informants shared valuable information on GBV cases in Viqueque and Covalima statistics from the databases of VPU and SEII. In Covalima, 73 cases have been registered on GBV with majority of cases being domestic violence, and child abuse, cases are mainly recorded from women. In Viqueque, 103 cases were registered with majority being physical and sexual violence, also most from women.

Figure 6 - Prevalent form of violence in the community



According to most of the informants interviewed, women are unable to negotiate sexual activity with their partners. In Covalima, both male and female informants agreed that women are unable to negotiate, while in Viqueque, most informants agreed with Covalima but a few suggested that women can negotiate depending on the situation and agreement. It is worth noting that women did not mention anything about negotiation, likely due to societal norms that discourage public discussion of sexual matters.

⁴¹ Timor-Leste TATOLI! Public Perceptions Survey 2022

Key Factors contributing to GBV

Key informants mentioned that women are liable to face threats such as pressure, domestic violence and intimate partner violence, and relationships without consent, pressure, and abuse. Women in Viqueque expressed pressure and domestic violence as their main concerns, while women in Covalima spoke more about intimate partner violence. Similarly, men in Viqueque brought up sexual abuse and harassment as prevalent issues, while men in Covalima mentioned physical assault and abuse. These threats endanger their control over their bodies. The factors or drivers contributing to these risks, as identified by both male and female informants Covalima and Viqueque, are alcohol use, economic status, clothing choices, and walking alone, which can all lead to an

Some sexual abuse stems from the clothes they wear. Sexual abuse often happens against women and in large numbers, some people are attracted to their dress. When they continue to dress like this, sexual abuse will continue to happen against them, they need to make changes to their manners. **KII, Sub-village chief, Male, Viqueque**

emotional breakdown. Supported by the insights from the individual survey, it becomes evident that both women and men in the surveyed regions acknowledge certain factors contributing to violence.

The findings above are corroborated by the survey, in Covalima, women (14% collectively) identified key issues such as financial difficulties, the perpetuation of a patriarchal culture, and instances where wives are unable to meet household responsibilities as triggers for violence. Males echoed this sentiment, with 23% attributing violence to the entrenched patriarchal culture, 20% associating it with the failure of wives to fulfil household duties, and 11% citing money problems.

In the context of Viqueque, the narrative takes a slightly different course. A significant 43% of males pointed to financial challenges as a primary driver of violence. On the other hand, women exhibited a more balanced perspective, with 29% emphasizing money problems and an equally substantial 30% underscoring the influence of patriarchal cultural norms.

Such risks can occur due to the needs. Some people with lower economic conditions can forcefully do it to sustain their lives. The economy is the driving factor causing the risk. **KII, Sub-village chief, Male, Viqueque**

Attitudes Towards GBV

Results from the survey primary revealed insight on the attitudes and understanding of violence against women among females and males in Covalima and Viqueque. Respondents scored positively if they disagreed with the following statements: “A women is justified to be subjected to violence if:”

- She refuses to have sex
- She burns the food
- She neglects the children
- She argues with her husband
- She leaves home without telling him

They also score positively if the agree to this following statement: “A women is justified to be subjected to violence if:”

- Rape is never deserved, even if girls dress badly or misbehave towards boys ,
- In your community, if a man rapes a girl or woman and others find out about it, he will be shunned

The data shows that an average of 30% and 32% of females, and 23% and 24% of males in Viqueque and Covalima, respectively, expressed agreement with violence against women as shown in Table 9 below. On average, a greater number of men disagreed with this statement than women. Specifically, 48% of males and 44% of females in Viqueque disagreed, while 18% of males and 15% of females in Covalima disagreed. Based on the data, it appears that there is a troubling degree of acceptance or tolerance of violence against women in both Covalima and Viqueque. Additionally, women may be more likely to agree with or tolerate these attitudes than men. It is worth noting that Covalima has higher percentages of agreement compared to Viqueque, which could be influenced by local norms, traditions, or external factors such as the level of NGO involvement in each area.

Table 9 - A woman is justified to be subjected to violence if...

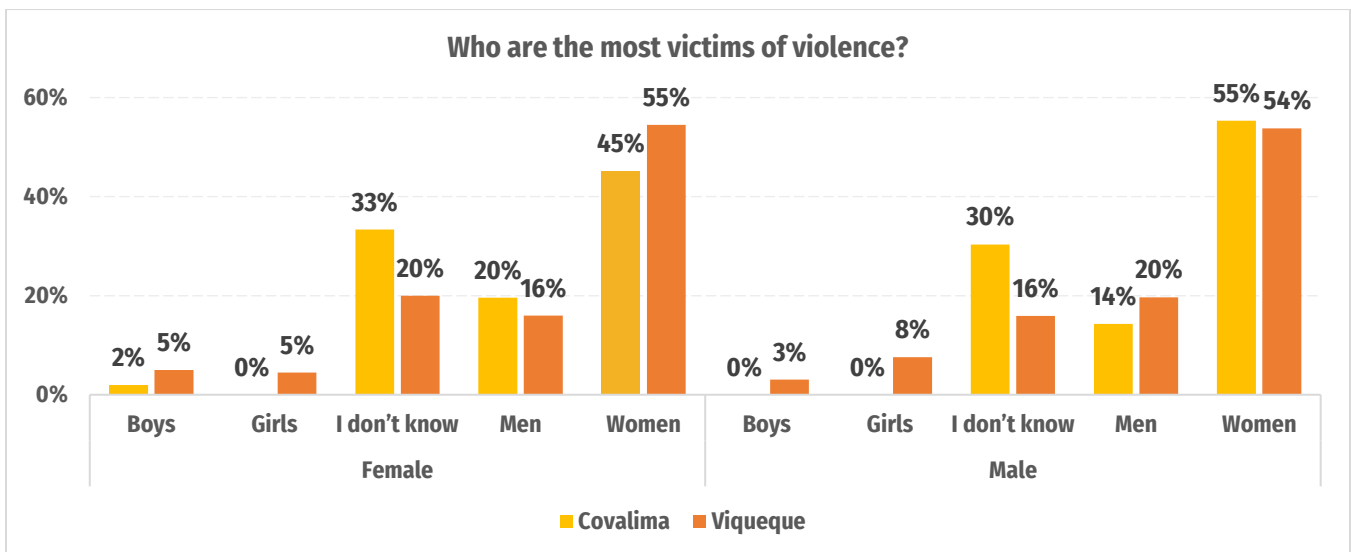
A woman is justified to be subjected to be violence if (continue with each statement in the table below)

Statement	Sex	Location	Agree	Disagree	Partly agree	I don't know
She refuses to have sex	Female	Viqueque	31%	46%	3%	21%
		Covalima	20%	16%	4%	60%
	Male	Viqueque	17%	59%	4%	20%
		Covalima	11%	20%	6%	63%
She burns the food	Female	Viqueque	31%	43%	12%	16%
		Covalima	29%	16%	14%	41%
	Male	Viqueque	27%	46%	14%	12%
		Covalima	29%	16%	4%	51%
She neglects the children	Female	Viqueque	29%	46%	11%	14%
		Covalima	39%	12%	12%	37%
	Male	Viqueque	27%	45%	16%	12%
		Covalima	29%	15%	5%	51%
She argues with her husband	Female	Viqueque	25%	46%	14%	15%
		Covalima	37%	18%	8%	37%
	Male	Viqueque	19%	45%	24%	12%
		Covalima	22%	20%	2%	56%
She leaves home without telling him	Female	Viqueque	34%	42%	11%	14%
		Covalima	32%	12%	14%	42%
	Male	Viqueque	27%	45%	15%	13%
		Covalima	26%	17%	6%	51%
Rape is never deserved, even if girls dress badly or misbehave towards boys	Female	Viqueque	34%	42%	8%	17%
		Covalima	27%	10%	12%	51%
	Male	Viqueque	28%	45%	10%	17%
		Covalima	15%	16%	11%	58%
In your community, if a man	Female	Viqueque	26%	39%	9%	26%

Statement	Sex	Location	Agree	Disagree	Partly agree	I don't know
rapes a girl or woman and others find out about it, he will be shunned		Covalima	14%	27%	14%	45%
	Male	Viqueque	15%	55%	10%	21%
		Covalima	11%	17%	11%	60%

It is clear from the survey data that women are more likely to experience violence as seen by Figure 7 below. In Covalima, 45% of females and 55% of males reported experiencing violence, while in Viqueque, 55% of females and 54% of males reported experiencing violence. Men were the second most likely group to experience violence, with 20% of females and 14% of males reporting violence in Covalima, and 16% of females and 20% of males reporting violence in Viqueque. It is worth noting that the proportion of girls with 5% females and 8% male in Viqueque (Covalima all 0%) and boys with 2% females in Covalima and 5% females and 3% males in Viqueque reported experiencing violence in Covalima.

Figure 7 - Victims of violence



Access to GBV Services and Referral Pathways

There are several services providers available in Covalima and Viqueque that provide health services that support the needs of survivors such as PRADET and Uma Mahon. ALFELA provides legal assistance support and VPU provides support to survivors including registering the cases.

All service providers have the capacity to support the community who experiences GBV. Interestingly, female key informants in Covalima noted that survivors do not know what to do and where to go for GBV support. A male informant in Covalima mentioned that even though survivors may know, some prefer to be silent due to the potential stigma from the community when they hear about it.

Many survivors know where they can go for help when a problem arises against them. Women always go to Uma Mahon (shelter) or to VPU. It happens that only one or two women go to Uma Mahon or to the Police (VPU), there are others who choose not to report. There are some cases where women go to the Uma Mahon (shelter) and are abandoned at home. So, for many women, even when problems occur, they prefer to keep quiet and not complain to anyone. **KII, Agric Extension Officer, Male, Covalima**

In Viqueque, female informants noted that survivors know how to report their experience and also know where to go for GBV support. Places like uma mahon (shelter), local authorities and VPU were mentioned by female informants. The majority of male informants also noted that survivors know how to report and mentioned the same places to go for support as females' informants, with the addition of family members.

If GBV happens, we must contact the sub-village chiefs to quickly rush to the VPU police to handle this problem and take the victim to the hospital. **Kil, GMF, Female, Viqueque**

Programming Implications and Recommendations

Prevalent forms of GBV and risk factors: The study shows that the most registered form of violence is domestic violence, and the prevalent form is emotional and physical violence. Due to societal norms that discourage public discussion of sexual matters, women do not negotiate sex with their spouse.

Factors such as the use of alcohol, financial difficulty, patriarchal practices, clothing choices, walking alone, and household pressure contribute to instances of GBV.

This finding, especially the risk factors of walking alone and household pressure mentioned, implies that the activities targeting only women, that are also situated in a location far away, with activities that consume time may put them in a position of risk of GBV and the timing of activities may also lead to poor turnout or distraction for women which will lead to less participation in activities. The study recommends the following:

- **Innovative awareness raising:** the project should engage in innovative actions to increase knowledge on GBV forms, consequences, and services available at the community level. This can be done through an integrated approach where activities include specific stakeholders such as VPU, shelter points and others to socialise their services and domestic violence law. Other trainings should also use SAA to improve knowledge, and challenge norms.
- **Develop and GBV and safeguarding risk and mitigation plan:** the project should develop and periodically update the risk of GBV associated with the project and ways to mitigate GBV.
- **Municipality-level coordination:** the project should be actively involved in the coordination activities of the referral network.

Attitude toward GBV and Victims of GBV: the GEM scale shows that women are more accommodative of violence scenario than men with high proportions in this category in Covalima to Viqueque. As they mostly agree with statements that indicate they accept or tolerate violence. Additionally, the survey noted that women are the most likely victims of GBV with a higher proportion than men, and girls are more likely to be victims than boys.

This implies that the project activity that is meant to only build knowledge through infrequent training may not be effective as there are underlying behaviours and attitudes that need to change. The study recommends the following:

- **Behaviour change:** in addition to trainings, the project should engage in behaviour change initiatives, to transform women's attitudes and behaviour that indicate that they agree with violence. This can be done using approaches such the SAA's (But why, and chains of effects approach) also Ipas's Value Clarification and Attitude Transformation (VCAT) can be adapted for use, as well as other effective approach used in Timor Leste.

- **Campaigns:** the project should engage in different campaigns including media (including local films), using local language to discuss issues on GBV.

Access to Services and referral systems: the study shows that while there are various services available and service providers have capacities to deliver on their services, survivors in Covalima do not know about the available services or use them, and the ones who know choose not to use them because of the stigma attached to the use of the service. The stigma from use of this project can affect the participation of women in project activities. The study recommends the following:

- **Innovative awareness raising:** the project should engage in innovative forms to increase knowledge services available at the community level. This can be done through an integrated approach where activities include specific stakeholders such as VPU, shelter points and others to socialise their services.

Discussion and conclusion

Discussion

Timor-Leste is a young country that has made significant progress in promoting gender equality and women's empowerment since its independence in 2002. However, there are still challenges that need to be addressed, such as the need to strengthen the legal framework and increase resource allocation to the gender machinery.

The COVID-19 pandemic and other health emergencies have a disproportionate impact on women and girls in Timor-Leste, especially Viqueque and Covalima. Despite the challenges, there are opportunities to advance gender equality in Timor-Leste. The government's commitment to gender equality is evident in its policies and strategies. The country also has a strong civil society movement that is working to promote gender equality. The project can support initiatives to scale the implementation of the various frameworks that are already active and running in the municipalities.

Women's Empowerment

The study revealed that women in Covalima and Viqueque face challenges in gender issues. These challenges include self-confidence and self-efficacy, the economic role of women in a household, and women's power within the household.

Women in Covalima and Viqueque have limited self-confidence and self-efficacy. This can be attributed to traditional gender roles and social norms that dictate that women are subordinate to men. Additionally, many women in these areas are dependent on their male partners or relatives for financial support, which further limits their self-confidence and self-efficacy.

Women's over-reliance on their partner may affect women's access to information, economic opportunities and also engagement in project activities. The project should invest in ventures that build women's confidence.

Sexual/Gender division of Labour

Women are overburdened with household tasks; the study shows that they spend an extra 3 hours of work per day on unpaid tasks than men. Women may be more susceptible to health crises because they prioritize other activities over their health. **In the light of health emergencies, women may be more relied upon for household tasks which would lead to overburdening and less participation in project activities or attention to their personal well-being. This could lead to less and/or unmeaningful participation of women in project activities because of the various distraction that weighs on them.**

Household Decision-Making

Women and girls still have less influence on key matters outside of household chores. Even in a society that should favour women, women are still favoured less than men. Women who are brave enough to step outside the social practice, like making decisions with their husband's prior consult or approval, may face risks if the outcome of their decision becomes negative. This may have a bearing on women's decision-making on health issues including use of health related assets.

Control over productive assets

Women may face challenges controlling productive assets such as agricultural land, crops, and various animals and products used for income generation which are predominantly controlled by men. This implies that women may face challenges in managing and deciding on the support provided by the project to build their resilience, and this could also lead to violence if not properly addressed.

Access to Public Spaces and Services

Women may have less access to spaces such as Health posts, schools, local markets, village chief/local authorities, churches, and police stations, that are already accessible for all. However, this may be further exacerbated in health emergencies because of women's workload as seen in the division of labour chapter, and the lack of information, as well as lack of knowledge and education and early marriage. This implies that women's opinion may not be included in public spaces.

Accessibility by people with disabilities was also raised as a concern as public spaces are not all accessible by people with disabilities. This could affect the participation of people with disabilities in project activities, especially in activities that are aimed at strengthening their capacity to respond to health emergencies, if accessibility is not considered.

Claiming Rights and Meaningful Participation in Public Decision-Making.

Timor-Leste has innovations to ensure women are included in decision bodies at the national and local level such as the suco council law and the 30% quota system. Nevertheless, there is still limited participation of women in the local governance of both municipalities with less than 5% women leadership. The key barriers to women fully participating according to the study are lack of confidence (agency), overburdened household tasks, and deference to men in meetings. This implies that women may not participate in various strategic structures. Also, women's needs may be overlooked at different levels such as the SDMC, and municipality level.

Violence and Restorative Justice

Women and girls are susceptible to sexual and physical violence, due to restrictions imposed by the government in future health emergencies like COVID-19 which involve lockdowns. Project activities that are situated in a location far away, with activities that consume time may put women at risk of GBV and the timing of activities may also lead to poor turnout or distraction for women which could lead to less participation in activities. Women are more accommodative of violent scenarios and are more likely to experience violence. In the face of any future health emergencies, women still remain the key vulnerable groups and are likely to be more affected by violence than during usual times.

Conclusion

The CoHSIS project holds great potential for contributing to the development of Timor-Leste by providing crucial access to healthcare and education, and empowering women and girls. To maximize its impact, alignment with government policies and strategies, as well as collaboration with local organizations and stakeholders, are essential.

The report highlights the urgency of implementing programs and interventions that champion gender equality and women's empowerment in Covalima and Viqueque. These efforts should concentrate on bolstering women's self-confidence and self-efficacy, advancing gender-equitable economic opportunities, and challenging traditional gender roles and social norms. The unequal gender division of labour can detrimentally affect women's well-being and opportunities, hence limiting them from fully participating in economic and social activities.

Addressing the unequal gendered division of labour necessitates a concerted effort to challenge traditional gender roles and social norms. This can be achieved through education and awareness-raising programs and by promoting gender-equitable practices in both households, communities and workplaces.

Furthermore, there is a pressing need to challenge traditional gender roles and social norms to promote gender equality in household decision-making and the control of productive assets in Timor-Leste. To achieve this,

education and awareness campaigns must target both men and women, emphasizing the benefits of gender equality and engaging men and boys in activities that foster gender-equitable attitudes and behaviours.

In the fight against Gender-Based Violence in Timor-Leste, it is evident that a comprehensive approach is needed, combining legal measures, awareness campaigns, and behaviour change initiatives. This approach should involve close collaboration with local stakeholders and service providers, with the goal of creating a society where there is zero tolerance for GBV, and survivors are encouraged and empowered to seek help.

Across various areas of inquiry, the central recommendation emphasizes the use of the use of Social Analysis and Action, and engaging men and boy's module in the change process. These strategies should be integrated into all project interventions and approaches to ensure their effectiveness.