A Rapid assessment of barriers and opportunities to making the COVID-19 and hygiene responses inclusive and empowering in Timor-Leste.

WaterAid

Acknowledgements

WaterAid Timor-Leste is positioning ourselves to contribute to the prevention of COVID-19 pandemic by working together with relevant government ministries and NGOs partner at a national and municipal level. To ensure we are on track of gender, equity and inclusion aspect, WaterAid Timor-Leste has conducted a rapid assessment to several partners during the difficult time of COVID-19. We very much appreciated the implementing partners who are supporting and collaborating with WaterAid in response to COVID-19 pandemic.

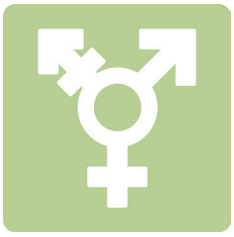
We want to acknowledge staffs from partners organizations were contribute to the Rapid assessment on GESI such as staff Eduardo Tilman (RHTO), Alvaro Antonio (FHTL), Isaias (LBM), Esmenia Laura (GFFTL) and Jacinta Martins and Murcia (FAS), your thought and idea reflect the reality that faced by each you in your respective places of implementation. Your story also will build a strong foundation and experience on what happening today on WASH and GESI approaches.

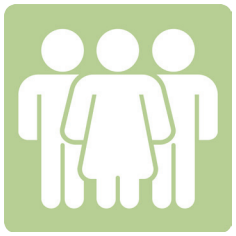
Contents

Acronyms

E&I	Equity and Inclusion
FAS	Feto Asaun ba Sustentabilidade
FHTL	Fundasaun Hafoun Timor Lorosa'e
FLBF	Fundasaun Luta Ba Futuru
GFFTL	Grupu Feto Foinsae Timor-Leste
LBM	Luta Ba Mudansa
PAK	Planu Asaun Komunidade
PO	Partner Organization
PWD	People with disabilities
RHTO	Ra'es Hadomi Timor Oan
WASH	Water Sanitation Hygiene
WATL	WaterAid Timor-Leste

Executive summary

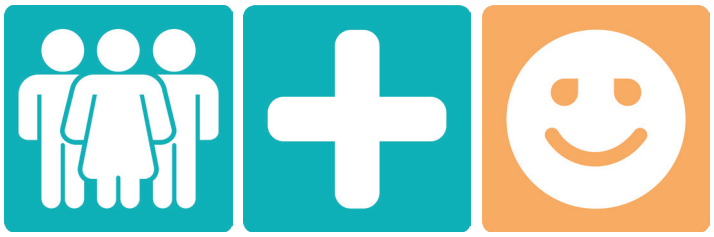




A rapid assessment of the inequalities in the hygiene response to COVID-19 was carried out through both review of existing data and interviews with partner organizations. Vulnerable groups identified as having experienced inequities in the COVID-19 hygiene response include women, urban poor, people with disabilities, members of the LGBTQI+ community and those living in rural areas. The major barriers identified to equitable access included inaccessible infrastructure, limited access to information or information that is not inclusive or well understood, discrimination and stigma, behaviour, financial limitations, community access to resources and organizational access to resources, opportunities identified to increase the inclusive nature of the COVID-19 and hygiene response are identified in the Key Recommendations.

Key recommendations

The key recommendations identified as opportunities to ensure equality in the WASH response to COVID-19 are;



1. Development of accessible and inclusive WASH infrastructure (latrines, water sources and handwashing stations). There needs to be a strong capacity building in the inclusive WASH sector to allow all infrastructure designs to be inclusive.
2. Implementation of prevention strategy education at a community level needs to be accessible to all. Vulnerable groups should be included in decision making and developing appropriate material (e.g. target at youth, use of braille, large print or recorded messages).
3. Information on COVID-19 prevention should be delivered to increase community understanding through media such as films, brochures and stickers to target appropriate behaviour change through awareness.
4. Develop a formal framework for training partner organizations in the required response implementation approach to ensure all PWD are able to access information at the same rate as other community members. RHTO are an organization who has been leading other POs during the COVID-19 prevention response.
5. Develop a formal framework for an inclusive State of Emergency response from the government to ensure that in the event of a COVID-19 relapse, other pandemic or state of emergency that E&I is actively included in the response.
6. Strengthen the partnership between organizations to socialize inclusive information to help reduce the stigma associated with vulnerable groups in communities.
7. Implementing organizations who are responding to COVID-19 need to work with local authorities, youth leaders and the task force to ensure that all vulnerable people can access the government subsidy. It is recommended that a government framework which considers equitable access to subsides and government assistance is developed for the future state of emergency response programs.
8. Increase water supply to communities, support the government to strengthen this sector. POs need to use available tools such as the PAK process to ensure all community members are involved in the development of sustainable water supplies. This is important because, even if hygiene behaviour is promoted and adopted by communities, hygiene recommendations cannot be followed if communities do not have access to water.
9. The key role of WASH in preventing COVID-19 should be used as motivation to accelerate targets and include women in the WASH sector across all levels.

Introduction

This report complies the results of the WaterAid Timor-Leste rapid assessment of the Equity and Inclusion and Rights impacts of the COVID-19 WASH response, at a national level and also at Municipality and community levels in Manufahi and Liquiçá. The purpose of the rapid assessment was to:

Inform WaterAid's programming response to WASH and COVID-19 and;

Support rights groups and their networks to have a platform to voice their specific rights and needs

The rapid assessment was completed in three stages.

Step 1. Draw together existing data, information and evidence available to WaterAid about WASH and marginalization, to be used in WASH-COVID-19 responses.

Step 2. Talk to rights partners to identify barriers for marginalized groups WATL already work with and to explore new groups being marginalized or made vulnerable through the crisis.

Step 3. Analyze this information to produce a set of recommendations, supported by partner organizations, to address inequalities in COVID-19 through WASH.

WaterAid took a 'Do No Harm' response, an analysis of the risks, unintended consequences and possible backlash was considered for each activity undertaken. The focus was the management of partner organization and community expectations to avoid the perception that WaterAid was present to offer assistance to develop solutions to meet identified needs (for example, construct inclusive latrines).

WASH in Timor-Leste

Timor-Leste has a population of just over 1.3million.[10]

64.4% have access to limited hygiene facilities

28.2% have limited access to hygiene facilities

7.2% have no access to hygiene (handwashing facilities.

19.5% practise open defecation (this increases to 28% in rural areas)

53.3% have at least basic sanitation. (only 43.8% in rural areas)

Introduction

COVID-19 and WASH

COVID-19 is the virus responsible for the current global pandemic. The virus has not previously been identified in humans, and as a result, humans do not have immunity to the virus[3]. Transmission of COVID-19 is known to occur through droplets of saliva and discharge from the nose when sneezing and coughing. Transmission can be airborne or through contact with surfaces that have been contaminated by the virus through droplets[3].

Frequent and proper handwashing has been identified as one of the key measures in preventing COVID-19[3]. Promotion of hand hygiene by WaterAid (and other organizations) should be strengthened to encourage everyone to wash their hands with soap and water at all appropriate times, increasing protection against COVID-19[3].

Viruses such as rotavirus, norovirus, poliovirus and hepatitis A are known to be transmitted through drinking water, but there is no data to date to evidence that COVID-19 can be transmitted through drinking water[3]. Current safe management practises of drinking water are encouraged, including treatments methods such as boiling water before consumption, use of filtration or chlorination. Hygienic practises when collecting water from communal sources is encouraged as public gatherings increase risk of transmission[6].

COVID-19 is likely to present in wastewater where positive cases of COVID-19 exist. While there have been no reported cases of COVID-19 confirming faecal-oral transmission, molecular analysis of the virus has shown it can survive in wastewater for at least 14 days[3]. Safe sanitation practises currently employed to prevent illness such as diarrhoea, giardia or cholera are encouraged to help reduce the risk of transmission of COVID-19 through wastewater, should this be a viable mechanism for transmission.

Research results and analysis

The inequalities seen in the response to COVID-19 are considered based on vulnerable groups. The major theme identified across vulnerable groups, including women, urban poor, people with disabilities, members of the LGBTQI+ community and those living in rural areas was reduced access to resources. Access to resources is predominantly limited by reduced income9 and opportunities available to people from these vulnerable groups. As a result of access to fewer resources there is a lower capacity to purchase supplies[3] which allow people to follow hygiene recommendations, such as soap, masks and hand-sanitizer. The impact of this is exacerbated by panic buying[1]; people with greater resource are able to purchase the limited available supplies, leaving none available for others.

Gender inequalities

Inequitable access to existing sanitation facilities is experienced in Timor-Leste as many facilities currently in the community are not gender inclusive. Women do not have safe access to latrines, and there are often no menstrual hygiene management facilities available. Women's groups are not always involved in the development of these facilities[1]. The key role of WASH facilities and hygiene practises in preventing COVID-19 can be used as motivation to accelerate targets and include women in the WASH sector[1].

Women are the primary caregivers in Timor-Leste and as such are at risk of increased workload when caring for people who are sick. Women are also at an increased risk of exposure to infection[1]. Due to the increased workload, women have decreased time available to access and/or utilize WASH facilities. Women are therefore, less likely to follow handwashing directives[2].

An increase in Gender Based Violence6 due to the national crisis (State of Emergency) could also result in women less likely to access COVID-19 WASH response resources, as the increased risk of violence or harassment is a deterrent.

As a result of the response to COVID-19 women are also likely to suffer through reduced access to maternal, sexual and reproductive health services, as all health resources are diverted to the COVID-19 response[8]. In particular, the available sanitation resources such as soap are no longer available for women's health services[1].

Introduction

People with disabilities

Many WASH facilities (latrines, water sources such as tap-stands, and handwashing stations) currently in communities are not inclusive for PWD. This includes features such as access ramps, hand-rails, and wide door handles. Organizations representative of PWD (such as RHTO) are not always involved in the development of these WASH facilities[1]. Some people with disabilities also experience reduced access to limited community health resources due to discrimination or nepotism[1].

Interview results

The interview transcripts were processed to identify the barriers faced by vulnerable groups in the hygiene response to COVID-19, and to identify opportunities available to support these groups. The identified barriers were analyzed in themes and recommendations to address each has been given.

Inaccessible physical infrastructure

Barriers

PWD cannot always access water sources (even though they are close by) to follow handwashing advice because water sources, such as tap stands, are not designed in an inclusive way.

PWD cannot access water because the water source, such as a spring, is located too far away. PWD have limited access to water, so priority is not given to use the available water for handwashing.

Recommendations

WATL worked with RHTO to design a standard inclusive tap stand design. The need for inclusive design should be promoted for all water supply designs. There should be strong capacity building in the inclusive WASH sector.

Discrimination and stigma

Barriers

Timor-Leste has not seen an inclusive COVID-19 response. WASH programs (including the COVID-19 response) often talk about E&I but do not show any actions.

People with learning difficulties may not understand that they could become unwell or die from COVID-19; they still experience discrimination and a lack of care. Families do not priorities buying masks and soap for PWD.

PWD cannot always follow social distancing requirements.

PWD experience discrimination as some people think that PWD are unhealthy and more likely to contract and transmit COVID-19.

Women experience discrimination through an increase in the disparity in roles seen in the household during COVID-19 times.

Recommendations

RHTO work with Health Centre Dili to facilitate an appropriate COVID-19 WASH response for PWD. A formal framework for this should be established to ensure that in the event of a COVID-19 relapse, other pandemic or state of emergency that E&I is actively included in the response.

Recommend all partners and relevant institutions to work together in target areas. GFFTL would like to perform more gender analysis into the effects of COVID-19 but need to socialize all the information about prevention first.

Interview results

Unavailable or not inclusive information

Barriers

PWD cannot access information about COVID-19 prevention. If information is presented using technical or complicated language many PWD do not understand the message, and appropriate language needs to be used.

Blind people cannot access information as they cannot read the government information posters

RHTO only partners with WATL in Manufahi and Liquiçá. People in other districts may not receive inclusive handwashing promotion and information about how to prevent COVID-19.

Lack of knowledge in rural communities - Some communities have installed handwashing facilities but do not use them because they are "waiting for COVID-19 to arrive". The community lacks awareness, not just about COVID-19 but about how handwashing can prevent other illnesses as well.

People in rural areas or without access to technology received information about COVID-19 after those in urban areas. When these people come to buy soap from kiosks it had all sold already. Some people without access to technology may not have received the information at all.

Working with people is made more challenging by the state of emergency, especially as some PWD feel traumatized and will not leave their homes.

Recommendations

RHTO became an umbrella organization to share how PWD can access COVID-19 prevention information as part of the response team. It is recommended that a formal framework is created and training developed for partner organizations to ensure all PWD are able to access information at the same rate as other community members.

Use of inclusive messaging methods such as braille and recordings.

Increase community understanding through media such as films, brochures, and stickers.

Interview results

Behaviour

Barriers

People in rural areas feel that the state of emergency is in Dili only. People in Dili can access information about COVID-19 from health professionals but people in rural areas, especially those without electricity, cannot. These people do not understand what COVID-19 is and therefore, do not behave appropriately.

Some communities have handwashing facilities already but do not have soap, some implementing partner organizations understand this to be the community not prioritizing the need for hand hygiene.

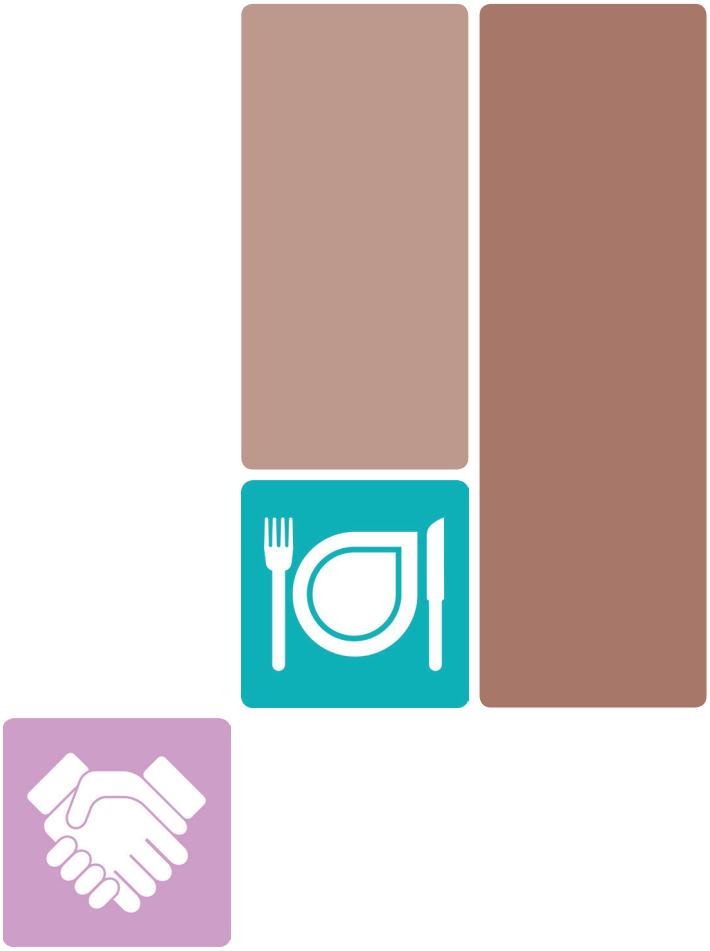
Implementing partner organizations have seen that youth have a lack of understanding of COVID-19 and what it means for them. They think that COVID-19 is not happening anymore or that it will not affect them because the information is targeted at vulnerable elderly.

Recommendations

Partner organizations implementing the COVID-19 response (working with local authorities) socialize information with the communities by going door-to-door. Promoting information about handwashing, encouraging people to install handwashing facilities, and providing information about how communities can comply with the state of emergency decree.

Implementing partner organizations need to work with youth groups to generate targeted information.

Interview results



Barriers

PWD are unable to access the government subsidy given to assist families financially during the state of emergency.

Urban poor, especially PWD do not have sufficient funds to purchase buckets, soap (or food) so they cannot follow recommended handwashing guidelines.

Low-income workers who do not have access to a vehicle or who cannot drive, are no longer able to work. Many of the prevention activities carried out by organizations require travel, but as people are not allowed to share a car due to government restrictions, those who cannot drive their own vehicles cannot work and lose their employment.

People cannot go to the markets with public transport due to government restrictions, so those who cannot access or afford their own vehicle cannot buy supplies like soap and buckets to allow them to follow handwashing guidelines.

Due to government guidelines, small businesses are not allowed to operate (this is often the main source of income for the elderly). Reduced income means that small business owners cannot afford necessities like soap. They may also struggle to afford food which can reduce capacity to access WASH facilities by impacting a person's physical ability to walk a long distance to use latrines or access a water supply.

Recommendations

The government regulations need to allow PWD a means to access the financial subsidy.

Implementing organizations who are responding to COVID-19 need to work with local authorities, youth leaders and the task force to ensure that all vulnerable people can access the government subsidy.

Interview results

Lack of resources in the community

Barriers

People in rural areas, especially PWD, cannot travel to kiosks or markets to buy supplies such as soap and buckets so they cannot practise handwashing to prevent COVID-19.

Some communities want to practise handwashing, but they have no soap or no water and therefore cannot.

Lack of 'sustainably' implemented facilities. Some communities have handwashing facilities installed, but there is no ownership and people do not take responsibility for the facility, so it is not maintained.

Recommendations

POs recommend that everyone acknowledges that they have responsibility for the challenges the community meets.

Access to water for communities is important because even if hygiene behaviour is promoted, and people build hand washing facilities and toilets, people cannot follow hygiene recommendations if they do not have access to water, POs need to use several mechanisms such as PAK meetings to involve all community members and to ask their opinions about water systems.

Lack of organizational resources

Barriers

Implementing partner organizations asked SEII for information regarding equity and inclusion for their COVID-19 response but SEII had no information available at the national level.

Implementing PO's have limited human resources, information (even if it is inclusive) cannot be shared with all communities and all community members. Some implementing PO staff are members of the Task Force team, so they have less time available for implementing WASH response activities.

Implementing POs need to use masks they buy themselves for going into communities to teach about the hygiene response to COVID-19. Staff members wash and re-use these masks (which are not designed to be re-usable) and then the masks are less effective, increasing the risk for everyone.

Recommendations

Increase in partnership between organizations to socialize inclusive information and support implementing partners with appropriate resources.

Interview results

Limitations

Desk-top research left many questions open about the wider impacts of the inequitable hygiene response to COVID-19; not all these questions were answered through the interviews. Some of the interview responses did not directly address the questions being asked, while still providing valuable information some answers did not give depth to the understanding of the COVID-19 WASH response. Major anecdotal questions raised fall into two themes, equitable access to information and harm through response actions.

Equitable access to information

The Timorese Government requested all UN, international and national agencies to disseminate information about handwashing1. Interview results have shown that not all information disseminated was equitably accessed by PWD. Not covered in detail was consideration around equitable access for other groups, for example, the lower literacy rate of women[7] and how this may impact access to information.

Harm through response actions

Assessment of how information distribution and the COVID-19 response negatively impacts vulnerable groups has not been carried out. For example;

Is there any misinformation that is being spread that is causing damaging behaviours8?

Are girls less likely to attend school if they know they do not have access to appropriate hygiene facilities? How will risk-adverse behaviour change with the changing risk levels of COVID-19 in Timor-Leste, and will longer-term impacts on education be seen?

Is the promotion of social distancing negatively impacting those who cannot practise this behaviour (for example PWD) and does this increases stigma associated with this vulnerable group?

Further assessment of these factors using a systems-thinking approach is recommended to give a more detailed understanding of the WASH response's wider impacts to COVID-19.

Endnotes

[1] CARE Timor-Leste (27 April 2020). 'CARE Rapid Gender Analysis COVID-19 Timor-Leste'

[2] Pacific Women Shaping Pacific Development (2020). 'Thematic brief, Gender and COVID-19 in the Pacific: Emerging gendered impacts and recommendations for response.'

[3]Water Research Commission (10 March 2020). 'Fact sheet – water quality, sanitation and hygiene management in light of coronavirus disease (COVID-19).'

[4] UN Timor-Leste (12 May 2020). 'COVID-19 Socio-Economic response'

[5]. World Health Organisation (4 June 2020). 'Coronavirus disease (COVID-19) advice for public.

[6]. UN Women (2020). 'The first 100 days of COVID-19 in Asia and the Pacific: A gender lens'.

[7]. Census data

[8]. IFRC, UNICEF, WHO (2020): 'How to include marginalized and vulnerable people in risk communication and community engagement'.

[8]. WHO (14 May 2020). 'Gender and COVID-19 advocacy brief'.

[9]. United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: The 2019 Revision https://www.worldometers.info/world-population/timor-leste-population/

[10]. WHO, UNICEF (2017) https://washdata.org/data/household#!/dashboard/new

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