TIMOR-LESTE COVID-19 HOUSEHOLD CASH TRANSFER
Initial Socio-Economic Impacts and Effects on Gender Dynamics
RESEARCH TEAM

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The research provides analysis and evidence for the GoTL, particularly the Ministry of Social Solidarity and Inclusion (MSSI) to inform future social protection responses.

**BACKGROUND & RATIONALE**

In response to the economic shock of COVID-19 control measures, including an initial nation-wide State of Emergency (SoE) (28 March – 27 June, 2020), the Government of Timor-Leste (GoTL) developed a social assistance program to support households’ immediate needs and recovery from the restrictive measures adopted. A cash transfer of US$200 was distributed to approximately 300,000 households in all 452 villages of Timor-Leste at a cost of approximately US$60 million.1

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**METHODODOLOGY**

The research approach was developed to respond to two main research questions:

**Firstly**, to what extent did the COVID-19 payment meet the needs of Timorese people affected by the crisis, particularly marginalised people?

**Secondly**, to what extent did the COVID-19 payment impact on intra-household relations in terms of control over finances?

The research targeted households that had received a COVID-19 payment as well as individuals who had not received a COVID-19 payment to understand the reasons for this.

A qualitative methodology was developed to be deployed rapidly whilst considering ethical risks. Sixty semi-structured interviews were conducted in Dili, Manufahi and Liquica Municipalities based on purposive sampling and inclusion of specific groups such as people with disabilities, single mothers, people who identify as LGBTI, and women living in domestic violence crisis accommodation.

In addition, a review of secondary research, looking at the social and economic impacts of COVID-19 and the household payment, was also undertaken as part of a comprehensive review.

**RESEARCH FINDINGS**

**Impact of the COVID-19 crisis**

The majority of households that received a COVID-19 payment needed this due to the hardship they had experienced during the three-month SoE. Many expressed gratitude for the Government’s support. The most common hardship reported was on livelihoods; most households had experienced a loss of income and reduced access to food due to both a lack of money for food and reduced access to markets. This finding was backed up by numerous other research studies that identified loss of income and food insecurity as major challenges faced by people.

**Safety nets and support networks during the State of Emergency**

Most households employed more than one safety net or support network. Households in Manufahi, for example, mostly relied on their own gardens and farms to meet basic needs during the SoE, whereas normally they would have sold their produce at the market. Households in Dili relied on their micro and small businesses including depleting the savings they had accrued from these, surviving on significantly reduced income or consuming their own business stock such as foodstuffs from their kiosk.

Support from charity was more commonly reported by people with disabilities. LGBTI respondents most commonly reported relying on support from LGBTI advocacy organizations or other LGBTI friends. Women living in crisis accommodation either relied on these facilities, small business income or family to meet basic needs.

**Decision-making processes for spending the COVID-19 payment**

Who made decisions?

In male-headed households – the majority of beneficiaries of the payment - decisions about spending the COVID-19 payment were mostly made by husbands and wives together, but there were several cases where a male head of household had more control or complete control over the payment. In female-headed households, the female head of household collected, managed and made the decisions about spending for the COVID-19 payment. For respondents with disabilities, the degree of control in the household decision-making processes around the COVID-19 payment varied and seemed to be linked to several intersecting factors such as position in the household, gender and type of disability.

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2 There were no conditionalities or restrictions on how the payment could be spent but an eligibility criterion was applied. Households where at least one of its members receives an income on a monthly and regular basis higher than US$500 were not eligible for the subsidy.
3 The final number of payments are not yet determined as there are still appeals pending.
**Impact on intra-household dynamics**

Distributing the COVID-19 payment as a cash transfer to the head of the household did not have a significant negative effect on intra-household dynamics. The research showed that the majority of households followed the common pattern for financial decision-making in Timor-Leste prior to the COVID-19 pandemic as well as in relation to the payment itself. This was most commonly reported by respondents with disabilities as well as other households.

**What was the COVID-19 payment spent on?**

The majority of households reported spending their payment on food. Although there were no restrictions placed on how the cash transfer could be spent, there was strong adherence to public messaging that the money was to be spent on food for the family. Many also spent part of the payment on education expenses (more common in Manufahi), investing in small or micro businesses (more common in Dili), clothing, transportation, household items, repaying loans and saving (or earmarking some funds to spend on other needs).

**Who benefited to a greater or lesser extent from the COVID-19 payment?**

**Within households**

Respondents reported that payments were mostly spent in the interests of the whole family and no evidence was found that payments given to male heads of household were spent any differently. Research found that people with disabilities or other household members with particular characteristics did not benefit significantly more or less from the spending priorities of households.

However, one important exception to this was the case of a woman with a disability who reported that, due to her husband’s severe controlling behaviour, she was unable to access any of the payment for her health needs.

**Between households**

As might be expected, the research confirmed that larger households (nine or more members) gained less from the payment compared to smaller households and most large households reported that the payment was not sufficient to meet their basic needs.

The research found that households that had stronger safety nets and support networks benefited more from the payment because they were better placed to meet basic needs during the SoE and could therefore spend the COVID-19 payment on a wider range of priorities. A notable example is that households in Manufahi had a greater level of self-sufficiency in terms of food so could more often prioritize education compared with households in Dili.

**Who did not receive a COVID-19 payment and why?**

Inconsistencies in the application of the household registration system, which was used to identify COVID-19 payment recipients, have resulted in the exclusion of women living in domestic violence crisis accommodation and LGBTI people.

Women living in crisis accommodation were unable to register as a new household through the Ficha de Familia system and were therefore unable to claim a COVID-19 payment. One exception to this was the case of a woman whose husband shared half of the payment with her after being compelled by the local authority in her home village.

LGBTI respondents reported being prevented from registering themselves or their families through the household registration system due to advice from local authorities or a widespread perception that people living alone or in same sex couples were not considered to be a household. LGBTI respondents faced an additional risk to their housing during the SoE due to reliance on rental accommodation and reduced ability to pay rent.

**Economic impact of payments**

The local economic impact of the payments has been largely positive. The cash transfer had a major positive impact on improving short-term food security whilst also supporting rural and informal businesses to reopen and re-establish trade vital for additional cash income. The benefits of the cash transfer stimulus have been multiplied by assisting people to access programs.

Around 50 percent of global measures have involved various forms of cash-based transfers and social assistance. Governments have adapted these measures to the crisis in several ways, including many adapting administrative systems to make it easier for people to access programs.

In Timor-Leste, in response to the economic shock brought on by the restrictions put in place to address COVID-19, including an initial nation-wide State of Emergency (SoE) (28 March – 27 June, 2020), the Government of Timor-Leste (GoTL) approved a number of programs and subsidies including a cash transfer of US$100 per month to all households for the period of the SoE. This excluded those where at least one of its members receives an income on a monthly and regular basis higher than US$500. This was disbursed as a one-time payment of US$200. The aim of the cash transfer was to support households in addressing their immediate needs in the context of the restrictive measures adopted under the COVID-19 pandemic as well as to support their recovery once the restrictions were lifted.

The GoTL mandated that an existing system of household registration (Ficha de Familia) managed by the Ministry of State Administration (MÃE) would be adopted as the mechanism for identifying recipients for the COVID-19 payment. As such, cash transfers would be made to heads of households (usually the oldest male

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6 Ibid.
7 There were no restrictions attached to how the payment was to be spent but an eligibility criterion was applied. Households where at least one of its members receives an income on a monthly and regular basis higher than US$500 were not eligible for the subsidy.
8 GoTL (2020) Ministerial Order no. 56/2020, of 14 of May; Regulating the Financial Support provided to households during the COVID-19 pandemic (English translation), Article 1.
9 The household registration system or Livru Rejistu Uma Kain (Ficha de Familia) had been established in order to register households for the purposes of the National Village Development Program (PNDS). See GoTL (2017) Ministerial Order no. 49/2017, of 23 August 2017; Village Administration Book, Annex 1B.
A cash transfer of US$200 was distributed to approximately 300,000 households in all 452 villages of Timor-Leste at a cost of approximately US$60 million.

in a household) for households already registered or who were able to register during a ‘grace period’ put in place until 31 March 2020.

The transfer, which was an amount of US$200 was distributed over a 30-day period to almost 300,000 households in all 452 villages of Timor-Leste and cost approximately US$60 million. Approximately 82 percent of recipients were male heads of household, and 18 percent female heads of households. The payment was distributed in person at collection sites in each village by MSSI staff and village chiefs. Payments were made to ‘the door’ of people who could not travel to the collection site, such as the elderly and persons with physical disabilities. Development partners, including the Australian Government, provided significant support for logistics and payment monitoring.

Rationale for the research
Understanding both the process of registration and distribution of the COVID-19 cash transfer as well as the socio-economic effects of the household payment on Timorese people is valuable to inform social protection policy development in Timor-Leste. Balancing the need to carefully consider gender implications of social protection programs with the need to provide rapid social assistance to mitigate against the COVID-19 crisis has been identified as a challenge by researchers and practitioners at this time. Given the evidence emerging that the COVID-19 crisis has the potential to widen gender inequalities, it is particularly important to consider the impact of cash transfer programs on women and vulnerable groups.

Deciding how to reach households and individuals is a critical consideration for social protection interventions in the face of the COVID-19 pandemic. Global evidence suggests that cash transfer programs have consistent positive impacts on food security and other health and economic outcomes in emergency settings. Evidence regarding the provision of cash transfers directly to women is mixed and shows that it may empower women in some respects, but it may also exacerbate domestic violence, especially in the context of periods of COVID-19-related lock down. Explicitly challenging gender norms during acute periods of crisis may not be advisable. More recent evidence suggests that, in some cases, fathers may be equally likely as mothers to allocate resources in ways that improve children’s outcomes.

In light of these considerations, the research is intended to provide the GoTL and stakeholders with evidence and recommendations on the effects of cash transfers on intra-household welfare and decision-making on resource allocations; as well as unforeseen consequences, and the social and policy implications for national decision-making during a prolonged crisis.

Research purpose
- To provide information for MSSSI to report to the GoTL and National Parliament on the impact of the COVID-19 household payments within three months of the distribution.
- To provide MSSSI with an understanding of the evidence regarding the impact of the COVID-19 household payments within three months of the distribution.
As outlined above, this paper compiles intra-household research with synthesized economic impact data. The research component was qualitative, and the methodology was developed to be rapidly deployed in order to provide analysis that could contribute to the MSSI reporting requirements on the COVID-19 household payment to GoTL and the National Parliament in late 2020.

**Research questions**

Primary research questions were designed to frame an investigation into access to the payment and benefits from the spending decisions made, as well as the decision-making dynamics around the spending decisions and the level of agency of different household members.

**Research question 1**

To what extent did the COVID-19 payment meet the needs of Timorese people affected by the crisis, particularly marginalised people?

- Which family or household members benefited from the COVID-19 household payment to a greater or lesser extent?
- What was the experience of specific groups who missed out on the COVID-19 payment, including the LGBTI community and women who have separated from their spouses due to family violence, single mothers and migrants?

**Research question 2**

To what extent did the COVID-19 payment impact on intra-household relations in terms of control over finances?

- How were the decisions to spend the COVID-19 payment made in the households that received the payment, and who was involved in making these decisions to a greater or lesser extent?
- Were decision-making processes in households similar or different for the COVID-19 payment, compared to other household income (including Bolsa da Mãe and SAII)?

A third, secondary, research question examined the extent to which the COVID-19 household payment impacted the local economy.

**Methods and sample for primary research questions**

Methods were qualitative and were developed after consideration of the ethical risks posed in the context of COVID-19 and given the potential that household members could be experiencing family violence. The primary method was a semi-structured interview, adapted for two main sample groups (See Annex 1 for interview tools).

The total number of interviews conducted was 60, and purposive sampling was used to prioritize inclusion of specific groups including people with disabilities, single mothers, people who identify as LGBTI, and women who were in crisis accommodation as a result of experiencing family violence. All interviews were conducted individually, in private settings and by an interviewer of the same gender as the respondent.

Twenty-two (22) individuals who did not receive a COVID-19 payment were interviewed by TAF and two partner organizations, CODIVA and Arcoiris Timor-Leste, to determine why they were not able to claim a payment.

### Sample group one. Individuals from the LGBTI community and women living in domestic violence crisis accommodation who did not receive a COVID-19 payment in their own name.

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>GENDER</th>
<th>TARGET</th>
</tr>
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<tbody>
<tr>
<td>Dili</td>
<td>Male</td>
<td>LGBTI Community</td>
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<tr>
<td>Liquico</td>
<td>Female</td>
<td>Women living in crisis shelters</td>
</tr>
<tr>
<td>Transgender</td>
<td>7</td>
<td></td>
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<tr>
<td>Transman</td>
<td>1</td>
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<tr>
<td>Transwoman</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>22</td>
<td>22</td>
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</tbody>
</table>

Thirty eight (38) people, across 27 households that received the COVID-19 payment, were identified by the research team in Dili Municipality (Becora and Lahane Oriental) and Manufahi Municipality (Holarua and Letefoho) in cooperation with local authorities; as well as Raes Hadomi Timor-Oan (RHTO) to identify people with disabilities. Respondents were pre-identified as much as possible, and 11 male/female dyads within households were interviewed separately and simultaneously.
The household sample also included 19 households receiving Bolsa da Mãe, elderly or disability subsidies, six female-headed households or single mothers, three single male-headed households, eight small households of three or less people, seven large households of 10 or more people, and eight dwellings or compounds shared by several households.

Eleven male/female dyad pairs were interviewed (five in Dili, six in Manufahi).

LIMITATIONS

Small and diverse sample

Sampling for the research was purposive and deliberately aimed to engage a diverse sample of respondents in order to explore and centre experiences of vulnerable or marginalized groups (people with disabilities, female-headed households, LGBTI community, women experiencing domestic violence, large families, and rural households).

For that reason, actual numbers of respondents sharing certain characteristics are small, and it was difficult to identify trends within the data groups. It is particularly important to recognize that LGBTI respondents and women living in crisis shelters who had not received a COVID-19 payment were deliberately selected in order to determine the barriers they faced in eligibility for this social assistance program.

Results do not claim to be representative; rather, the range of experiences is presented in this report. Where possible results are presented by group.

Potential reporting bias

Although careful measures were taken to ensure that the research team was perceived as independent of the government, we cannot rule out the possibility that respondents may have reported in line with government instructions regarding the COVID-19 payment. The research team feels confident that reporting bias was mitigated, and there are several examples of participants speaking openly about spending contrary to government instruction and acting in breach of the perceived rules of the SoE (for example, going to the market in the early hours of the morning despite believing this was contrary to the rules).

Exploring experiences of conflict and violence

Aside from a small component of the research involving women living in crisis accommodation in Dili, we did not explicitly explore experiences of domestic violence in the broader research. This was due to the risks of harm this line of questioning may have caused to respondents given the rapid nature of the study and the level of skill and experience of the team in conducting research concerning family violence. Therefore, we avoided asking questions about any direct impact of the COVID-19 payment on conflict or violence in the household. Crisis accommodation interviews were conducted by an experienced member of TAF’s Nabilan team with the support of staff in the shelters. As a result of these limitations, we are not able to draw any conclusions about the relationship between the payment and intra-household conflict.

REVIEW OF SECONDARY RESEARCH

In addition to the primary data collection mentioned above, a number of government agencies and organizations have undertaken research on the social and economic impacts of COVID-19 and the government’s responses to the pandemic. As such, a review of secondary research looking at the social and economic impacts of COVID-19 and the household payment was also undertaken as part of this comprehensive review. This included a review of the following research:

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<thead>
<tr>
<th>Report</th>
<th>Author</th>
<th>Name</th>
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<tbody>
<tr>
<td>2.</td>
<td>United Nations Timor-Leste</td>
<td>Socio-Economic Impact Assessment (SEIA) of COVID-19 in Timor-Leste</td>
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<tr>
<td>3.</td>
<td>MAF</td>
<td>Rapid food security assessment Round 1 Timor-Leste – 9 June 2020</td>
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<td>4.</td>
<td>MDF</td>
<td>Rapid Analysis: Market Impact of Cash Transfers, August 2020</td>
</tr>
<tr>
<td>5.</td>
<td>UNTL (Li-li Chen)</td>
<td>Women in Agriculture in Timor-Leste: State of Emergency and COVID impacts – July 2020</td>
</tr>
<tr>
<td>6.</td>
<td>MDF</td>
<td>The Informed Sector in Timor-Leste during COVID-19 – August 2020</td>
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<tr>
<td>7.</td>
<td>The Asia Foundation</td>
<td>Timor-Leste COVID Pulse Survey Round 2 – July 2020 (TAF Pulse)</td>
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<tr>
<td>8.</td>
<td>The Asia Foundation</td>
<td>Economic Impact Assessment of COVID-19 on MSMEs – August 2020</td>
</tr>
<tr>
<td>9.</td>
<td>WFP</td>
<td>Market Monitor Report: MAF GDS WFP VAM Food Security Analysis Timor-Leste Week 30/31 (July 02-August 2)</td>
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</table>

Please see annex 2 for full details about these studies. In addition to the reports listed above, a number of other research programs are still underway including those by FONGLIL, Rede Feto and the Government’s Food Nutrition research.
This section summarizes the background information reported by respondents from the 27 households interviewed, regarding the impacts of the SoE on their livelihoods and their coping strategies, the safety nets and support networks they relied upon to meet their basic needs. It also includes results from other research, specifically on issues such as impact on income and employment, food security and domestic workloads including childcare.

**Key finding 1**

The most common hardship reported was on livelihoods; most households had experienced a loss of income and reduced access to food due to both a lack of money for food and reduced access to markets. This finding was backed up by numerous other research studies that identified loss of income and food insecurity as major challenges faced by people.

**Key finding 2**

The research revealed various coping mechanisms and most households employed more than one safety net or support network during the SoE. Households in Manufahi mostly relied on their own gardens and farms to meet basic needs during the SoE, whereas normally they would have sold this produce at the market.

In Dili, households relied on their micro and small businesses including depleting the savings they had accrued from these, surviving on significantly reduced income or consuming their own business stock such as foodstuffs from a kiosk or shop.

Several households reported taking out a loan, and some relied on assistance from family members, friends and charity.
IMPACT ON LIVELIHOODS OF THE COVID-19 STATE OF EMERGENCY

All households interviewed referred to some impact of the COVID-19 crisis on their lives, particularly from the nation-wide lock down mandated by the initial SoE (28 March – 27 June, 2020).

It is clear that the majority of households that received a COVID-19 payment needed this money due to the hardship they had experienced during the three-month SoE. Many expressed gratitude for the Government’s support. One man stated:

“Thank you because during the emergency situation we were just confined and couldn’t do anything, but the government agreed to make this COVID-19 subsidy payment and this has really helped.” (Male with a disability, Dili, 15 July 2020)

Most households reported impacts on their livelihoods; the most common example was a loss of income. In Manufahi, this related to not being able to sell fresh produce at the market and, in Dili, it related to fewer customers coming to kiosks or street stalls.

Many households reported less access to food during the SoE due to loss of income as well as lack of access to fresh produce markets (closure of markets was reported more commonly in Manufahi). A smaller number of households, mostly in Dili, reported that their employment ceased during the lock down.

The interviews with people with disabilities living in households who received a COVID-19 payment did not reveal a difference in impacts compared with other households; impacts on livelihoods were mostly loss of business income, less access to food and one example of not being able to go to work.

Findings from secondary research

These qualitative findings were reinforced by other quantitative research:

Impact on income and employment

- TAF’s MSME survey found that 78 percent of businesses had to reduce or close operations during the initial SoE.
- TAF’s COVID-19 Pulse survey found that 80 percent of people who were employed said that their hours of work were reduced.

- UNTL research highlighted that women’s financial security has been severely affected by COVID-19. Whereas, before the SoE, 66 percent of informants (women) earned less than US$50 a month, this increased to 98 percent during the SoE.
- MDI research found that informal businesses, such as kiosks and transport operators, suffered a 65 percent decline in incomes during the first SoE, and, even after restrictions were lifted during the third SoE, incomes remained 22 percent below their original levels.
- The MDF report found an average revenue fall of 63 percent on pre-COVID levels; and that 71 percent of farmers’ monthly incomes had reduced as a result of COVID-19 and SoE restrictions.
- The UN SEIA research found that there was a drastic reduction in the number of people that had any form of income. Nearly 59 percent of people who had an income before the SoE had lost their income during the SoE period. Similarly, at least 81 percent of the MSMEs reported a varying loss of income.

- Also, the percentage of households without any form of income has increased considerably in the course of just a few months. More than half (56%) of all households have had to survive without any form of income as of July 2020, compared to 18 percent before the SoE.

- The SEIA found 23 percent or nearly 1 in every 4 households had someone in their household lose their job because of COVID-19 pandemic.

Impact on food security

Food insecurity was identified in all research as a major concern.

Findings from other surveys:

- The first round of the MAF research conducted in May found that households were experiencing food insecurity at what should be the most food secure time of the year. Harvest of staples means April and May should be the months with the highest level of food security in a typical year, but over 40 percent of households were already engaging in coping strategies that reduce the amount of food they are eating at least once per week.
- TAF’s Pulse surveys in both May and July found that two-thirds of respondents cut or skipped a meal ‘often/sometimes/rarely’ in the last month.
- UNTL research found that the number of women who consumed three meals per day declined 33 percent.
percent during the SoE. Global evidence tells us that during crises, women and children often reduce their food intake before other household members due to intra-household inequality. MDF’s report found that a high proportion of farmers who reported eating less were women.

- According to the SEIA research, nearly 80 percent of households had at least one type of food security related difficulty in the month preceding the interview and 38 percent were affected by moderate or severe food insecurity.

Impact on gender roles

Unsurprisingly, given the prevalent gender roles present in Timor-Leste, there was also a disproportionate increase in women’s time spent on domestic work compared to that of men during the SoE.

Findings from other research:

- SEIA research found that 34 percent of women, compared to 20 percent of men, indicated they spent more time on household chores. The research also found that 83 percent of households said there was an increased responsibility for childcare, particularly as a result of school closures, and nearly 80 percent of mothers and other female household members were identified as the primary caregivers for children during the SoE, which impacts women’s ability to maintain or seek livelihood opportunities.

- UNTL research confirms that 44 percent of women reported “heavier/increased housework” during the SoE.

- TAF’s Pulse survey similarly identified that women were much more likely to carry out domestic work.

HOW DID PEOPLE MEET BASIC NEEDS DURING THE CRISIS?

All households were asked what they depended on to meet basic needs during the SoE and before they received the COVID-19 payment. Responses revealed a range of coping strategies, support networks and safety nets which included drawing on existing personal or household resources such as savings, stock and agricultural produce, as well as receiving support from external sources such as family, friends, charities and loans. Most households drew on more than one personal resource or external support. These findings correspond to evidence from a World Bank study in Timor-Leste in 2013 which suggested that people are more likely to be vulnerable if they have no means of familial or community support, and that most people tend to borrow money from their network when faced with shock.25

Households who received a COVID-19 payment

All households

In Manufahi, almost all households reported being able to consume produce from their gardens when they were unable to buy food during the SoE. This was also the most common coping strategy for respondents with disabilities in Manufahi. These households would normally consume some of their farm produce but also sell produce or run a small business and use revenue to purchase food staples such as rice. As one respondent explained:

“During this time, we had difficulties with food, but we still had local produce, the problem was not having money to buy rice and supermie. (male, Manufahi, 21 July 2020)”

Respondents in Dili did not report this, presumably because they did not have access to gardens or fields. This confirms evidence reported by the World Bank in 2013 that rural households in Timor-Leste are likely to be less dependent on market exchanges and therefore less vulnerable to economic shocks.26

Most households located in Dili, reported partly relying on reduced incomes, small savings and consuming stock from their small and micro businesses. These were all informal businesses that included kiosks, market stalls selling fresh produce, street stalls selling take away food and sweets, second-hand clothing stalls and selling lottery tickets.

One third of households, mostly in Dili, reported receiving assistance from family members, in the form of money or food such as rice. A small number of households in Dili reported receiving assistance from friends, and several others also mentioned assistance received through charity groups including the Catholic Church, non-governmental organizations and in one case, the national football federation.

Around one third of households also mentioned taking out a loan during the lock down. These households were mostly in Manufahi, and the loans were taken from kiosks (goods rather than cash), relatives (distinct from the family support mentioned above) or in a couple of cases, from Moris Rasik, a micro-finance provider targeting women.

Female-headed households

Coping strategies reported by female-headed households were not significantly different to other households and included businesses, loans, home-grown produce as well as family. However, two respondents also reported that they normally depend on family for their basic needs, and this did not change during the SoE.

People with disabilities

Support from charity was more commonly reported by people with disabilities, and several respondents from this group reported a greater variety of safety nets or support networks compared with other households. For example, one male with a disability who lives with his wife in Dili reported that they initially relied on savings from their vegetable cart business but then sought assistance from three other sources: friends, family and NGOs. He said:

“During the COVID-19 situation it was hard to find food. After, we got help with food from some NGOs...such as rice, oil, eggs, supermie, and washing powder. After that we also got some help from other friends with disabilities [including] rice and oil. (male, with a disability, Dili, 15 July 2020)”


26 Original quote: “Durante nee hetan mós susar ba ai-han maibé iha hela ai-han produtu lokál, problema maka osan laiha holi foos, supermie”

27 Ibid.


Source: TAF COVID-19 Pulse Survey

29 Original quote: “Durante nee hetan mós susar ba ai-han maibé iha hela ai-han produtu lokál, problema maka osan laiha holi foos, supermie”

30 Ibid.

While this suggests that people with disabilities may have access to a range of services and support, this was not reported by all respondents with disabilities. It is also important to note that most respondents with disabilities were identified for the research by RHTO, the national disabled people’s organization, which suggests they may already be linked in with a support network.

**Findings from secondary research**

Other research reinforces the findings that households and businesses employed multiple coping strategies during the SoE.

- The SEIA reported found that the most common coping strategy mentioned by 62 percent of households was to reduce essential non-food spending such as transportation, health, education, sanitation and basic utilities.
- More households in municipalities outside of Dili, lowest wealth quintile, female-headed households and households with an informal worker tended to adopt coping strategies.
- Additionally, for nearly half (49%) of surveyed MSMEs, the main coping strategy was indefinite closure while they waited for more certainty about the situation.
- Due to drops in income, many businesses (26%) also reported difficulty in paying staff wages and tried to cope by reducing staff hours or temporarily suspending their contracts. Employers expressed great concern over their inability to support their regular employees. 
- In May, 58 percent of people said they had provided help to others and 52 percent said they had received help. (TAF Pulse)

**SECTION II**

**IMPACT OF THE COVID-19 HOUSEHOLD PAYMENT ON INTRA-HOUSEHOLD DYNAMICS**

**Key finding 1**

In male-headed households, decisions about spending the COVID-19 payment were mostly made by husbands and wives together, but there were several cases where a male head of household had more control or complete control over the payment.

**Key finding 2**

In female-headed households, the female head of household collected, managed and made the decisions about spending for the COVID-19 payment.

**Key finding 3**

For respondents with disabilities, the degree of control in the household decision-making processes around the COVID-19 payment varied and seemed to be linked to several intersecting factors such as household position, gender and type of disability.

**Key finding 4**

Distributing the COVID-19 payment as a cash transfer to the head of the household without restrictions on spending did not have a significant negative effect on intra-household dynamics.

**Key finding 5**

The research showed that the majority of households followed a common pattern for financial decision-making in Timor-Leste prior to the COVID-19 payment as well as in relation to the payment itself. This was reported by respondents with disabilities as well as other households.

This section presents analysis in response to the second research question: To what extent did the COVID-19 household payment impact on intra-household dynamics in terms of control over finances?
Previous research conducted in Timor-Leste on the economic dimensions of domestic violence suggested that examining control over household expenditure and participation in decision-making can provide insights into women’s bargaining power. The COVID-19 payment presented an important and somewhat unique opportunity to explore the decision-making dynamics around a tangible resource: cash. However, we do need to be cautious about drawing conclusions about women’s agency and empowerment based on this research. Some decisions are more consequential for women than others, and not all decisions are indicators of empowerment.

It is difficult for any research study to gain an accurate picture of decision-making processes in a household as there are many subtle negotiations around decision-making that are hard to see or ask about. Keeping this in mind, we asked respondents to describe decision-making processes in terms of who held or managed the cash transfer, whose voice was louder in the process, who had more influence or the final say over spending decisions. We also asked about the degree of control or complete control over the decision-making were located in the household clearly had more control or complete decision-making processes so we could not draw clear conclusions.

Male-headed households

There were 21 male-headed households interviewed in the research, and respondents mostly reported that adult male and female members made decisions to spend the COVID-19 payment together and sometimes involved adult children. These findings correspond with findings of previous research conducted in Timor-Leste, that show that the vast majority of women in Timor-Leste play a role in managing household finances, whether this is alone or jointly with their husbands. A man with a disability revealed the strength of social norms regarding women’s roles in household finances. Based on his responses, it seemed that he had strong influence over spending decisions, but he also reported that:

“The payment that I got I gave entirely to my wife because she is a woman so she knows how to manage and spend for the household. I have a disability, Dili, 16 July 2020.”

Previous research also notes that women holding the money for the household or managing finances does not necessarily equate to control in terms of making spending decisions. A third of households reported that the wife held onto the COVID-19 money, but the husband and wife either made decisions together or the husband had more influence or the final say over spending decisions. One household in Dili reported a division of control based on household ‘domicran’ wherein the wife had more control over spending related to food and the husband had more control over spending related to building materials for the house (female and male, Dili, 15 July 2020). In two male-headed households, interviews revealed that the wife had more control over the spending decisions for the COVID-19 payment, but this was either because the husband was working away from home or had a cognitive disability that limited his role in decision-making. Households that reported that the male head of household clearly had more control or complete control over the decision-making were located in Manufahi. One extreme example of male controlling behaviour was reported by a woman with a disability in Manufahi whose husband collected, managed and controlled the entire COVID-19 payment. She was not free to give her opinion on spending decisions and feared his violent reaction if she tried (female, with a disability, Manufahi, 22 July 2020).

No respondents expressed that they were personally unhappy or unsatisfied with the decisions made for the COVID-19 payment, except in the case of the woman with a disability who reported her husband’s abusive behaviour.

Female-headed households

In all of the female-headed households included in the research, respondents reported that the female head of household collected, managed and made the decisions about spending for the COVID-19 payment. One younger sibling of a female head-of-household reported that the rest of the family had full trust in her decisions. He said:

“I am happy because the government gave the money to my sister, my sister collected it and managed it well herself and I am happy with her management. (male, Manufahi, 21 July 2020)”

In half of the female-headed households, there were single mothers with young children who were living within larger households with parents or siblings. These women reported that they controlled the COVID-19 payment and made the spending decisions which included contributing some of the payment to wider household needs.

No respondents from female-headed households reported that they were unhappy or unsatisfied with spending decisions made for the COVID-19 payment.

People with disabilities

Based on interviews with people with disabilities, their degree of control in the household decision-making processes around the COVID-19 payment varied and seemed to be linked to several intersecting factors, including their position in the household, their gender and the type of their disability. There are several examples which demonstrate this.

Two male heads of household reported that they were not able to have control over the decision-making processes because their disability prevented them from doing so, and, therefore, their wives had a bigger role in managing money and making decisions about the COVID-19 payment. One female respondent had full control over the payment because she was the head of her household. She lived with her daughter in a larger household with her younger sister’s family. She reported that she collected the payment herself and made the decisions about spending. She also reported that she was heavily influenced by public messaging that the payment was to be spent on food and not ‘wasted’ (female, with a disability, Manufahi, 22 July).

IMPACT OF COVID-19 PAYMENT ON NORMAL DECISION-MAKING DYNAMICS

The following findings respond to research question 1b: Were decision-making processes in households similar or different for the COVID-19 payment, compared to other household income (including Bolsa da Mãe and SAII)? The research compared the decision-making processes normally used in households to the decision-making processes used for the COVID-19 payment in order to determine whether this specific payment had a positive, negative or no effect on normal power dynamics related to control over finances.
Change in intra-household dynamics in large households

In several larger households, the person who collected the COVID-19 payment had a little more autonomy than they normally would to manage the money and decide on spending priorities. This was the case in households in which income is normally contributed to by several members of the household who are then involved in managing the finances and making decisions. The COVID-19 payment was in the name of the head of household, and therefore, the power dynamic around decision-making shifted somewhat because fewer family members were involved. For example, in a large household in Dili, normally, several of the adult children also earn and keep their own money and give contributions to the household finances. Their father collected the COVID-19 payment, and he and his wife made the decisions themselves with only a little input from the eldest daughter (female, with a disability, Dili, 15 July 2020).

Change in dynamics in dwellings with multiple households

Respondents from several smaller households who were living in wider households with extended family reported having more autonomy over the COVID-19 payment than they normally would. The payment was in their name, whereas other money they rely on is collective or given by others. For one younger couple, the wife reported that they normally depend on her parents for financial support, but for the COVID-19 payment, she and her husband had more independence to decide how to spend the money. Regarding decision-making prior to receiving the payment, she said: “Father and mother [decide] because we live with them” (female participant, Manufahi, 21 July 2020).

For one female-headed household, the change was significant and showed a positive effect on power dynamics from her perspective. This was a single mother living in a wider household with her parents and older brother’s family. With the COVID-19 payment, she reported having more autonomy to decide what to buy for herself and her three children and that she felt proud to be able to contribute to the wider household, compared with normal times when she is dependent on the other two households for support. As well as buying food, she bought a mattress, clothes, and gave a little money to her children. She said:

“I am happy because I have never bought things for them [my parents and brother], every day they buy things for us. Now we have this money [COVID-19 payment] and must buy food. I am happy to get money to buy for my children and for myself.” (female participant, Manufahi, 21 July 2020)

DECISION-MAKING PROCESSES FOR BOLSA DA MãE AND OTHER GOVERNMENT PENSIONS

In order to compare the decision-making processes used for the COVID-19 payment to decision-making processes for other specific government pensions, the researchers asked households about the processes used to spend either the Bolsa da Mãe subsidy or subsidies for elderly people and people with disabilities (SAII). The research found that these subsidies are, by and large, kept separate from broader household income and therefore it was not useful to compare these to spending for the COVID-19 household payment.

Bolsa da Mãe

There were nine households included in the research that reported that they also receive a Bolsa da Mãe government subsidy. Interviews revealed that this subsidy is usually kept separate from other financial decision-making processes and it is held, managed and spent by the mother in consultation with her children if they are old enough. Only one household who received Bolsa da Mãe reported that decisions were made by the husband and wife together (Male and female respondents, Dili, 15 July 2020).

Disability pension

Five out of the nine people with disabilities interviewed for the research reported that they also receive a disability pension. These were mostly seen as individual payments and therefore controlled by the individual recipient. There was only one exception to the common scenario which was in the case of a young woman with an intellectual disability whose mother manages her disability pension (female participant with a disability, Dili, 15 July 2020).

Elderly pension

The research also found a common pattern for managing and spending elderly pensions which is that the individual person receiving these normally has control over them. There was only one exception to this in a household in which male and female respondents had conflicting reports about financial decision-making, so a conclusion could not be drawn. A statement from one older man in Manufahi demonstrates the common attitude to these payments. He said:

“I get the seniors pension and I keep it. I have collected this four times already. This seniors pension is my right (male, Manufahi, 20 July 2020)”
SECTION III

TO WHAT EXTENT DID THE COVID-19 HOUSEHOLD PAYMENT MEET THE NEEDS OF VULNERABLE PEOPLE IN TIMOR-LESTE?

Key finding 1
The majority of households reported spending their payment on food as an urgent priority. Although the cash transfer did not have restrictions in terms of spending, there was strong adherence to public messaging that the money was to be spent on food for the family.

Key finding 2
Many also spent some of the payment on education expenses (more common in Manufahi), investing in small or micro businesses (more common in Dili), clothing, transportation, household items, repaying loans and saving (in terms of earmarking money for specific purchases).

PRIORITIES FOR SPENDING THE COVID-19 PAYMENT
This section of the findings specifically relates to research question 1a; Which family or household members benefited from the COVID-19 household payment to a greater or lesser extent? Households who received a COVID-19 payment were asked how they used the money and what they considered to be the most urgent priority at the time of receiving the payment.

The majority of households reported that food was their most urgent priority and almost all households spent at least some of the payment on food. Most commonly, food purchases were rice, oil, vegetables and spices/condiments. It was clear that although households in Manufahi were able to eat their own produce (as reported above) people still spent their COVID-19 payment on imported food items that must be purchased such as rice and oil. Although the COVID-19 payment was unrestricted, interviews revealed that people may have received instruction through local authorities or through media that the money was to be spent on food for the family. There was more evidence found of this in Manufahi compared to Dili, for example one woman reported hearing instructions on the radio that the payment was to be spent on food. The strong commitment to use the COVID-19 payment according to government advice and instruction is illustrated by one respondent in Dili. He said:

“Whatever I decide to prioritize in purchasing for the household is in line with the intention of the State in giving us this money. To buy food for the household and not to gamble, smoke, buy alcohol or use it for cultural ceremonies. (male, Dili, 15 July 2020)”

The high proportion of households that chose to spend some of the payment on education and businesses showed that the payment was not only used for immediate needs but also to invest in longer term livelihoods. Spending on education included purchasing books, pens, uniforms, shoes or paying costs of photocopying and transport to school for their children. It also included providing funds for older children studying (in senior high school or university) in other Municipalities, or, in one case, in Indonesia. This was reported more commonly in Manufahi compared to Dili. Spending

42 Respondents were not asked to give an exact breakdown of spending so we are unable to report on the proportion of payments that were spent on food.
43 Original quote: “Saída maka hau deside hodi sosa prioriedade ba uma laran nian tuir saída maka intensaun husi Estadu fo osan ne’e mai. Katak sosa hahan ba uma laran (labele joga, fuma, sosa lua no halo lia)”
on small or micro businesses included buying stock for a kiosk, buying ingredients to cook products for street stalls or buying second-hand clothing to resell. These households were mostly in Dili. One man explained why this was important to him saying; “...that money circulates around to continue our livelihood” (male participant, Dili, 15 July 2020).

Quite a few households, more in Manufahi compared to Dili, also spent some of the money on clothing or shoes. Others spent on transportation including fuel, public transport or vehicle repair. A small number of households in Manufahi and Dili were able to purchase some larger household items such as wardrobes, mattresses, TV satellite, rice cooker and kerosene burner.

Several households in Dili and Manufahi also reported repaying debts which links to findings above regarding people taking out loans during the SoE. Although some households in both Municipalities also mentioned saving some of the money, this was more in the sense of earmarking money for specific daily needs rather than longer term savings.

There was much less spending on soap and detergent in Dili compared with Manufahi. In Dili, people tend to buy these things on a daily basis in small amounts from a local kiosk, whereas in Manufahi, people buy in large amounts from the market, which, according to many respondents, were closed during the SoE. There were only a few examples of spending on health, which included paying for medicine, or saving some money for health expenses. One of the examples of spending on transport was to get to the clinic.

**Findings from secondary research:**

- Payment point monitoring found that 97 percent of beneficiaries intended to use the payment for food as an urgent priority and this was confirmed by other research.
- Households also spent it on general household expenses including soap and detergent, education, health, fuel, debts, clothes, transport, repaying loans and saving.
- Many also spent some of the payment on investing in small or micro businesses or agricultural inputs.
- MDF research found no reports of beneficiaries spending the payment on luxury items.
- The TAF Pulse Research found that respondents were more likely to indicate they would use the payment for food if they were aged 25-34 (90%), lived in Dili (88%), were unemployed (96%) or moved house when the SoE was declared (91%). Conversely respondents were more likely to indicate they would use the payment for general household expenses if they were aged 45+ (15%) or were not eligible for other subsidies (19%).

**DISTRIBUTION OF BENEFITS FROM SPENDING THE COVID-19 PAYMENT**

**Within households**

**Spending on food benefited all**

Participants most commonly reported that all members of the household benefited from the payment. This was most often reported in relation to everyone in the household consuming food. This may also be a result of the public messaging that the payment was for the whole family. Experts suggest that information about cash transfers that reaches both men and women, and strong messaging that benefits are for the entire family, can contribute to greater gender equity.

It is important to note that the research did not allow an in-depth exploration of whether people within households had equal access to food beyond what respondents reported. Global evidence tells us that during crises, women and children often reduce their food intake before other household members due to intra-household inequality, and whilst half of the respondents were women, we did not interview children. Two thirds of households clearly reported that all benefited from spending on food, including six households in which a male and female household member substantiated this.

There was also one household in Manufahi in which the male respondent (father) reported accommodating children’s food preferences as they do not always eat more traditional staples the family grew in their field. He said:

...the children don’t really eat these foods [corn, cassava, potato, taro] and they prefer to eat rice. So we must take a loan of rice so the children can eat this. (male, Manufahi, 22 July 2020)

**Outside households**

...that money circulates around to continue our livelihood” (male participant, Dili, 15 July 2020).

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**MDF**

**PHD, TAF Pulse, MDF**
Between households

The research found evidence that the COVID-19 payment was able to meet the needs of some households more effectively than others, due to certain characteristics and circumstances.

Size of household

In general, the payment was more beneficial to small families, and it was clear that the amount was not sufficient for large families. Most large households of more than nine people reported that they could not meet their needs with the payment (according to the 2015 Census, the average household size in Timor-Leste is 5.77). Households with more than nine members also reported that they did not receive the COVID-19 payment based on research that found evidence that the COVID-19 payment was insufficient for large families. However, a few respondents reported that they were able to meet their needs with the payment, although the amount was not sufficient for large families.

In conclusion, the COVID-19 payment was more beneficial to small families. The amount was not sufficient for large families and it was also unclear whether the payment was spent in the interests of all household members. Some respondents reported that the payment was not spent in the interests of all household members. For example, in Manufahi, the eldest daughter in one household was studying in a convent and living away from her home, and her parents allocated $40 from the payment to cover her needs (reported by male and female respondents, Manufahi, 22 July 2020).

One example of unequal distribution of benefits

There was only one clear case that showed that there was an unequal distribution of the COVID-19 payment within the household, and this was reported by an older woman with a disability living in Manufahi. She asked her husband for some money to buy medicine for herself, but he refused. She also reported that he uses most of his payment to help his family. However, she was able to buy a wardrobe and was also able to save some of the money. She valued the COVID-19 payment. She was able to spend more than she could have before. She has greater access to financial resources which helped her more agency to buy something she valued with the COVID-19 payment. She was able to buy a wardrobe and was also able to save some of the money (female, Manufahi, 20 July 2020).

Multiple households living together

There were eight households interviewed that live in the same dwelling or compound as one or two other households, each receiving a separate payment. They normally combine their economic resources and their interviews revealed that because they were able to combine their multiple payments, they ultimately gained more from the payment. They also reported that they were able to combine their multiple payments, they ultimately gained more from the payment. One interview with a woman in Dili was illustrative of this scenario. She and her husband had three young children and lived in a larger compound with two other households, one being her parents. The three households received separate payments. She and her husband prioritized buying food, including rice for the wider household, but she also reported that she saved fifty dollars for health needs, and spent some money on adat (cultural ceremony). This household had more options for spending compared to other households as they pooled resources.

Strength of other safety nets and support networks

There were a small number of households who were able to buy items that went beyond basic needs. These included smaller households but also households who had strong safety nets or support networks as reported above, during the period of lock down from March to June. For example, one older woman who lives with her two adult sons normally has her basic needs taken care of by her eldest daughter who is married, has reliable employment and lives separately. Therefore, she has greater access to financial resources which allowed her more agency to buy something she valued with the COVID-19 payment. She was able to buy a wardrobe and was also able to save some of the money (female, Dili, 15 July 2020).

Another older man living alone in Dili reported that all of his meals are provided by a friend, so he gave most of his payment to this family and to his son who lives in Baucau. He said:

“During this time, I didn’t face any difficulty because my friend provided for me. (male, Lahane Oriental Dili, 16 July, 2020)”

WHO DID NOT HAVE ACCESS TO THE PAYMENT AND WHY?

This section responds to research question 1b: What was the experience of specific groups who missed out on the COVID-19 payment, including the LGBTI community and women who have separated from their spouses due to family violence? Respondents from these two groups who did not receive a payment in their own name were identified and interviewed for the research in order to understand the barriers they faced.

Key finding 1

Inconsistencies in the application of the household registration system which was used to identify COVID-19 payment recipients have resulted in exclusion of women living in domestic violence crisis accommodation and LGBTI people.

Key finding 2

Women living in crisis accommodation were unable to register as a new household and were therefore unable to claim a COVID-19 payment.

Key finding 3

LGBTI respondents reported being prevented from registering themselves or their families through the household registration system due to advice from local authorities or a widespread perception that people living alone or in same sex couples were not considered to be a household.
Women living in domestic violence crisis accommodation

Five female victims of domestic violence who were living in a crisis shelter in Dili were interviewed for the research. All of these women had male partners living elsewhere and all had children living with them in the shelter.

Only one woman received part of her family’s COVID-19 household payment. Her husband gave her US$100 and she reported that he had initially been unwilling to share the payment with her but the local authority (Xefi Aldeia) had compelled him to do so. She said:

‘Women should also have the right to receive this money but because he is the head of the family, although I organized [the registration], he received it. I would try to register but I cannot yet do it because I am in the crisis shelter. (female, crisis shelter, Dili, 14 July 2020)’

Aspirations for agency

None of the women reported planning to return to their abusive partners. When asked what they would do with the COVID-19 payment should they receive this money, one woman stated that she would buy food and cover some education needs for her children. The other four women said they would put the payment towards setting up a micro-business in order to provide for themselves and their children. Examples included selling fish, growing and selling vegetables or selling coffee. Two women also mentioned buying basic materials to set up a home for themselves and their children.

LGBTI community

Profile of LGBTI participants who did not receive a payment

From the LGBTI community living in Dili and in Liquica, 17 people were identified who did not receive a COVID-19 household payment in their own name, despite meeting the income test. Two of these participants had been given a portion of a payment received by their family members. Around half the respondents were living in rental accommodation. Half of the respondents were living alone, four people were living with a same sex partner, and two of these people had children. Six people were living with family members, either parents or siblings.

LGBTI respondents reported similar impacts of the SoE on their livelihoods as other households in the research, but there was an additional risk to their housing due to dependence on rental accommodation. One transwoman in Dili reported:

‘I live alone and because of this, when I don’t have work it’s really hard because I need to pay rent, buy food and other necessities. (Transwoman, Dili, 13 July 2020)’

Compared to the respondents from households who did receive a COVID-19 payment, support networks and safety nets for LGBTI respondents came mostly from within the LGBTI community (advocacy organizations or friends) and less often from family or in the form of savings or income. LGBTI participants were identified by advocacy organizations so are linked in with these networks which help to explain this finding.

Barriers reported to accessing the COVID-19 payment

One third of the respondents reported that they were told directly by local authorities (Xefi Suku or Xefi Aldeia) that they were not able to register their households because they do not have a husband or a wife. One participant who lives with their same sex partner and child in Dili reported that:

‘At that time, I went to lodge my family registration but was told I can’t because I must have a husband by my side and if I don’t I can’t receive it [the COVID-19 payment]. (male, Dili, 14 July 2020)’

A transgender respondent who lives in rental accommodation in Dili reported that the Xefi Aldeia told them specifically that people in rental accommodation could not receive a payment (transgender, Dili, 14 July 2020).

Most LGBTI respondents reported a perception that single people or same sex couples are not considered to be a ‘household’ and are therefore unable to receive a COVID-19 payment. As well as the actions of local authorities, this widespread perception of invalidity prevented LGBTI respondents from attempting to register their households through the household registration system or from lodging a case through the complaints mechanism for the COVID-19 payment program.

It is important to acknowledge that LGBTI people are more likely to live alone compared to the broader population in Timor-Leste. This is because they are often estranged from families due to their sexual and gender identity and may be reluctant to live openly with same sex partners due to prejudice and fears for their safety. One respondent living in Liquica described the need to hide sexual and gender identities because of a lack of acceptance in society. They said:

‘About myself, I don’t know it is like something we just hide because the society in this area does not know that these things happen. To form a family is only a man with a woman. About us, they don’t recognize. (male, Liquica, 23 July 2020)’

For these reasons, it is clear that the LGBTI community faced discrimination in the registration system for households which presented considerable barriers in eligibility for the COVID-19 payment related to their sexual and gender orientation.

It is important to note that this is the only research that specifically included the LGBTI community. Based on these findings further research should be undertaken to highlight the specific challenges faced by this community and other researchers should be encouraged to include sexual orientation into research methodologies.
TO WHAT EXTENT DID THE COVID-19 HOUSEHOLD PAYMENT IMPACT THE LOCAL ECONOMY?

ECONOMIC IMPACT OF HOUSEHOLD PAYMENTS

While it was not the primary question for this research, a secondary focus of the study was to summarize other research and data on the economic impact of the scheme. Research reports that specifically address this question include:

- MDF - Rapid Analysis: Market Impact of Cash Transfers
- MDI - The Informal Sector in Timor-Leste during COVID-19
- MAF - Rapid Market Resilience Assessment 2020: Final Report Round 1 And 2 Timor-Leste 08 September 2020
- WFP - Market Monitor Report: MAF GDS WFP VAM Food Security Analysis Timor-Leste Week 30/31 (July 20-August 2)
- TAF - Pulse survey July 2020

Findings in this section are primarily from these reports. Collectively, this body of research found that the local economic impact of the payments has been largely positive. While there has been some temporary inflation on imported food stuffs and cereals this has likely been due to reduced supply rather than increased demand. For example, the MAF research found that 67 percent of businesses indicated a rise in the price of rice in July; however, 46 percent of businesses expressed the same in May prior to the payment. Additionally, 36 percent reported they were unable to source rice at the quantity they needed.

This finding is consistent with the WFP market monitor report that has seen a gradual increase of 4 percent in the price of rice from March to July. However, between May and July, before and after the payments began, the price of imported rice, wheat flour, and local rice remained relatively constant. The decline in the price of maize highlighted in the WFP market monitoring was confirmed by MDF’s research. MDF’s research found that maize farmers needed to sell their maize because they needed cash income but were not able to sell it easily because the local markets were closed. Instead they sold and bartered with neighbours, most often at reduced prices. Overall, prices for non-cereal food has remained stable with prices for sugar, beans, chilies, potatoes decreasing after the payment.
The MDF research found that the cash transfer had a major positive impact on improving short-term food security whilst also supporting rural businesses to reopen and re-establish farmer trade vital for additional cash income. 85 percent of respondents either observed shops reopening or noticed more people selling in local markets in the first few weeks after the payment was made. The evidence also supported a conclusion that, due to the high levels of spending on food and other necessary household goods, the benefits of the cash transfer stimulus have been multiplied by assisting a larger number of people and businesses rather than only the direct beneficiary households themselves. The research also identified examples of community cooperation and resource pooling including of the goods purchased. Moreover, farmers also said that more people benefited from their cash transfer than their direct household family members alone (by an average of two additional people).

In terms of future food security, the MDF research also found a high proportion of farmers (41%) used the payment, in some way, to help them sow next year’s crop and the cash transfer assisted agri-input suppliers to reopen and supply farmers with much needed seeds and fertilizers required to sow their next crop. The cash transfer was well-timed for the vegetable sector and was used by a high proportion of vegetable farmers to buy more seeds and fertiliser but also to pay for previous items purchased in preceding harvests on credit.

Similarly, MDI research found that the payment, has been successful and had a positive impact on the informal sector. For example, 78 percent of the businesses perceived a noticeable increase in sales after the cash transfer. This was especially the case for sales businesses, who reported an 81 percent favourable impact, while the positive impact was perceived by 70 percent of transport businesses. Notably, the positive impacts were felt more strongly in all municipalities other than Dili, where the increase in sales and better prices were reported by around 50 percent of businesses. In other municipalities, the rate was as high as 90 percent.
DISTRIBUTING CASH TRANSFERS TO (USUALLY MALE) HEADS OF HOUSEHOLD

From the 27 households included in the research, COVID-19 payments were physically collected by males in 18 cases across 21 male-headed households, and by females in nine cases across six female-headed households. This included three cases in which a female family member collected the payment on behalf of the male head of household. The research examined whether this model of distribution had an effect on welfare outcomes for household members or power dynamics within households.

Effects on agency

Based on the research findings, it is evident that the majority of households that received a COVID-19 payment clearly needed this due to the hardship they had experienced during the three-month SoE. Many expressed gratitude for the Government’s support. Although there were no restrictions on how the payment could be used, due to the emergency context of the COVID-19 pandemic, the amount of the payment and the public messaging from the government, it was most commonly spent on food for the whole household. There was not a lot of opportunity for one person to exercise considerably more individual agency over the payment than others in the household, for example by spending funds on personal needs or wants.

Certain conditions also allowed households some agency to prioritize spending on other needs they felt were important and which would increase their financial security in the longer term. For example, there were reports of using the fund for paying back loans and reviving micro and small businesses following the period of lock down.

There were also a small number of cases of women gaining more autonomy over the COVID-19 payment than they previously had if they were normally financially dependent on other family members. They had more freedom to choose how to spend the COVID-19 payment because this payment was in their name.

Payments spent in interests of all

The research found no evidence that payments given to male heads of household carried a risk that money would not be spent in the interests of the whole household. Within households, respondents reported that payments were mostly spent in the interests of the whole family, and the research did not find that people with disabilities or other household members with particular characteristics benefited either more or less from the spending priorities of households. Even where men exerted more control over spending decisions compared to female household members, the payments were almost always spent in the interests of the entire household.

However, it is important to note that the research did not allow an in-depth exploration of whether people within households had equal access to food after it was bought with the COVID-19 payments. Furthermore, the research did reveal that not all households benefited equally from the COVID-19 payment due to size of the household. Therefore, larger households were less able to meet the basic needs of household members compared with smaller households.

Effects on intra-household dynamics

Looking at the evidence gathered through this research, we can conclude that distributing the COVID-19 payment as a cash transfer without restrictions on spending to the head of the household did not have a significant negative effect on intra-household power relations. The research showed that the majority of households followed a common pattern for financial decision-making in Timor-Leste prior to the COVID-19 payment as well as in relation to the payment itself.

Domestic violence as a barrier for women

In the several households in which the male head of household had much greater control over finances, COVID-19 payments were still spent in the interests of the household. However, there are important exceptions to this that link with women’s experiences of domestic violence. In one instance a woman with a physical disability was unable to exercise any agency over the payment due to her husband’s extreme controlling behaviour and was therefore unable to meet her health-related needs. When we view this example alongside the situation of women who had experienced domestic violence and were living in crisis accommodation, it is reasonable to conclude that a cash transfer made to male heads of household will mostly exclude women who are experiencing domestic violence. A cash payment distributed to individuals would help to address this particular barrier.

Exclusion of household members due to sexual and gender orientation

The system of transferring cash payments to households rather than individuals places certain vulnerable people at the mercy of their families, and our research found that this was the case for the LGBTI community. For example, many families who did receive a payment used it to support their older children who were living and studying elsewhere. This indicates that young people who did not receive a payment themselves were still supported by their family household. However, interviews with LGBTI people did not suggest this same level of family support. Young LGBTI people cannot depend on parents in the same way that other young people can, which is why it is important to remove any barriers LGBTI people face in registering through the household registration system.

INCONSISTENCIES IN THE FICHA DE FAMILIA HOUSEHOLD REGISTRATION SYSTEM

The research revealed several people who were not able to receive the payment. This included LGBTI people living in same sex couples with children, LGBTI people living alone and women living in domestic violence crisis shelters with their children. The reasons people were not able to receive a payment included a lack of awareness of their rights, a lack of clear public information regarding eligibility for payments and actions of local authorities.

According to MSSI, anyone who had registered their household through the household registration system before 31 March 2020 was eligible to receive a COVID-19 payment, regardless of the composition of their household (for example, people living alone, with or without children, same sex couples, multiple generations, siblings etc.). However, without clear criteria determining household composition and in the face of strong social norms regarding typical households, public perception and actions of local authorities led to exclusion of certain types of households.

When we consider that the research found two examples of widowed men living alone who received a payment; one example of a single father with two adopted children who received a payment; and eight small households within larger households who each received their own payment, we can see some concerning inconsistencies in the application of the household registration system which was used to identify payment recipients.

Timor-Leste’s international and national commitments provide a useful reference point for designing a more inclusive registration system for cash transfer recipients. There is an opportunity to rectify indirect discrimination of certain groups in line with Timor-Leste’s CEDAW obligations relating to discrimination against women in all of its forms, discrimination which prevents women in rural areas from benefiting directly from social security programs, and discrimination against women relating to marriage and family relations. Timor-Leste has also made commitments to advancing the rights of the LGBTI community both nationally and internationally which should serve as another reference point. For example, in December 2008, Timor-Leste signed a statement in the United Nations General Assembly on human rights, sexual orientation and gender identity which called on all states to protect these rights.

84 Minutes of meeting between TAV and the Director General of the Ministry of Social Solidarity and Inclusion, DIL, 21 August 2020.
85 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), New York, 18 December 1979, articles 2 (d,e,f).
86 CEDAW article 16.1 (c).
87 CEDAW article 16.1 (c).
88 CEDAW article 16.1 (c).
89 For an overview of Timor-Leste’s national and international commitments to LGBTI equal rights, see Rede Feto and ASEAN SOGIE Caucus (2017). A Research Report on the Lives of Lesbian and Bisexual Women and Transgender Men in Timor-Leste.
RECOMMENDATIONS

Social assistance modalities
1. Noting the positive effects of the COVID-19 cash transfer, including giving citizens agency to decide how best to meet basic needs and help them work towards longer term financial and food security, and the multiple positive effects on restarting the local economy, consideration should be given to future use of cash transfers as an efficient and effective way of responding quickly to crises and emergencies.

Delivery mechanisms for emergency cash transfers
2. Alternative administrative systems for distributing emergency cash transfers during future crises could be based on individual rather than household registration to avoid exclusion. Any design of such a system should follow careful analysis of potential for discrimination against, or disadvantage to, vulnerable groups and risk of increasing conflict and intimate partner violence.

For social assistance provided through the Ficha de Familia system:
3. Cash transfers should be adjusted to meet the needs of different family sizes and number of dependents for example by distributing payments to all individuals within households rather than per household.
4. The current household registration system should be reviewed and modified to prevent exclusion of vulnerable groups, particularly women who have separated from their husbands due to family violence, same sex couples and LGBTI and other people living alone. This should include development of an inclusive legal definition of Uma Kain based on research and consultation.
5. Local authorities should be provided with clear and unambiguous criteria for household registration through the Ficha de Familia system, and this should also be made available and easily accessible to the public and people of all genders.

6. Enhanced checks and balances should be placed on local authorities in their role registering households through the Ficha de Familia system, particularly to reduce the influence of discriminatory social norms.

Additional financial assistance during COVID-19
7. Specific and additional targeted financial support could be made to groups who have been marginalized by the Ficha de Familia registration processes determining eligibility for the COVID-19 payment. One option for doing this would be to work through existing support and advocacy groups.

Public information and messaging
8. GoTL should continue to deliver clear messages regarding purpose and target of cash transfers in the future, via avenues that are accessible to women, men and vulnerable groups. Particularly, where cash transfers are to be collected by heads of household, messages should continue to emphasize that cash transfers are intended for the entire household and can be collected by either men or women.
9. Improved clarity and dissemination of public information about eligibility and registration processes for cash transfers would ensure inclusion of vulnerable groups. Advocacy organizations working in the interests of vulnerable groups could be engaged to assist with dissemination of this information.
HOUSEHOLD INTERVIEWS TOOL

To use with households who did receive the COVID-19 Household payment

When it was possible to interview a male and female dyad within a household, interviews were conducted separately and simultaneously.

IDENTIFICATION QUESTIONS:

Participant themselves:
ID1 Ita jeneiru?
What is your gender
ID2 Ita tinan hira?
What is your age
ID3 Ita kaben na’in ka lae?
Are you married or not?
ID4 Sé maka xefe família iha uma-kain nee?
Who is the head of the household?
ID5 Ita nia relasaun ho Xefe família?
What is your relationship with the head of the household?

Household:
ID6 Membru iha uma-kain nee na’in hira?
How many people in the household?
ID7 Membru iha uma-kain nain-hira simu pagamento COVID-19 ketak?
How many people in the household received separate COVID-19 payments?
ID8 Iha membru família balun nebe’e iha:
  • Difikuldade permanente atu haree, maske uja ohlu?
    Permanent difficulty seeing, despite wearing glasses?
  • difikuldade permanente atu rona?
    Permanent difficulty hearing?
  • difikuldade permanente atu lao no sae eskade?
    Permanent difficulty walking or climbing stairs?
  • difikuldade tebes atu lemba ka tau atensaun?
    Severe difficulty remembering or paying attention?
  • Difikuldade tebes atu hari’is an ka hatais an?
    Severe difficulty washing themselves or getting dressed?
  • Difikuldade permanente atu komunika iha lian inan ka lian seluk?
    Permanent difficulty communicating in mother tongue or any languages?
ID9 Membru família ho idade 18 mai kraik nee hamutuk nain hira?
How many members under 18 years of age?
ID10 Rendimentu prinsipal uma-kain nian maka saida?
What is the household’s main source of income?
ID11 Uma-kain mos hetan subsídiu ruma MSSI
  (Bolsu da Mae, Veteranu, subsídiu defisiénsia nian/subsídiu idiozu invalidus)?
Does the household normally receive any other MSSI payments? (Bolsu da Mae, Veteranu sira, etc.)
SECTION A

Research Question 1: To what extent did the COVID-19 household payment meet the needs of vulnerable people in Timor-Leste?

A1 Molok Uma-Kain simu pagamentu COVID-19, Uma-Kain depende ba saida atu moris durante Estadu Emerjensia (fulan 3 liu ba)?
Before your household received the COVID-19 payment, what was your household relying on to live during the State of Emergency /last 3 months?

A2 Favór bele dehan mai ami, Sé nia naran maka rejistu simu pagamentu $200 COVID-19 nian ba uma-kain ida nee?
Can you tell me who received the recent $200 COVID-19 payment on behalf of the household?

A3 Depoisode simu osan nee, maizumenus osan nee gasta ba halo saida?
Can you tell me what happened to the money after it was given to [person]?

A4 Kona-ba osan sira ne'ebé gosta ona, prioridade saida maka familia sira/hola?
For money that has already been spent, what was it spent on in order of priority?

A5 Hanoin kona-ba membru familia/uma-kain hotu, se mak hetan benefisiu liu husi pagamentu COVID-19 nian? Se mak ladún hetan benefisiu? (uz a informasaun ne'ebé sira 10 ona iha pergunta liu ba)
Thinking about all the members of the household, in your opinion who benefited most from the COVID-19 payment? Who didn’t benefit so much? (use examples from the previous question)

SECTION B

Research Question 2: To what extent did the COVID-19 Household Payment impact on power relations in terms of control over household finances?

B1 Favór bele fahe mai ami, prosesu pagamentu iha uma laran oinsá?
Can you tell me about how the decisions about the payment were made in the household?

B2 Pesoalmente ita kontente ho desizaun ne'ebé halo liga ho gasta pagamentu COVID-19?
Were you personally happy with the decision that was made about spending the COVID-19 payment?

B3 Hanoin kona-ba prosesu atu foti desizaun kona-ba pagamentu COVID-19 nian, prosesu ida ne hanesan ka la hanesan kona-ba gasta osan iha tempu baibain?
Thinking about the decision-making process for the COVID-19 payment, was this different to how the household normally makes decision about spending money?

B4 Bele konta uituan kona ba impaktu husi situation COVID-19 ne'e ba Ita-Bot nia moris?
Can you tell me a bit about how the COVID-19 situation has impacted on your life?
INDIVIDUAL INTERVIEWS TOOL

For use with LGBTI people and women living in crisis shelters who did not receive the COVID-19 household payment

IDENTIFICATION QUESTIONS:

Participant themselves:

ID1 Ita nia jeneiru?
What is your gender

ID2 Ita tinan hira?
What is your age

ID3 Ita-bot iha parseiru/a ka lae?
Do you have a partner?

ID4 Ita bot hela hoi ta boot nia parseira ka lae?
Do you live with your partner?

ID5 Ita-bot iha oan – (oan nain hira no idade oan sira nian)?
Do you have children (how many and what are their ages?)

ID6 Agora Ita-Bot hela iha nebe’e?
Where do you currently reside?

ID7 Se de’it mak hela hamutuk ho ita?
Who lives with you currently?

SIDES Ita-bot iha oan – (oan nain hira no idade oan sira nian) ne’e?
Do you have children (how many and what are their ages?) ne’e?

SECTION A

Research question 1b: What was the experience of specific groups who missed out on the COVID-19 payment, including the LGBTI community and women who have separated from their spouses due to family violence?

A1 Ita-Bot simu subsidu $200 COVID-19 nian ka lae?
Did you receive the recent COVID-19 household payment of $200?

• Sé la’e, Karik ema seluk simu subsidi iha Ita-Bot nia naran ? (ex. Ema seluk iha Ita-Bot nia familia ka husi Ita-Bot nia uma-kain?)
If not, did somebody else receive this on your behalf? (e.g. someone in your family or someone in another household?)

A2 Tuir Ita-Bot nia hanoine, tanba sa Ita-Bot la bele simu subsisidu COVID-19?
In your opinion, why were you not able to claim this payment?

• Ita-Bot tenta trata atu hetan subsidiu ka lae?
Did you attempt to claim the payment?

• Dezafiu saida mak Ita-Bot hasoru iha prosesu rejistrausaun?
What barriers did you face to register for the payment?

• Ita-bot tenta hato’o reklamasuna ba autoridade sira (xefi suku, Xefi postu/ MSSI ka lae?)
Did you try to submit a case to claim the payment?

• Sé la’e tanba saida?
If not, why not? If so, was there any result or follow-up action?

A3 Bele konta uitaun kona ba impaktu husi situation COVID-19 ne’e ba Ita-Bot nia moris?
Can you tell me a bit about how the COVID-19 situation has impacted on your life?

• virus Corona rasik
The virus itself

• estau emerjensia
The state of emergency

• Buat seluk?
Something else?

A4 Se mak ajuda ka suporta Ita-Bot atu maneja durante situasaun estadu emerjénsia? Sé la’e, entaun saida maka ajuda ka suporta ita boot hodi maneja durante situasaun estadu emerjénsia?
What or who has helped you to cope during this time?

A5 Se karik Ita-Bot bele simu subsisidu $200, oinsa osan hirak ne bele hadia Ita-Bot nia situasaun agora?
If you could receive the payment, how do you think this would help you in your current situation?

A6 Ita-Bot hakarak fo’o hanoin ka rekomendasuna runa ba Governu kona ba subsidiu COVID-19 nian ne’e?
What advice would you give to the Government about the COVID-19 Household payment?
# ANNEX 2 – SECONDARY RESEARCH REVIEWED FOR THIS REPORT

<table>
<thead>
<tr>
<th>Report</th>
<th>Author</th>
<th>Name</th>
<th>Focus</th>
<th>Sample Size</th>
<th>Municipality</th>
<th>Dates of Research</th>
<th>Abbreviation</th>
<th>Notes</th>
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<tbody>
<tr>
<td>4.</td>
<td>MDF</td>
<td>Rapid Analysis: Market Impact of Cash Transfers</td>
<td>Impact of payments on markets</td>
<td>70 respondents</td>
<td>Aileu, Ainaro, Baucau, Bobonaro, Covadinho, Dili, Ermera, Lautem, Liquica, Manufahi</td>
<td>mid-July to mid-August 2020</td>
<td>MDF</td>
<td>Also used existing data</td>
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<tr>
<td>9.</td>
<td>WFP</td>
<td>Market Monitor Report: MAF GDS WFP VAM Food Security Analysis Timor-Leste Week 30/31 (July 20 - August 2)</td>
<td>Commodity Prices</td>
<td>75 retailers; 34 fuel stations</td>
<td>Ainaro, Aileu, Baucau, Bobonaro, Covadinho, Dili, Ermera, Liquica, Manufahi, Manufahi, Lautem, and Oecusse</td>
<td>July 20 - August 2, 2020</td>
<td>WFP</td>
<td></td>
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