



GENDER AND POWER ANALYSIS REPORT

DISASTER READY PROJECT IN TIMOR-LESTE

AUSTRALIAN HUMANITARIAN PARTNERSHIP (AHP)

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CONTENTS

Acknowledgements	1
INTRODUCTION	3
Background and Rationale.....	3
Gender and Power Analysis Goals and Objectives.....	4
Gender and Disability Context in Timor-Leste	5
METHODOLOGY	6
Research Team	7
Field Research.....	7
Sample Size and Description of Respondents	7
Data Analysis and Validation	9
Ethical Considerations	9
Limitations	9
FINDINGS.....	10
Sexual/ Gendered Division of Labour	10
Household Decision Making.....	16
Control Over Productive Assets	19
Claiming Rights and Meaningful Participation in Public Decision Making.....	21
Violence and Restorative Justice	24
RECOMMENDATIONS.....	26
Recommendation Area One: Organisational Capacity Strengthening.....	26
Recommendation Area Two: Raise Awareness and Promote Equitable Relationships.....	29
Recommendation Area Three: Strengthen Knowledge, Coordination and Partnerships	32
Recommendation Area Four: Advocate and Increase Access to Services	34
ANNEXES	36
Annex 1: Gender and Power Analysis Research Framework with guiding questions.....	36
Annex 2: Facilitation Guide for Staff Engagement in Gender and Power Analysis	38
Annex 3: Sample interview & tool guide and checklist for observation	44

INTRODUCTION

BACKGROUND AND RATIONALE

Disaster READY is a 4.5 year, \$42.5m Australian Government funded program to help Timor-Leste and Pacific Island communities prepare for and build resilience to disasters.

Implemented by Australian NGOS with their local partners, Disaster READY has a specific focus on strengthening the ability of local communities and organisations in the Indo Pacific region, with an initial focus in Fiji, Solomon Islands, Vanuatu, PNG and Timor-Leste.

The overarching purpose of AHP Disaster READY is to strengthen local humanitarian capability in the Pacific and Timor-Leste, with a particular focus on gender equality and social inclusion, so that communities are better prepared for and able to manage and respond to rapid and slow onset disasters. This includes the following objectives:

- Communities are better prepared for rapid- and slow-onset disasters
- The rights and needs of women, people with disabilities, youth and children are being met in disaster preparedness and response at all levels.
- Government, NGOs, the private sector and communities coordinate more effectively for inclusive disaster preparedness and response.
- National NGOs and faith-based organisations have more influence and capacity in the country humanitarian system.
- AHP NGOs work effectively together and with other relevant stakeholders.

Disaster READY in Timor-Leste

Timor-Leste is subject to a range of disaster events, including rapid onset high winds, landslides, flash floods and minor earthquakes, which tend to happen frequently but have a limited humanitarian impact. Higher risk natural disasters include slow onset events such as prolonged rains or droughts, which are particularly severe in La Niña/El Niño years, increasingly affecting communities throughout Timor-Leste. These emergencies are likely to increase in frequency and/ or severity in coming years as a result of climate change. With approximately seventy percent (70%) of the population living in rural areas, reliant on subsistence agriculture and with poor access to infrastructure, services and markets, communities are highly vulnerable to disasters. The high prevalence of malnutrition and inadequate water and sanitation pose

additional challenges and impact on communities' ability to prepare for natural disaster and adapt to the changing environment.

The World Risk Report (2017) ranks Timor-Leste as having the tenth highest disaster risk exposure of any country worldwide, due to these high levels of vulnerability as well as exposure to drought, flooding, landslides, storms, and earthquakes. Climatologists predict that climate change is likely to impact significantly on Timorese communities and the warming trend and declining water availability that already exists in many areas is affecting health, access to safe water, crop and livestock yields, triggering food insecurity and entrenching poverty.

In Timor-Leste, the Disaster READY project will be implemented by Oxfam, World Vision, CARE and Plan International together with local partners. The project aims to support women, people with disabilities, youth and children through its partnership with NGOs, Government, church and other civil society stakeholders so that community, sub-national and national mechanisms for disaster preparedness and response recognise and address the needs of specific groups of people who experience different impacts due to greater vulnerability to hazards. Enhancing the capacity of NGOs to improve coordination and advocate for government responsiveness to community needs is an important program strategy. Developing responsive plans and structures at community, sub-national and national level is another core element of disaster governance and it is expected that strengthened leadership of NGOs and communities will influence national actors in the humanitarian system to work effectively in disaster preparedness and response.

GENDER AND POWER ANALYSIS GOALS AND OBJECTIVES

The primary goal of the Gender and Power Analysis is to gain a broader understanding of gender and power dynamics that will affect the success of the Disaster READY project. The objectives of the analysis are to:

- understand how gender and social norms and beliefs influence women and men's ability to prepare and respond to disasters;
- identify gender inequalities and harmful social and cultural norms that affect women and men's ability to prepare and respond to disasters;
- identify positive trends, factors and role models that can be used to promote and drive transformation of harmful gender norms and practices;
- identify actions that Disaster READY can implement to promote equality in women and men's ability to prepare and respond to disasters;
- apply the analysis to strengthen existing activities and ensure that they are not gender blind.

GENDER AND DISABILITY CONTEXT IN TIMOR-LESTE

Timor-Leste is a patriarchal society with strong cultural and social norms, gender roles and practices that often result in gender inequality. Timor-Leste ranks 111 out of 187 countries in the In the UN Gender Inequality Index (GII); and gender inequality and violence against women and girls remains widespread in the country.

Lack of access to secondary education and to sexual and reproductive health (SRMH) services among girls and women is a key driver of gender inequality. In addition, women often lack decision-making power and have limited financial autonomy. Harmful gender norms reinforce the lower status of women in society and affect opportunities available to women.

Rural areas have much lower level of access than urban areas to a range of services, including water and sanitation, health (especially SRMH), education, finance, law and justice. People in these areas have poor access to markets and limited cash earning opportunities, low levels of human, social and financial capital, limited access to information and poor political representation in decision-making centres. These challenges are compounded in rural areas that are disadvantaged by lack of transport and communication infrastructure, further inhibiting access to basic services and information. People in these areas also face greater vulnerability to the impacts of natural disasters and extreme weather events. Poverty here is characterised by extremely low cash incomes, very high rates of malnutrition, maternal and infant mortality, high illiteracy and low levels of education, and limited participation in local governance structures.

Women and girls in rural areas are disproportionately affected by these challenges. They have less access than men and boys to services and cash income and greater workloads; and rates of malnutrition among women are higher. In comparison to their urban counterparts, women in rural areas have a third more children and have much lower access to skilled health care during childbirth¹, exposing them to greater risk of complications. They also experience high levels of gender based violence (GBV) and are less likely to seek justice in response. Their participation in decision making at household and community levels is limited, and their political 'voice' is extremely constrained. Restricted mobility and the competing demands of women's many home-based roles (agricultural work, housework and caring for family members) reduce opportunities for productive activities beyond the household and are additional barriers to their participation in local governance structures.

¹ The percentage of women who access skilled attendance for childbirth in rural areas (45%) is approximately half that of urban areas (86%) – see p132, Demographic Health Survey, 2016.

A key underlying cause of the poverty among women and girls in rural disadvantaged areas is deep-rooted gender inequality. Despite Timor-Leste’s progressive policies and laws, unequal treatment of women continues. This is due in part to poor implementation of laws and policies and in part to deeply embedded cultural norms that discriminate against women. Gender inequality is a strong factor underlying women’s limited involvement in decision making in the home and community, their small numbers in leadership positions and the subsequently poor representation of women’s needs at all levels of government from local to national. Gender inequality and women’s limited participation in decision making cut across and exacerbate all other underlying causes of rural poverty.

METHODOLOGY

The methodology for the Gender and Power analysis was based on CARE’s Good Practices Framework of Gender Analysis². The research for this report was entirely qualitative, investigating key areas of inquiry relevant to the objectives and design of the project. These areas of inquiry formed the framework for the research and are detailed in Figure 1 below. An overview of the Gender and Power Analysis Framework and guiding questions under each area of inquiry is provided in **Annex 1**.

Figure 1: Gender and Power Analysis Areas of Inquiry

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1. Sexual/ gendered division of labour
 2. Household decision making
 3. Control over productive assets
 4. Claiming rights and meaningful participation in public decision making
 5. Violence and restorative justice

² See <https://www.care.org.au/wp-content/uploads/2015/02/Good-Practices-Brief.pdf>

RESEARCH TEAM

Disaster READY consortium staff from CARE, Oxfam, PLAN, World Vision and local partners Raes Hadomi Timor Oan (RHTO), ChildFund and Fraterna carried out the field research for the report. Research team members (12 men and 9 women) participated in initial training to equip the team with an understanding of the purpose of the Gender and Power Analysis, the gender concepts to be explored, data collection tools and ethical issues - including informed consent, child protection, photo release, and respectful facilitation skills. The facilitation guide for the training is included in **Annex 2**.

FIELD RESEARCH

Interview and focus group discussions were conducted in all municipalities where the Disaster READY project will be implemented in Timor-Leste. Field research was conducted in locations in which Consortium members will be implementing the project and where they have existing activities and connections with key stakeholders. Some partners also based selection of research locations on suggestions from partner organisations and municipal authorities on where disasters are common or frequent. The field team interviewed people with disabilities who were introduced to them by the Village Chief (*Chefe do Suco*) in each of the research locations.

Focus Group Discussions (FGDs) and Key Informants Interviews (KII) were undertaken to gather primary information from the field. Within FGDs, three participatory tools were used: 1) 24-Hour Clock, 2) Historical Timeline, and 3) Pile Sorting. Field observation was undertaken in research sucos using the checklist provided, in order to further triangulate research findings. Data collection tools are included in **Annex 3**.

SAMPLE SIZE AND DESCRIPTION OF RESPONDENTS

The research reached 285 individuals (131 female and 154 male). Interviews and FGDs were carried out at the national, municipal and community level covering the six project target districts: Oecusse, Bobonaro, Covalima, Aileu, Viqueque and Lautem.

Key stakeholders interviewed at the national level included representatives of the National Directorate of Disaster Management, the Secretary of State for Gender Equality and Social Inclusion (SEIGIS), the International Organisation for Migration (IOM), Cruz Vermelha Timor-Leste (CVTL), Raes Hadomi Timor Oan (RHTO) and Rede Feto.

Twenty-four FGDs were held with community members (men and women separately) in 14 villages in five municipalities. An additional FGD was held with Disaster READY Consortium staff, most of whom had conducted the field research.

Thirty-five interviews were conducted with service providers, local government leaders and people with disabilities across these districts. Those interviewed included Post Administrators, Village Chiefs (*Chefe do Sucos*), and Heads of Sub-village (*Chefe Aldeias*), municipal level representatives of the Ministry of Social Services (MSS) and Disaster Risk Management Committee focal points, and other members of Disaster Risk Management (DRM) structures at the subnational level. The research team interviewed nine people with disabilities.

The numbers and type of participants in KIIs and FGDs, disaggregated by sex, disability and location (urban/rural) are shown below (Table 1).

TABLE 1 Details of Respondents

Type of informant/ participant	No.	Sex		Geographic location	
		<i>M</i>	<i>F</i>	<i>Urban</i>	<i>Rural</i>
Community Members (FGDs)	237	120	117	0	237
Local Government Leaders (KIIs)	11	8	3		11
Government and Service Providers (KIIs)	20	16	4	7	13
People with a Disability (KIIs)	9	5	4		9
Consortium Staff (KII)	8	5	3	8	
Total	285	154	131	15	270

DATA ANALYSIS AND VALIDATION

An initial document review of the project proposal, existing Gender and Power Analysis reports, relevant research on gender and disability, review of national gender policies and disaster preparedness and response related policies was conducted to inform the analysis of primary data.

A participatory process was used for analysis of the primary data collected, involving a series of discussions with data collection teams that conducted the field research in each municipality, to identify key findings from the FGDs and interviews in each region, according to key results areas. A meeting was then held with Consortium staff involved in the data collection to share the preliminary findings for validation and feedback, to ensure contextual relevance of the recommendations. Findings were also presented to Consortium Staff and national level stakeholders, including government and donor representatives.

ETHICAL CONSIDERATIONS

Participation in the research was entirely voluntary and informed consent was given by participants before discussions commenced. Interviewers informed FGD participants and interviewees of what the research entailed, how their data would be used and how confidentiality would be assured. Focus group members were asked to keep information confidential and not share outside the group. Participants were encouraged to only answer those questions that they felt comfortable responding to, particularly around sensitive issues such as GBV.

LIMITATIONS

The time available to complete the Gender and Power Analysis limited the number of and range of research respondents that could be reached. Furthermore, much of the field research was carried out during the electoral campaigning period, immediately prior to national election and this affected the availability of some key informants and community members. Some relevant stakeholders such as religious and cultural leaders, police, and law and justice officials were not included in the research.

Field tests of research tools and techniques were not carried out due to limited time for training the research team and it was sometimes found during field work that language used in facilitation and interview guides was overly complex for the local context, particularly where the national language, Tetum may not have been commonly used. Approaches to facilitating FGDs also varied.

In some locations, FGDs and interviews were carried out in the presence of onlookers and this may have affected the ability of participants to discuss sensitive issues.

The main focus of the field research was to examine the experiences of adult men and women, including some with a disability. Although children are a key group of actors and stakeholders relevant to the area of disaster management, they were not a focus of this research. In addition, the field research did not investigate the experiences of people of diverse sexual and gender orientations related to disaster preparedness and response in Timor-Leste.

The under representation of women in government at all levels in Timor-Leste meant that men made up 77% of respondents in this group of interviewees.

FINDINGS

SEXUAL/ GENDERED DIVISION OF LABOUR

Roles and activities: women, men and children

Results of the gender and power analysis verified the strong gender division of household labour in Timor-Leste, with women overwhelmingly responsible for domestic work and childcare. This includes preparing food for the family, washing clothes and cleaning, looking after children/ family members, working in the fields, collecting water and firewood and feeding animals. In addition to responsibility for household activities, many women also worked in vegetable gardens and were responsible for planting and weeding in the rice fields, while men prepared the land using a hand tractor or buffalo. Men were considered primarily responsible for working in the field, looking after animals (although smaller animals can be raised by women and children), undertaking paid employment and maintaining their land and house - performing repairs when necessary. Women tended to rise earlier than men and their work continued into the night, after men returned from the field or business activities. It was agreed that men generally have more time to rest. Some focus groups identified activities that are performed by both men and women, such as collecting water and firewood.

As noted in previous studies³, although women work long hours and have multiple responsibilities, men's work tends to be seen as more important – women 'support' their husbands, who are seen as performing 'heavy work'. However, as Niner (2015) observes this

³ *Gender & Power Analysis - Water for Women, Timor-Leste*, CARE 2018

division is largely symbolic as women's work, can often be as heavy as that traditionally performed by men⁴. Although some women in FGDs complained about this unequal division of work, others expressed pride in performing this role, asserting that it was 'women's right' - "*feto sira nia direito*" - to perform these household tasks. Several commented that it was their role to look after men as they are tired when they return home from a day's work in the field.

Participants in FGDs indicated that men support women in the household and considered this a necessary part of their relationship. When probed further, however, it appears that such assistance is only provided in very limited circumstances, such as when women are sick or after childbirth. Again, the extent to which men were prepared to help their wives varied by location: while men in one FGD joked about helping with cooking when their wives had just had a baby, in Oecusse, some women were adamant that men would not help with cooking – they have paid *belis*⁵ and so the wife must obey him and look after him and the house. Exceptionally, a man in one of the FGDs observed that men can feed young babies when women are away, as they have received training through the local mothers support group.

Although it was not common for women to perform 'men's work', there seemed to be little stigma attached to this. Men may delegate their tasks to women if they are unable to perform these tasks, for example looking after animals if men are travelling to the market. Some men observed that a woman in their suco performs both men and women's work as her husband has "problems with his legs" due to an accident.

When asked what people might think if they see men doing household chores, responses ranged from this being seen as something positive – a sign that the husband loves his wife – to a more negative interpretation – that people would think the wife is lazy or that the man was effeminate. If women did not perform 'their work' without a good reason, it was agreed that this could lead to violence.

Gendered roles are passed on to children and girls are required to assist their mothers to perform household duties, including cooking, washing dishes, washing clothes and caring for young children as well as elderly or disabled family members. Although boys may be required to assist with some household duties such as helping to collect wood or looking after livestock they were generally free to play after they returned from school.

Interviews were conducted with people with disabilities living in a range of circumstances: men who were the 'head of the household' and the main breadwinner for their family, a women who lived alone and supported herself through her own income generating activities, a youth

⁴ *Gender Analysis of Savings and Loans Group in Timor-Leste* see <http://profiles.arts.monash.edu.au/sara-niner/files/2012/03/MONASH-Timor-Leste-Report-Final.pdf>

⁵ *Belis* is the Bahasa Indonesia term for bride price (often paid in gold).

leader, and men and women who were largely housebound and dependent on their families. In general, their roles and activities were influenced by their role within the household, their personal circumstances, as well their living conditions. For example, a woman with disability in Oecusse reported that although she had a wheelchair, she was not able to go far from her home due to the rough terrain and she needed to pay people to collect water for her. Another woman with disability contributed to her family's income by selling produce at the market; however she had reduced these activities and stayed at home, as the road was so damaged that she was afraid of falling and being injured while walking to the market.

Although many families in Timor-Leste prioritise the education of both girls and boys – particularly at the primary level - this is not always the case for children with disabilities. High levels of stigma surrounding disability and the lack of accessible roads, transport and classrooms are major barriers to accessing education. Children themselves may fear attending school because of the possibility of bullying, the difficulty of getting around and challenges engaging in learning activities due to barriers linked to their disability (e.g. having difficulty using a pen).



Figure 2. FGD Exercise: Men and Women's 24 hour Clocks

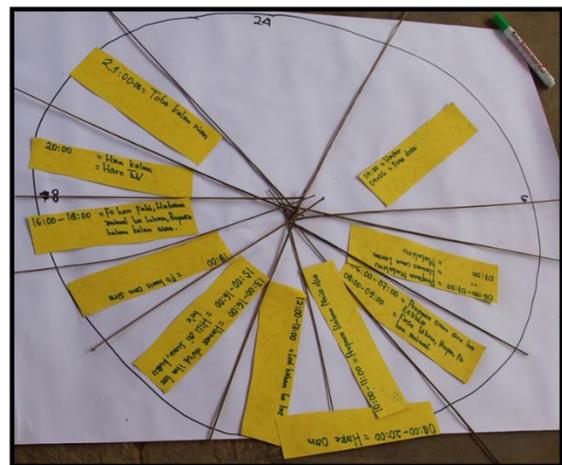




Figure 3. FGD Exercises: Pile Sorting - men, women and children’s tasks

Disaster prevention and preparedness

Focus group discussions indicated that attention to disaster preparedness within the household is limited. However, when it comes to disaster prevention and preparedness, as well as response, the activities undertaken by men and women tended to be in line with their gendered roles in the household. Men were generally seen as being responsible for taking action ‘outside the house’, while women focus on the home and the needs of children and other family members.

FGD participants were able to identify a number of activities that they undertake as a form of prevention or contingency planning for disaster. Men in Caenlio, Lautem, said that they need to strengthen roofing, refrain from cutting trees, and plant new trees to limit the impact of strong winds and drought. In Viqueque, women said that they raise animals and weave *tais* as a way to earn additional money for the family – in case they are needed for cultural ceremonies or to raise money to meet household needs when affected by disaster; and both men and women plant crops such as yams, sweet potato, cassava as a way of preparing for the impact of a disaster. In Lautem women mentioned that they had started growing beans that they could use to supplement their food supply during drought. This was initiated with the support of one of the partner NGOs.

Some local traditional approaches to dealing with natural hazards were also mentioned, for example placing stones on the roof to secure it against high winds. A local early warning system in Covalima was described, in which men stand at the side of the river to watch for the flooding and warn community members if the water is rising to a dangerous level.

Women headed households were considered more vulnerable, as their houses are generally in poorer condition in the first place and they need to rely on male relatives or neighbours to assist with disaster preparedness activities, such as fixing the roof if strong winds are expected.

Coping with disasters: men, women and children

The impact of disasters upon the household can be significant and disrupts the normal patterns of life. Both men and women reported that their workloads, and those of boys and girls, increase when having to cope with disaster. The way in which men and women respond is strongly influenced by their gendered roles. Discussion participants reported that men will often seek paid work if they are unable to farm due to the impact of a disaster, such as drought or flooding. This may require them to leave the house at 1-2 am to travel to work. Women will need to rise before this to prepare breakfast for their husband before he leaves for the day. Men also reported and they may be required to support recovery activities, such as digging drainage channels to disperse flooding.

Women also engage in a range of income generating activities that add to their workload during these periods. Some women reported that they would rise at 1-2 am to cook cakes to sell later that day and conduct activities such as farming vegetables, producing coconut oil and weaving tais to generate additional income. Access to water during or immediately following disaster was a commonly cited problem and women reported that they must often walk much further to find clean water. One group reported that if water is very low, they may need to collect water during the night when there is a better supply. It can be a source of tension if women have to walk far distances by themselves - men may be 'jealous' – and therefore both men and women need to go together.

The specific impact of disaster and the way that men and women cope can also vary across locations and cultures. For example in Covalima, a matrilineal Tetun-Terik speaking area, FGD participants reported that women are not allowed to leave the house or its surrounds during flooding, as this is considered to bring disharmony to the community. Men's workload then increases as they are required to take on additional responsibilities, such as collecting water and firewood. Although this may reduce women's workload during these periods, the restriction on women's mobility may impact on their ability to access services, such as essential health services, during this period.

Focus group and KII participants also noted the impact of disasters on children. They observed that children are more likely to experience diarrhoea, presumably due to more restricted access to clean water. Children's schooling is also affected as school materials may be destroyed, parents are less able to afford to pay school costs, and travel to school may be difficult due to

Post disaster support

DRM systems are in place at municipal and village levels in most of the locations where research was conducted, however their level of functionality varied. In one location in Viqueque, for example, SDMC members reported conducting household level post-disaster damage assessments using government provided formats. They submitted this information to government as the basis for requesting post-disaster support. In several other locations, local leaders reported that SDMCs were not functioning. SDMCs reported facilitating the distribution of post-disaster assistance from the government, such as building materials and food; or provision of emergency kits from the Ministry of Social Solidarity and the Red Cross. However, except for the example above of MSS's support for children's schooling in Aileu, none of the disaster management committee members reported that there was specific attention to the needs of women, people with disabilities or other vulnerable groups; and they provided only 'general assistance' – "*ami fo geral deit*".

Awareness of the different needs of men and women in preparing for and responding to disaster was also low. Several leaders and service providers interviewed expressed interest in learning more about the needs of people with disabilities and one Chefe do Suco reported having attended training on disability delivered by RHTO but requested information on specific disability inclusion measures that could be taken.

HOUSEHOLD DECISION MAKING

Decision making in the household

Women in Timor-Leste generally have less decision making power than men, a characteristic frequently attributed to the dominant patriarchal culture in Timor-Leste.

In male and female FGDs, participants generally reported that they make decisions about household issues together. When groups were probed further on this, however, they confirmed that while issues may be discussed together and often with significant input from women, men will make the 'final decision'. The extent to which women can participate in or influence decision making can also vary from household to household. If a husband is 'strict', his wife will be required to simply accept his decision. Older boys are often deferred to as decision makers in the temporary or long term absence of the father.

The extent to which women can influence decisions also depends on the issue itself. Women generally expect that they have a significant say in the day-to-day running of the household,

cooking, managing a kitchen garden and their own health care, as they are considered to have a better understanding of what is needed in these areas⁶. Men and women will make decisions about their children's education and healthcare together, however men are seen as responsible for 'bigger' decisions such as those concerning *barlake* (bride price), marriage, selling animals and land. This is in line with the expectation that men are the 'head of the household' and the primary decision makers.

The extent to which people with disabilities have decision making power in the household depends on their position within the household, as well as their personal situation. For example, a woman with a disability stated that her husband respected her and discussed issues with her before deciding, however, it was clear that people with disabilities who rely significantly on their families to assist them with day-to-day activities have very limited agency. Several interviewees reported that they try to contribute ideas but have little opportunity to contribute to actual decision making in their household.

It should also be noted that while decision making responsibilities remain strongly influenced by expectations around gender and culture, they are not immovable. Members of a FGD with community members from a patrilineal Kemak community in Maliana reported that there has been some change - compared to previously, women can now contribute more to decision making in the household.

In matrilineal societies, such as Tetun-Terik speaking and Bunak areas, major assets are owned by women, while men are responsible for ensuring that these assets are productive⁷. Results of FGDs in these areas indicated that women have more influence over decision making; however, major decisions will still be made in consultation with male relatives. This is reportedly the case until the woman is over fifty, when she may be considered mature enough to make decisions alone.

⁶ The specific issues for which women are considered 'responsible' and the extent of decision making power may vary, depending on a variety of factors such as costs involved and the nature of the activity (e.g. ease of access to a health centre), and whether it may be connected with other sensitive issues, such as decisions around child bearing.

⁷ In matrilineal systems, kinship is determined through the matrilineal line, land is inherited by women and men commonly move to their wife's area after marriage (rather than women joining their husband's family). For a more detailed explanation of matrilineal kinship systems in Timor-Leste see Narciso V, de Sousa Henriques P. & Tilman M. (undated) *Land and Gender in Matrilineal Timor-Leste* available at <https://dspace.uevora.pt/rdpc/bitstream/10174/7097/1/LAND%20AND%20GENDER%20IN%20MATRILINEAL%20TIMOR-LESTE%20FINAL.pdf>

Critically, even in matrilineal societies, men are considered responsible for communicating a decision in public even when joint decisions are made⁸.

Decision making during disasters

Men and women take decisions relating to disaster response in line with established household decision making roles - men remain decision makers at the household level when it comes to land or major assets, while community level decisions are generally made by the Chefe do Suco in public meetings.

Several participants observed that women's dependence on men can prevent them from taking action to prepare and respond to disasters. This was illustrated in one example provided by the leader of a women's group, where women requested a UN agency to provide them with seedlings to plant, so that they could boost their food production following a disaster. When the seedlings were provided, however, some of their husbands did not permit the women to use the land to plant the seedlings. This example highlights, perhaps more than men's dominance alone, the tightly connected responsibilities within the household and the importance of involving both men and women together in efforts to support disaster response.

Men and women in focus group discussions explained that they obtain information about disasters in a number of ways: hearing directly from people in neighbouring areas who may be experiencing a disaster; from TV or the radio; or from their Chefe do Suco or Chefe Aldeia. Access to information about preparedness, however, was very limited. Many community members reported that they received little to no information about preparedness. Both Suco and Municipal-level Disaster Management Committee members reported a similar lack of information and some observed that coordination was very weak – at individual levels and between suco and municipal level structures.

Some individuals with disabilities interviewed reported relying on parents and siblings to assist them in the case of a disaster; taking them to evacuation centres for example. Others described how they take action to prepare for disasters, such as an older man who directed his family members to prepare the house when strong winds were expected. However, a major gap identified was the lack of information on disaster preparedness and response provided to people with disabilities. As a result, they do not know how to prepare, what to do or who to approach for assistance in the case of disaster.



Figure 4. Focus Group Discussion with Women

CONTROL OVER PRODUCTIVE ASSETS

In Timor-Leste, productive assets for households in rural areas generally include men and women's labour, agricultural land, crops (rice, corn and, to a lesser extent, vegetables), animals (buffalo, pigs, chickens) and products that can be sold for cash such as cakes, palm wine (*tua sabu*) and tais.

Women control the assets they make and are constantly involved in and thinking about ways to raise household income, particularly with a view to survive dry seasons and flooding. Apart from this, their control of productive assets is generally limited to management of household funds and participating in discussions about use of household and productive assets.

In Maliana, discussion participants stated that men normally hand over their income to women to use for the daily household needs, however men control decisions about using the money for major purchases. An exception to this is the management of seeds, which is seen almost exclusively as women's responsibility.

In rural Timor-Leste, as in other similar contexts, some production and assets increase women's agency and standing in the household. Self-help groups were also cited as an important way that widows can more independently support their household.

Interviews indicated that the extent to which people with disabilities had control of productive assets varied, often according to the extent of their disability and their gendered role and position. For example, a male head of household who was interviewed earned income for the family through dry farming but due to his disability he was unable to work in rice fields. Others interviewed, including women, were active in generating income for their family, for example through selling crops at the market but the extent to which they could do this was limited due to poor roads and lack of assistive devices. This becomes more difficult when there is heavy rain and roads become slippery and more dangerous. People with significant disabilities and very low mobility, however, did not control resources or conduct income generating activities.

Some of the people interviewed reported that they receive a monthly allowance from the Ministry of Social Solidarity, however, this is not enough to support their family and they need to earn additional money. It was also observed that not all individuals with disabilities receive this allowance.

Impact of disasters

Economic and natural resources are lost, restricted or become harder to access due to disasters: houses and their contents may be destroyed; animals die due to drought or may be swept away during floods; fields are damaged, so that land cannot be farmed; and water and firewood is more difficult to find. The impact of this upon communities and individual households depends on the assets that are available to them. For example, in Lospalos, men reported that if their wet rice fields (*nata'ar*) were affected, they would farm in their dry fields (*to'os*) instead. In Maliana, this did not seem to be an option and women reported that if families were no longer able to farm in their fields, they may come to an agreement with a neighbour to plant crops in their fields. In return, they were required to share their harvest with the land owner.

To maintain the household food supply, men and women may search for 'wild' food sources such as *kumbili* (yam) and grow vegetables. In one location in Lospalos, women reported that they grow peas, as taught by Plan International, and they will use this as a source of food during the dry season.

Families may also limit their consumption of food by reducing the frequency and size of meals, with women more likely to skip meals.

CLAIMING RIGHTS AND MEANINGFUL PARTICIPATION IN PUBLIC DECISION MAKING

The Government of Timor-Leste is committed to gender equality and has made significant progress in developing a framework to support gender equality. Gender equality is guaranteed under the Constitution of Timor-Leste and Timor-Leste is a signatory to the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). Women's representation in politics at the national level is supported by the Law on the Election of the National Parliament, requiring that one in every three candidates elected to Parliament is a woman. The government, together with United Nations, NGO and other local civil society partners have made concerted efforts to promote women's participation in village level election. This has resulted in the number of female *Chefe do Suco's* doubling at the last elections; however, this number remains low with women holding only 5% of *Chefe Do Suco* positions nationwide. Introduction of the role of a female representative in village councils (*Conselho do Suco*) has been an important way to boost women's representation in local government, however, this does not always translate into women's meaningful participation in these bodies.

Women's lack of confidence and negative perceptions by others of women's ability to take on leadership roles or make substantial contribution to decision making are continuing challenges throughout Timor-Leste. A demonstration of this was seen in an Oecusse FGD, when female participants expressed surprise that women can take on leadership roles in both public and private spheres; while men who overheard this conversation were disparaging of the idea that women could perform such roles.

Women leaders and government representatives who were interviewed for the research, acknowledged that women continue to struggle to participate in local decision making structures, not only due to unsupportive attitudes but also due to having limited skills and experience in this area. It was widely acknowledged that it is mostly men who speak during consultation and training activities. They recommended that leadership training is conducted for women and specific strategies employed, such as holding initial meetings with men and women separately, to promote women's confidence in expressing their concerns in public.

Women have greater levels of involvement in local community groups, many of which focus on economic empowerment activities. Many women who participated in FGDs were also leaders or members of these groups. Some of these women particularly requested that they are involved in any further training conducted by Disaster READY.

Awareness of the need for meaningful participation of women and people with disabilities in local governance and disaster management structures and the importance of an inclusive approach to disaster management was generally low. Some local government officials

interviewed, for example, considered that men were better suited to act quickly to respond to disasters, while women may be unable to travel. They also questioned what people with disabilities could contribute and therefore their suitability to participate in local disaster management structures.

Attending public meetings

Attendance at public meetings is largely seen as a man's role, however a range of attitudes concerning this issue were expressed. For example in one FGD, one woman was adamant that men or women could attend a community meeting, depending on who had the time and interest to attend. More commonly, focus group participants considered that if the meeting was about a 'general issue' then men, rather than women, would attend. This was supported by KII respondents, who observed that the majority of those attending local meetings were men. Men also said that they would attend training where a fee was provided, while women might attend if no payment was offered.

Women were more likely to attend meetings that were specifically for women, such as meetings conducted by Rede Feto, if the meeting was about a 'women's issue' such as sewing or livelihoods, or if the *Chefe Do Suco* specifically requested women to attend. Men might also send their wives to attend meetings or training if they were busy and unable to attend. An exception to this is for meetings on *tara bandu*⁹ when everyone, even children, are required to participate in the meeting so that they know about the decision and related penalties.

Although several people with disabilities – men and women - reported that they attend and contribute to community meeting, a number of people with disabilities reported that they would attend meetings if they were specifically invited. For a 15 year old boy interviewed, it was the first time he had attended a public meeting.

Household responsibilities were recognised as a barrier to meeting attendance, particularly if the meeting was held during times when women are preparing their children for school or cooking. Participants also acknowledged that it might be difficult for both men and women to attend as someone was required to stay at home to look after the children and perform household duties. It is, therefore, unlikely that efforts to promote participation of women will be successful if they do not acknowledge this barrier. Furthermore, there is a risk of imposing an additional 'triple

⁹ According to Belun and the Asia Foundation (2013), *tara bandu* is a traditional Timorese custom in which a publicly agreed ban is placed on certain agricultural or social activities within a given area, with agreed penalties imposed for breaching this ban (see *Tara Bandu: Its Role and Use in Community Conflict Prevention in Timor-Leste* at <http://www.belun.tl/wp-content/uploads/2013/08/Tara-Bandu-PB-English.pdf>)

burden'¹⁰ upon women if efforts to promote women's participation are not joined by efforts to address women's workload and potential backlash if men are not supportive of these changes.

Both men and women, including in matrilineal areas, observed that women needed the permission of their husbands to attend public meetings; otherwise this could result in problems for the wife, potentially leading to violence. This highlights the importance of engaging men and promoting supportive attitudes in the family to avoid backlash and increased risk of harm towards women who participate in project activities.

Public decision making

Respondents, almost uniformly, reported that decisions in meetings were made by the Chefe do Suco. When it comes to decisions concerning *tara bandu*, the Suco Council decides if an issue should be considered *tara bandu* and the *lia nain*, or cultural leader, makes decisions about penalties. Therefore while *tara bandu* may be a useful mechanism to promote more positive behaviours within the community, particularly around disaster risk management, the process means that women may have little influence in these decisions.

People with Disabilities

The ability of people with disabilities to participate in meetings varies. While the male head of a household who had a disability reported that he faced no barriers attending meetings, other men and women with disability who were interviewed reported that they will attend meetings only if they are specifically invited. For at least one KII participant, this was the first time that he had ever participated in a meeting.

Physical accessibility is a widely recognised challenge to promoting greater participation of people with disabilities in meetings and decision making forums. A Chefe Aldeia in Viqueque noted that people with limited mobility are less likely to attend meeting than, for example, a person with hearing difficulties. A number of people interviewed requested support to obtain a wheelchair – either they had never had one or, for one interview participant, the wheelchair had been destroyed in a fire. Even for those who had wheelchairs, poor road conditions and inaccessible infrastructure were a barrier to moving freely around their communities.

Stigma around disability remains strong in Timor, with the result that people with disabilities may not be encouraged to participate in public fora. As noted above, awareness of inclusion and

¹⁰ This refers to the tension for women between their work in the home (reproductive), work outside the home (productive) and their community work in groups or public bodies (Niner S, 2015).

understanding of disability inclusion remains low. The persistence of negative stereotypes towards disabled people was evident in some of the language used to refer to disabled people¹¹ and some local leaders interviewed questioned the purpose of involving people with disabilities as ‘they cannot do anything’.

It was encouraging that many of the local leaders and service providers interviewed recognised that there were gaps in their understanding of how to meet the needs of people with disabilities and requested training to better understand disability, particularly as it relates to disaster preparedness and response. Interestingly, a number of leaders seemed more interested in understanding more about the needs of people with disabilities than to how they could better address the needs of women. This points to the extent of the challenge in promoting inclusion and more meaningful participation of women, as well as other vulnerable people in these structures.

VIOLENCE AND RESTORATIVE JUSTICE

Numerous reports and studies have found high levels of domestic violence in Timor-Leste¹². The research team found a range of attitudes and willingness to discuss violence among participants in FGDs: from open discussion of violence – sometimes with displays of verbal aggression by men towards women during FGDs - to a refusal by some groups to discuss the issue when it was raised. In Maliana, both men and women discussed domestic violence openly. However, while some men stated that this behaviour was no longer acceptable as domestic violence has been declared *tara bandu* and they were scared of having to face associated penalties - women saw it as a continuing problem.

Focus groups reported that violence was common. This may be likely to occur if women did not perform their roles in the household without a good reason. As mentioned earlier, women and girls could also face violence if they did not seek permission to participate in activities outside the household, such as meetings. Men were primarily the ones who were seen as entitled to inflict violence on women but in patriarchal areas mothers-in-law could also punish women for failure to fulfil their responsibilities. Alcohol was also cited as a factor influencing levels of domestic violence.

¹¹ For example, referring to people with difficulties seeing or walking as having ‘bad’ eyes or ‘bad’ legs.

¹² One of the most recent of these is The Asia Foundation, 2016, Understanding Violence against Women and Children in Timor-Leste: Findings from the *Nabilan* Baseline Study – Main Report. The Asia Foundation: Dili available at <https://asiafoundation.org/publication/understanding-violence-women-children-timor-leste-findings-main-report>.

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Community members in several focus groups agreed that violence worsened during times of disaster, largely due to increased pressure of having no work or insufficient food on the table. For example, women may be angry with men if they were unable to contribute to the household income and stayed around the house expecting them to cook. In turn men may be angry that women are not preparing food. Both situations could lead to men being violent towards their wives. This was not always the case, however, and some respondents described their coping strategies in such situations. In Aileu, example, respondents said that if tension arose, the men left the house for several hours to allow the situation to calm down.

Women's caring responsibilities can also place them at risk of violence, as they may be considered to have failed in their responsibilities if a family member is injured or harmed. This was illustrated in a story told by a woman who was severely beaten by family members and then jailed after her young child was swept away when crossing a swollen river.

Children and disabled people who are dependent on their families may also be at increased risk of violence in times of disaster, as they may be seen as using limited household resources without contributing in return. In a FGD, men and women reported beating their children to discipline them for using excessive water during a period of drought. People with disabilities interviewed for this research reported verbal abuse from family and community members attributed to the perpetrators frustration with having to provide assistance to these individuals.

The World Bank¹³ reports that both men and women with disabilities are up to three times more likely to be victims of physical and sexual abuse and rape than persons without disabilities. Women with disabilities can be particularly vulnerable to sexual violence and may be targeted due to their perceived vulnerability related to their gender and disability (*Ibid*).

As respondents in several locations observed, although domestic violence is common, it is usually not reported and is considered an 'internal matter' unless grave physical harm has been caused. In Maliana, women agreed that if women did not want to create further problems, they just accepted the situation and stayed quiet - "*ami nonook deit*". A number of respondents described how women would first inform the family and if the problem was not resolved there, they would report the issue to the traditional leader. Resolution at both of these levels often required the man to provide some form of payment to the wife's family. For a 'big case', or as a last resort, they might go to the *Chefe do Suco* to call the police. Unfortunately, this did not always lead to a solution and participants in one location reported that women had reported cases many times

¹³ World Bank/Yale University, *HIV/AIDS & Disability: Capturing Hidden Voices*. Report of the Global Survey on HIV/AIDS and Disability (Washington, D.C.: World Bank, 2004), p. 11 in UNMIT, Office of the High Commissioner for Human Rights, *Of Course We Can: Report on the Rights of Persons with Disabilities in Timor-Leste*.

to the police, but the police asked the woman to take the problem back to the community for resolution.

The additional pressure on resources as a result of disaster can also lead to increased community tension. Conflict may occur amongst community members, for example, if straying animals destroy crops or over access to limited water sources.

RECOMMENDATIONS

The Disaster READY project aims to advance inclusive, sustainable approaches to disaster preparedness and response from community to national level in Timor-Leste. A key objective of the project is to advance the process of placing gender, disability and social inclusion at the centre of disaster preparedness and response in Timor-Leste. This includes enhancing the participation of women, people with disability, children, and local CSOs in subnational preparedness and response. To achieve these outcomes, attention to gender and social inclusion must be prioritised throughout the project and its activities.

RECOMMENDATION AREA ONE: ORGANISATIONAL CAPACITY STRENGTHENING

1.1. Build Staff Awareness and Capacity

Inequality, stigma and discrimination continue to permeate perceptions, attitudes and behaviour towards women and people with a disability in Timor-Leste. Addressing these issues requires a critical awareness and an informed understanding of gender and disability in society and how this relates to and affects the achievement of project objectives.

Successful implementation of the Disaster READY project therefore requires that that the Consortium staff and management themselves have the ability to identify, analyse and successfully challenge negative norms and behaviour around disability and gender. Skills in facilitation of gender sensitive, inclusive and participatory approaches in a consistent manner, while responding to the specific local contexts and needs, will also be critical to the success of activities aimed at promoting more inclusive planning, dialogue and implementation.

CARE should take the lead to develop and deliver a capacity strengthening package for Disaster READY staff and management. Disability Inclusion should be incorporated into this training and will require input from an organisation with expertise in this area (i.e. developing program disability strategies), such as Christian Blind Mission (CBM) Australia, working in partnership with RHTO. This should be linked to the GESI training package described in Recommendation 2.1.

CARE, as Consortium lead for gender, working with Oxfam and RHTO as disability lead organisations, should support the project team to continue iterative training among the project staff across partner organisations. Key partners from organisations who are implementing disaster management related activities, including International Organisation for Migration (IOM) and CVTL, could be included in this training.

1.2. Identify Tools and Good Practices

Consortium partners have extensive experience implementing community based initiatives relevant to this project in Timor-Leste. This includes, for example, modules for disability inclusive agriculture module developed through HAFORSA (Oxfam) and school gardens using gender mainstreaming (PLAN). However, some useful approaches, such as Community Vulnerability and Capacity Assessment (CVCA), do not adequately address gender, disability or child rights and therefore oppose the gender and social inclusion objectives of the project. It is recommended that the Consortium partners work together to identify relevant tools and good practices and, together with technical experts and drawing on international good practice, review and adjust them to ensure that the project is using consistent gender sensitive, inclusive and participatory approaches in its work.

1.3 Develop a Disaster READY Gender and Social Inclusion (GESI) Program Strategy

A range of strategies and approaches will need to be developed to support the project to achieve its intended gender transformative outcomes. To ensure that there is a consistent approach used by all partners across the Consortium and promote common standards for implementation, it is recommended that Gender and Social Inclusion (GESI) guidance is developed, with a particular focus on contextualising and operationalising elements recommended under Area Two: GESI awareness raising, engaging men and boys and leadership training. It should include a protocol providing guidance on what actions should take place when and if incidents of GBV occur during program implementation.

The GESI Program Strategy should encompass disability inclusion and outline specific disability inclusion strategies that will be adopted by Disaster READY Consortium partners. This should include disability mainstreaming approaches, such as ensuring that activities are undertaken in

venues that are accessible and actively assessing if reasonable accommodation is needed to support people with disabilities meaningful participation, such as sign interpretation, documents in braille, enabling people to attend with a personal assistant/carer and providing accessible transportation.

Children are another key group who are highly vulnerable to the impacts of climate change and disaster. They are more vulnerable to contracting disease, less able to withstand changes and are more likely than adults to be killed or injured during disasters¹⁴. Additionally, children have the right and capacity to be informed of, and involved in, disaster preparedness and response efforts. They have also demonstrated that they can be important agents of change. Despite this, opportunities for children and young people in Timor-Leste to participate in community level decisions are often limited. It is necessary to further develop strategies to ensure the inclusion of children and address their needs, including those who may be subject to discrimination or to greater vulnerability, such as girls and children with disabilities, throughout project activities.

Other groups who are often more vulnerable to disaster include people of diverse sexual orientations and gender identities, people with chronic disease such as HIV-AIDS and tuberculosis, and the elderly. The GESI project strategy should identify and propose strategies for the inclusion of these individuals at all stages of the disaster management cycle.

1.4 Engage GESI Specialist Support

Development of an effective and practical GESI strategy and associated activities will require specialist gender, disability and child rights technical advice. It is recommended that GESI advisors with expertise in relevant technical areas are employed to support the development and implementation of key components of the GESI strategy for Disaster READY.

1.5 Review Disaster READY Monitoring and Evaluation Framework

Although the current MEL framework includes some gender and disability related objectives and indicators, it does not include any qualitative measurements to allow assessment of substantive progress in advancing gender and disability inclusion. For the project to measure its success in advancing gender equality and inclusion of vulnerable people in disaster preparedness and response in Timor-Leste, it is necessary that suitable measures are integrated in the Disaster READY Monitoring, Evaluation and Learning (MEL) framework and at various

¹⁴ United Nations Children's Fund (UNICEF), Climate Change and Children, Policy New York, 2007a: 6 available at: http://www.unicef.org/publications/files/Climate_Change_and_Children.pdf.

stages throughout the project implementation. Measurement of GBV incidents related to project activities and the effectiveness of GBV prevention measures should also be incorporated as part of the project's overall GBV strategy. It is also important that lessons from the project are documented and shared with key stakeholders, particularly as Timor-Leste moves towards adopting gender mainstreaming in government more broadly¹⁵.

RECOMMENDATION AREA TWO: RAISE AWARENESS AND PROMOTE EQUITABLE RELATIONSHIPS

2.1 Disaster READY GESI Package

Rigid gender norms and stereotypes held by both men and women function as a control and barrier to women's equal participation in disaster management, attention to their needs and recognition of their rights. This means that the project must actively challenge the harmful gender norms that affect women's involvement in disaster management activities and community life more broadly. These harmful gender norms include: a gender division of labour that sees women shouldering multiple responsibilities to maintain the household, contribute to agricultural production, generate supplementary income and care for family members; the exclusion of women from meaningful decision making within the household and the public spheres; and a high prevalence of violence against women and girls perpetrated by men and boys and associated with unequal power and their fixed gender roles.

Failing to address these norms and behaviours risks causing harm by increasing women's and girls' workloads and further exposing them to GBV. Disaster READY must go beyond targeting women or men based on their traditional gender roles (e.g. women as child carers, men as household heads and decision-makers) and recognise the critical, and often closely connected roles that both men and women play in disaster preparedness and response. If not, this may reinforce gender roles rather than transforming them.

Development of a gender transformative and disability inclusion package that integrates activities to address gender inequality and discrimination against people with a disability and support their meaningful participation at all stages of the disaster cycle is recommended. This Disaster READY GESI Package should be developed by CARE with input from a suitable disability specialist organisation. It is recommended that the package is based on CARE's Social Analysis & Action (SAA)¹⁶ approach and can be mostly based on existing material, however it will need to be

¹⁵ As outlined in the Timor-Leste Strategic Development Plan 2011 - 2030

¹⁶ http://familyplanning.care2share.wikispaces.net/file/view/SAA_Toolkit_FINAL.pdf/624425629/SAA_Toolkit_FINAL.pdf

contextualised to Timor-Leste and the project objectives. It should include a range of participatory activities to facilitate critical reflection and dialogue between women and men, and which aim to catalyse a community-driven change process. These activities should not be standalone but incorporated into other project activities (such as disaster management training with SDMC and community members).

Norms to be challenged by the GESI curriculum include (but are not limited to):

- Gender division of labour to encourage men share household work;
- Household and community decision-making to increase the voice and leadership of women and people with disabilities which will facilitate their participation in disaster management forums;
- Stigma/misconceptions/exclusion of people with disabilities, using a rights-based approach; and
- Gender based violence, including the vulnerability of women with disabilities.

The Disaster READY GESI Package should take a multi-level approach:

<p>Level 1</p>	<p>Disaster READY Consortium and partner staff (including RHTO, CVTL and Fraterna).</p> <p>Initial training should be a Training of Trainers (TOT) format led by CARE & nominated disability Technical Advisors to support the process of gender transformation among all staff. Following the TOT, staff reflection on norms and attitudes regarding gender and disability should be ongoing (for example, through monthly discussions facilitated by the GESI Officer).</p>
<p>Level 2</p>	<p>Local leaders, SDMC members, representatives of women’s groups and DPOs, faith leaders, service providers, including health staff and teachers).</p> <p>This training should occur regularly as part of regular project activities facilitated by the project GESI lead with support from Project/Field Officers. A male-to-male approach may assist with men’s behaviour and attitude change. Recognising committees or individuals that adopt and promote an inclusive approach and sharing those approaches may encourage positive attitudes to change.</p>
<p>Level 3</p>	<p>Women and men community members, including local leaders.</p> <p>Many of the Consortium partners are already working with community groups at the local level. A series of short sessions could be integrated into existing activities.</p> <p>Active people/change agents within the communities should be identified for the project to work with and train.</p>

Level 4	Whole communities Community events: Celebration of key national and international days e.g. International Women’s Day. Fun games like men’s baby-bathing competitions and laundry washing races can prove that men <i>can</i> do ‘women’s work’ in a non-threatening way. These kind of activities do not require strong staff facilitation skills and can be scheduled to align with relevant community events
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2.2 Engaging Men and Boys Strategy

The Gender and Power Analysis identified men and boys as key actors at all levels of disaster management planning and response. They commonly hold gender roles and cultural norms and values that can perpetuate gender and other inequalities and can oppose or support the development of more equitable relationships and women’s greater participation in household and community level decision making. The benefits of engaging men and boys in transforming gendered division of labor and gender stereotypes is immense. For example, men who have seen their own fathers engage in domestic work are themselves more likely to be involved in household work and care giving. Additionally, involved fatherhood contributes to boys’ acceptance of gender equality, girls’ sense of autonomy and empowerment, and lower rates of violence against children. This strategy will provide clear minimum standards and practical guidance for engaging these key stakeholders to promote more gender equitable behaviour and support the increased participation of women, particularly at the community level. CARE should take lead to develop and implement community dialogue approach to engage men and young boys.

2.3 Women’s Leadership Training

Women leaders interviewed for the Gender and Power Analysis acknowledged that while there were women with leadership capacity within their communities, women often lacked the experience and skills to engage in a meaningful way. To enable women to take a greater role in decision making, it is necessary that they have the both the confidence and skills to contribute to disaster preparedness and response. Disaster READY should work with women’s groups at the local level to identify women who have the interest and capacity to build their skills in this area. CARE Gender and Diversity Training Package includes tools that could be adapted to the Timor-Leste context. This training must include people with disabilities as participants and facilitators.

RECOMMENDATION AREA THREE: STRENGTHEN KNOWLEDGE, COORDINATION AND PARTNERSHIPS

The Disaster READY project recognises that for disaster preparedness and response to meet the needs and rights of marginalised people, disaster management structures, practices, procedures, policies, and laws from community level to national level need to change. This can only happen through working in partnership with government authorities, civil society organisations and community representatives to identify measures to better address the rights and needs of all members of the community, particularly the most vulnerable. Some priority areas include:

3.1 Clarify roles and responsibilities for Disaster Risk Management at municipal and village levels. The functionality of municipal and suco level DRM committees in the areas where research was conducted is variable. A number of DRM committee members were not aware of their roles and responsibilities in general, or their specific responsibilities in relation to social inclusion and addressing the needs of vulnerable members of the community. Ensuring that DRM committee members are clear about these responsibilities should be a key focus of training with government and incorporated into capacity building conducted by partners at the national, municipal and district local levels. This includes improving coordination both within and between village, municipal and national level authorities and structures.

3.2 Strengthen knowledge and awareness of importance of a gender and socially inclusive approach to disaster preparedness and response amongst local government and DRM committee members. The Sendai Framework for Disaster Risk Reduction, to which Timor-Leste is a signatory, emphasises the importance of integrating a gender perspective into all DRR policies, plans and decision-making processes - including for risk assessment, early warning, information management, education and training. This is reflected in the National Disaster Risk Management policy, which includes a range of commitments to the involving and supporting the most vulnerable, however, these commitments are not yet realised in current disaster management structures and processes. Furthermore, many of the officials who were consulted as part of the Gender and Power Analysis had limited awareness of the measures that they could – and should – be taking to address the needs of the most vulnerable. Others recognised the need to increase their knowledge of how to include and address the needs of vulnerable people, particularly those with a disability.

It is recommended that all training provided by NGOs as part of disaster READY include sessions with specific measures to address the needs of women, people with a disability, children, elderly people and other vulnerable groups throughout the disaster risk management cycle; and work with relevant local organisations – including RHTO – to design and deliver this training.

3.3 Support national authorities to identify practical ways to implement NDMD's commitment to participation of women and people with disabilities in DRM structures and activities. Disaster READY should work with government to identify specific approaches and strategies to increase involvement of women, people with disabilities and youth representatives in these structures. Specifically this should address:

- Inclusion of women and youth representatives in community level governance structures is an accepted feature of local government in Timor-Leste. DRM committees at both village and municipal level should follow this approach by including a designated role for a women representative as well as increasing the number of women committee members to 30 per cent to ensure greater gender balance.
- Include a role for representatives from DPOs in Disaster Risk Management Committees at all levels, to ensure that people with disabilities have a voice and their needs are represented in disaster management structures. Where a DPO representative is not available, another suitable representative for disabled people in this area should be appointed¹⁷.
- Results from the Gender and Power Analysis discussions show that women attend meetings when they are considered to apply to the whole community, such as those concerning *tara bandu*. Given that disasters affect the whole community and both men and women are involved in disaster risk management and response, it is reasonable to expect that DRM related meetings involve both men and women.
- Disaster management related public information, including Early Warning information, should be available and accessible to all, including accessible formats. Disaster READY should work with the government and other key stakeholders to investigate practical and relatively low cost ways to ensure that information is available at the community level. Disseminating information using mobile technologies may be one way to reach people more widely, including in remote areas. It is further recommended that Disaster Ready work with a specialist disability technical agency to seek support in the development of material that is suitable for people with various disabilities (e.g. difficulties with seeing, hearing or communicating).
- Ensure that assessment and planning activities at all levels are conducted in an inclusive manner and accessible, and include clear actions to address the rights and needs of vulnerable women, men, girls and boys. This should be relevant to the local context and recognise the range of needs amongst vulnerable individuals and groups. Government

¹⁷ Ideally, this person should be able to represent the needs of disabled people, rather than simply having a presence on the committee.

and local committees should also be supported to ensure that they are able to monitor the effectiveness of efforts to increase inclusivity.

3.4 Strengthen partnerships with DPOs, women’s and child rights groups at national and subnational levels to promote participation in Disaster READY. Some key partnerships are already in place in the Disaster READY project such as with local Disabled People’s Organisation (DPO) *Ra’es Hadomi Timor Oan* (RHTO). Linkages with other DPOs and disability related services should be established and training should be provided to staff in these organisations in disaster risk management (DRM) and disability inclusive DRM. This will build the capacity of local organisations and increase the potential reach and impact of project activities. It will also reduce the risk that RHTO will be expected to ‘carry’ all disability related activities for the project. Staff can also be encouraged to support local level DRM planning and information dissemination activities.

Similarly, Disaster READY should engage with national and community level women’s organisations as key project partners in Timor-Leste to encourage ownership and sustainability of gender inclusive approaches. Consider involving Rede Feto and representatives from key national women’s and men’s based gender equality and anti-violence¹⁸ organisations to participate in Disaster READY training and assist in delivering gender-related project training and development of a gender action plan to integrate into DRM national and municipal level plans.

A number of organisations, such as UNDP and CVTL are already conducting DRM activities in schools. Disaster READY should engage with these organisations to learn about the activities being conducted and investigate opportunities to coordinate and work together, to further strengthen the impact, reach and sustainability of Disaster READY and partner activities.

RECOMMENDATION AREA FOUR: ADVOCATE AND INCREASE ACCESS TO SERVICES

4.1 Access to support for women and children experiencing violence, particularly in rural Timor-Leste, is very limited and few people interviewed during the research could identify any relevant services. Disaster READY should create or find a referral list of community resources and services for people experiencing family violence to share with local government, women’s organisations and other relevant community stakeholders.

4.2 Lack of accessible infrastructure and facilities in Timor-Leste is a major barrier that prevents people with disabilities to exercise and enjoy their rights in many areas of life. This

¹⁸ Such as *Asosiasaun Mane Kontra Violensia* (Men Against Violence Association) and *Mane ho Visaun Foun* (Men with New Vision)

often results in exclusion from decision making and has a major impact on the extent to which they can successfully prevent and respond to disasters. It is recommended that Disaster READY, and Consortium partners individually, actively advocate to ensure that the rights of disabled people are protected in legislation, such as through the adoption of universal design in building codes, and implementation of these measures in public buildings and facilities.

4.3 A number of the people with disabilities who were interviewed did not have assistive devices, or any contact with or knowledge of organisations that might be able to provide such services. Disaster READY too can play an important role in supporting better referral of vulnerable people to services through mapping existing disability services and disabled people's organisations in Timor and their coverage areas. This can be an important resource for DRM committees and local government, who can contact these organisations for support when required (e.g. in planning and response) or to assist in referral of people with disabilities to these services.

ANNEXES

ANNEX 1: GENDER AND POWER ANALYSIS RESEARCH FRAMEWORK WITH GUIDING QUESTIONS

Area of inquiry	Domains of CARE's Gender Equality Framework			Tools
	Agency	Structures	Relations	
1. Sexual/gendered division of labor	How much time do women and men, girls and boys for Disaster Preparedness and Response related household chores? How do women and men (including people with a disability) cope differently during disasters?	Are there any special provision for women and people with specific condition? What services, laws and policies exist to support men and women's condition and position? (Document Review)	What are the roles of women, girls, men and boys in general? What are the roles of women, girls, men and boys for disaster preparedness and response?	<ul style="list-style-type: none"> • 24 Hour Clock, Historical timeline • FGD, KII • Desk review
2. Household decision-making	What strategies do women engage to influence household decisions? What information or competencies do men and women require?	What are household norms and community expectations decision-making processes?	How are household decisions made, including decisions about disaster preparedness and response, in different types of households (women headed household, household with people living with disability)? Collectively – how do women and men mobilize or advocate around the issue of household Disaster Preparedness and Response and with whom?	<ul style="list-style-type: none"> • Pile sorting, FGD • Desk review
3. Control Over Productive Assets	What are the Disaster Preparedness and Response related productive assets (including information)?	What are household norms on the management of productive assets between men and women? How do societal norms, policies or programs influence accessibility of productive assets for women?	What are the positive and negative consequences for women who successfully control assets? What are the positive and negative consequence for men, when women successfully control assets?	<ul style="list-style-type: none"> • Historical timeline, FGD with women & men • Desk review

			How do women negotiate control of productive assets? How does this compare with men?	
4. Claiming rights and meaningful participation in public decision making	<p>What roles are taking by women in community structures?</p> <p>Are women and girls in leadership positions?</p>	<p>To what level are women represented in in spaces where decisions about disaster preparedness and response are made?</p> <p>What are policies, programs or strategies that promote women’s and girls' participation in public policy, planning and decision-making?</p>	<p>How are women and men represented in spaces where decisions about disaster preparedness and response are made?</p> <p>Do family members or neighbors encourage or support women and girls' participation?</p> <p>Do husbands support wives?</p>	<ul style="list-style-type: none"> • FGD with women & men • KII with authorities, local leaders • Document Review
5. Violence and restorative justice	<p>What are men’s and women’s attitudes or beliefs toward violence, and what is considered “normal”?</p> <p>Where do survivors of violence seek protection and support?</p>	<p>What are the forms and characteristics of violence by sex and age group (how are boys, girls, men and women, including those with a disability affected differently)?</p> <p>How accessible and sensitive to survivors are the local health, psychosocial, legal or protective services in providing information and services, whether government-sponsored or private?</p> <p>What discrimination or stigma do survivors of violence face? How does the community react when survivors seek restorative justice?</p>	Does the incidence and type of violence change during disasters?	<ul style="list-style-type: none"> • FGD with women & men • KII with authorities, local leaders

ANNEX 2: FACILITATION GUIDE FOR STAFF ENGAGEMENT IN GENDER AND POWER ANALYSIS

Objectives:

- 1) To surface staff attitudes, beliefs and knowledge regarding gender and disability;
- 2) To identify capacity strengthening needs relating to gender and disability to be addressed during project implementation; and
- 3) To introduce the approach and tools to the Disaster READY gender and disability field research and get feedback.
- 4) To train the data collection team on the approach and use of tools for the data collection.

DAY 1: Surfacing staff attitudes, beliefs and knowledge and identifying capacity strengthening needs

Time	Activity & objective	Guidance	Materials
8.30 – 9.00	<p>Introductions</p> <p>To get to know one another and begin reflecting on how we are all affected by gender norms</p> <p>To have our first experience using a SAA tool</p>	<p>SAA tool Experience of being a Man or Woman.</p> <p>Follow instructions in the tool.</p> <p>Go around the circle with each participant sharing their name and role.</p> <p>Each participant shares their response to the questions:</p> <ul style="list-style-type: none"> • What is one thing you like about being a man/woman? • What is one thing you find challenging about being a woman/ man? 	<p>Coloured cards</p> <p>Markers</p>
9.00 – 9.15	<p>2-day overview</p> <p>To introduce the objectives of the GESI scoping mission</p> <p>To provide an overview of the 2-day agenda</p>	<p>Training objectives:</p> <ol style="list-style-type: none"> 1. To learn about our own attitudes, beliefs and knowledge regarding gender and disability, and how these impact on our work with community members 2. To understand WHY it is important to address gender and disability in the Disaster READY project 3. To prepare for conducting the field research 	<p>Workshop objectives written on flipchart</p> <p>Workshop agenda written on flipchart (<u>without times</u>)</p>

		<p><u>Explain:</u></p> <ul style="list-style-type: none"> • The Disaster READY project concept commits us to being gender transformative and inclusive of the needs of people with a disability. <i>Don't worry if this is unclear now – we will explore these concepts more during our time together over the next week.</i> • Over the next 2-days we will explore our own gender and social values using participatory tools, some of which we will use during the field research. • Through using participatory tools, we will develop personal experience and understanding of how our own attitudes influence both our lives and the work we do. • Then we will learn how to use these tools during the field research, and prepare for the research itself. • It will be a busy two days! 	
9.15 – 9.30	<p>Establish group norms/rules</p> <p>To agree on rules for the training</p>	<p>Lead a brainstorming discussion to agree on rules of conduct for the training. <u>Write</u> the rules on flipchart, including:</p> <ul style="list-style-type: none"> • Listening • Empathy • Confidentiality • Right to pass • Right to speak in your own language • Respectful listening • Not judging <p><u>Explain:</u></p> <ul style="list-style-type: none"> • This is different from regular training. We will be encouraging a process of learning through personal reflection and discussion. • We will be exploring our own attitudes and values – not just those we expect from our communities. • The norms of respectful listening and confidentiality are particularly important given the sensitive nature of the material. 	<p>Flipchart</p> <p>Markers</p>

		<u>Note:</u> This is challenging because participants are learning a new way of working for themselves while learning to facilitate a new learning process at the same time.	
9.30 – 10.15	Values clarification To learn about ourselves through reflection and dialogue	<p>SAA tool: Vote with Your Feet</p> <p>This exercise focuses on the crossover between norms and values in our personal lives and how these reflect norms and values in our professional personal lives.</p> <p>Follow instructions in the tool.</p> <p><u>Values clarification statements:</u></p> <ol style="list-style-type: none"> 1. A man should have the final word about decisions in his home 2. It is a woman’s responsibility to keep the marriage intact 3. It is a man’s responsibility to provide for his family 4. Women are unclean while they are menstruating 5. A person with a disability could not do my job 6. A woman deserves to be beaten if she has an affair 7. Boys and girls have different responsibilities in this family, and this should not change 8. Women with a disability do not have the right skills to be leaders 9. A woman should have sex with her husband even if she doesn’t feel like it 10. A person with disability should be looked after by their family 11. A man with disability shouldn’t marry, he couldn’t provide for his family. 	Signs with ‘agree’ and ‘disagree’ posted at opposite ends of the room
10.15 – 10.30	Break		
10.30 – 11.15	Introduce data collection protocol	<p><u>Introduce:</u></p> <ul style="list-style-type: none"> • Objectives of the research • Who we will be targeting and how (stakeholders, methodology) 	PPT presentation

		<ul style="list-style-type: none"> • Roles and responsibilities of team members • Note-taking 	
11.15 – 12.00	Introduction to facilitation skills + role play in pairs	<p>Facilitate a quick brainstorming exercise on the characteristics of good facilitation skills. Write participants' contributions on a flipchart. These should include:</p> <ul style="list-style-type: none"> • Active listening • Suspending judgement (make sure people know what this means) • Creating a safe space • Ensuring the space is accessible • Establishing trust • Asking probing questions (ask for examples of probing questions) • Confidentiality • Consent <p>Discussion points:</p> <ul style="list-style-type: none"> • Guidance on ensuring that research processes are inclusive and accessible: group discussion (plus specific guidance on some practices). • Provide opportunities for everyone in a group to speak; if one person is dominating, how could we get others to contribute? • Use respectful language and attitudes, towards people with disabilities, women and men, older people etc. What attitudes might we come across that we might need to respectfully challenge? • Be welcoming to all participants: how could we demonstrate this? • Allow time for people to respond, and clarify their answers if needed. • Ask probing questions: but if people do not want to respond, that's ok too. How can we balance this? • We are asking about personal and potentially embarrassing issues (defecation, menstruation): how could we encourage people to respond honestly and 	Flipchart, markers

		<ul style="list-style-type: none"> Confidentiality – do not record people’s names next to their comments. Other issues we might face? <p>Role play</p>	
12.00 – 12.45	Lunch		
12.45 – 1.00	Energiser	Ask a participant to lead	
1.00 – 1.45 Lorna	Overview of child protection & consent protocols for research	<ul style="list-style-type: none"> Consent protocol (including for photos) Child protection What to do if people disclose violence 	
1.45 – 2.45 Kevin	Disability Tool – Scenarios exercise	Exercise based on scenarios around access to DRM information and support, to prompt participants to think about the experiences of people with disability and the barriers they face around access and broader community inclusion.	
2.45 – 3.00	Break		
3.00 – 4.15	Multi-tracks: Focus on interviews	<p>Break into groups to focus on: 1) disability, 2) stakeholders, 3) gender over the coming week.</p> <p>Group 1:</p> <ul style="list-style-type: none"> KIIs with PWDs <p>Group 2:</p> <ul style="list-style-type: none"> KIIs with service providers KIIs with government <p>Group 3:</p> <ul style="list-style-type: none"> FGDs with women & men FGD with women’s group 	<p>Interview guides printed</p> <p>FGD guides printed</p>

4.15 – 5.00 WV	Final clarifications & logistics	<p>Whole group together in plenary:</p> <p>Discussions need to include:</p> <ul style="list-style-type: none"> • Work through plan for each day of the research, or at least for the first day. • What time we are starting; arrangement for lunch. • Logistics: where activities are taking place; how the research team/s are travelling. • Safety briefing: what to do if you feel unsafe or uncomfortable in any situation; what will happen in the case of an emergency. • Final questions or clarification. 	<p>Projector</p> <p>Updated schedule</p>
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DAY 2: Preparing for field work & practicing facilitation skills			
Time	Activity & objective	Guidance	Materials
Morning	KIIs	KIIs with key stakeholders <ul style="list-style-type: none"> • 	
12.00 – 1.00	Lunch		
1.00 – 4.30	Continue in multi-tracks: FGDs	Break group into two – one to lead on FGDs and the other to lead on KIIs Spend the rest of the day practicing and adapting tools.	

ANNEX 3: SAMPLE INTERVIEW & TOOL GUIDE AND CHECKLIST FOR OBSERVATION

Annex 3.1: FOCUS GROUP DISCUSSION GUIDE FOR WOMEN AND MEN

HOW TO USE THE TOOL?
Follow the steps outlined below and take notes from the discussion in the Recording Format.
MATERIALS REQUIRED
<ul style="list-style-type: none">• Coloured cards• Flip chart papers• Markers• Copies of the recording template• Pile sorting cards with household decisions listed or pictured on them.• Three title cards of “men,” “women,” and “both.”• Camera
WHO SHOULD BE INVOLVED?
<p>The focus group should involve a minimum of 4 and maximum of 15 participants. Focus group discussions should be held with women and men separately to ensure that they feel comfortable to speak freely. The focus group discussion should take 2 hours.</p> <p>Focus group discussion roles:</p> <ul style="list-style-type: none">• The facilitator makes sure everyone has a chance to speak and that the discussion stays focused• The note-taker writes notes and takes photographs of the group (with the group’s permission)• If there is a 3rd person, this person observes what is happening and the dynamics of the group; takes photographs as needed etc.
STEP 1: INTRODUCTION
<p>Each member of the team introduces him/herself and clearly explain the purpose of the visit:</p> <ul style="list-style-type: none">• Describe the purpose and objectives of Disaster READY

- We would like to ask you some questions to help us make sure that our project meets your needs. Please don't be shy – there are no right or wrong answers and your opinions are very important!
- This discussion will take about 2 hours. Is this ok with you?
- Ask participants if they have any questions.

STEP 2: INFORMED CONSENT

Before starting the discussion **explain the following** to participants:

- All of the information that you share will be **confidential**. Our notes will be kept secure and we will not share personal details or personal views with anyone else. Is that okay?
- Because you will be sharing your thoughts and experiences together in a group, other people in the discussion will know what each person has said. So that other people in your community do not find out about what people in this group said, please do not talk about the details of this discussion once the discussion has finished. In this group you should feel comfortable to speak openly. Is that clear?
- Some of the information you give me may be included in a **report** that will be used to design a new project to improve water, sanitation and hygiene in this district. It will not be possible from this report to identify you as individuals. Is that okay?
- Participation in the group discussion is **voluntary**. If you want to leave the discussion at any time you can. After the discussion, you can tell us if you do not want us to use what you have said. You do not have to give a reason why. If you decide not to participate, we will not use any of the information you have given us unless you tell us you want us to. If there is anything you tell us that you do not want us to mention in the report, tell us and we will keep this confidential. Do you understand? Is this OK?
- If you have any **complaints** about the discussion you can tell us. If you don't feel comfortable sharing your concerns with us, you or someone representing you can make contact with (nominated contact people). Is this clear?
- Do you understand what we have told you? Can we start the discussion now?

STEP 3: CONDUCTING THE FOCUS GROUP DISCUSSION – QUESTIONS

EXPLAIN to participants that we would like to learn more about their daily activities and their community, and about how these change when there is a disaster.

Activity 1: 24 Hour Clock (45min):

1. Ask the group to **imagine a normal day in their lives** - not a special or busy day but a typical day! What tasks would they have to do from the time they wake up until they go to sleep again? Make sure you get them to also think about tasks such as sleep, care work (children, people with a disability, elderly people), socializing, relaxing, playing cards, etc.
2. Next begin to divide up the activity clock as if it was pieces of pie (or cake). Start at sunrise and make the first task for the day the first slice of pie. Then mark the second task as the second slice of pie. In each slice of pie draw a symbol of the activity. If two tasks are being performed at the same time you can include a symbol for both tasks in the same piece of pie.
3. It is very important that the size of the slice of pie for each task is relative (or compared) to the size of the slice of pie for the other tasks. This means if more time is spent getting breakfast READY than on washing dishes then the slice of pie for cooking breakfast should be larger.
4. If different group members' routines are different, note the activities that are done by MOST members of the group.



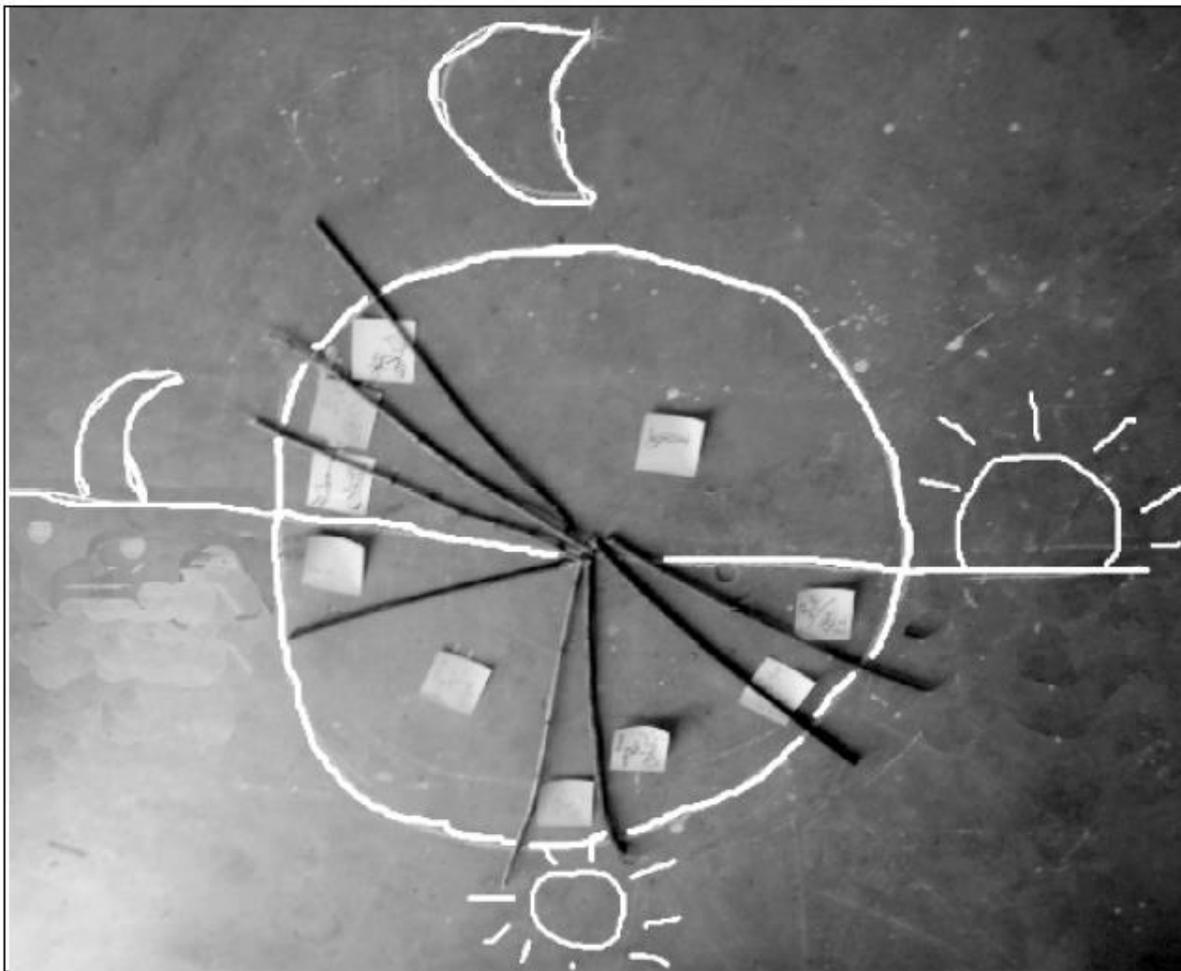
After they have made their clock, ask:

- 1.1 Do men and women have the same responsibilities in the household? Why? Why not?
- 1.2 What would happen if a man did women's work, or a woman did man's work?
- 1.3 Do you have time in your day for extra tasks, such as attending training or community meetings? Why? Why not?
- 1.4 Do any of these tasks help you prepare for disasters? Which ones? How do they help?
- 1.5 What happens if you don't do the household chores that you are responsible for? Are there any consequences?



If gender based violence (including shouting/verbal violence and physical violence) is mentioned, ask:

- 1.5.1 Does this happen a lot in your community?
- 1.5.2 Who commits the violence (women/men/girls/boys/women with a disability/men with a disability)? Who receives the violence?
- 1.5.3 If women experience violence, where do they go for help? What usually happens when they seek help?



Activity 2: Historical timeline (45 minutes)



1. Explain to the group that you would now like to learn about the major disasters that have occurred in this location over the past 5 years. We will do this by drawing the skeleton of a fish. Explain that we are interested in the major/big disasters that have occurred.
2. Along the bones ABOVE the backbone draw or write the disaster. Along the bones BELOW the backbone draw or write the coping strategies – the actions participants took to cope with this disaster. For examples, reducing food intake, growing different crops, reducing water use, selling valuable items, etc.
3. Once participants have listed out the major disasters and major coping strategies, mark each coping strategy with a symbol of a man or women to show whether it was a woman or a man who took this action.

After they have made the fish diagram place the timeline and the clock next to each other and ask:

- 2.1 During the last major disaster, did your daily clock change? If so, how?
- 2.2 What about other people in your family (husband/wife, parents/in-laws, boys/girls); did their daily routine change? If so, how? If not, why not?
- 2.3 Looking at the coping strategies you used; how did you decide what action to take? Who made the decision about what to do to cope?
- 2.4 During disasters, where do you get information about the disaster? What information do you use to help you decide how to prepare and cope?
- 2.5 Did women and men take the same action to cope with the disaster? How did they cope differently and why?
- 2.6 What resources did you use to help you cope with the disaster? Did women and men use the same resources? What about people with a disability? If no, how were the resources used by women/men/people with a disability different?
- 2.7 Do you mind if I ask a sensitive question, about violence between women and men during the last major disaster? Did you notice any difference in the frequency or type of violence against women?
 - 2.7.1 If yes, can you please tell us what changed?
 - 2.7.2 What do you think this change happened?

Activity 3: Pile Sorting (30min)



1. Introduce the exercise. “In every household, there are many decisions that need to be made every day. Together, we will explore what some of these decisions are; and who makes decisions and why.”
2. Show participants that there are three categories that will be used: pile 1 is for men, pile 2 is for women, and pile 3 is for both. Show participants the decision cards, clarifying the writing or picture for non-literate groups, making sure that everyone is clear on the meaning of each card.
3. Ask participants to sort each of the cards and place them under pile 1 (Men), pile 2 (Women), or pile 3 (Both)

Note: *It is important to challenge participants to identify who makes the final decision if there is a disagreement to ensure that all decisions do not get placed under the “both” pile. If participants answer ‘both’ for most decisions, ask them: “What if there is a disagreement? Who makes the FINAL decision?”*

Ask participants if there are any decisions missing. If so, draw additional cards and ask the participants to place it under the correct pile.

Looking at the three lists, ask:

- 2.1 How are joint decisions made? Who has the final say?
- 2.2 What about young men/women compared with old men/women? Do they have the same ability to make decisions in the household?
- 2.3 In households that have members who have a disability, how are people family members with a disability involved in decision-making?
- 2.4 What happens if a woman disobeys a decision made by her husband?



If gender based violence (including shouting/verbal violence and physical violence) is mentioned, ask:

- 2.4.1 Does this happen a lot in your community?

2.4.2 Who commits the violence (women/men/girls/boys/women with a disability/men with a disability)? Who receives the violence?

2.4.3 If women experience violence, where do they go for help? What usually happens when they seek help?

2.5 How does it feel to look at this list of decisions as a man/woman? Is it fair? Why? Why not?

What about decision-making outside of the household? Ask:

2.6 Who in the family attends community meetings where decisions are made? Why?

2.7 Who usually speaks during disaster management committee meetings? Men/women/older men/older women?

2.8 Do women and people with a disability attend these meetings? Why / why not?

2.9 What would need to change for women and people with a disability to be able to participate in decision-making forums?

Suggestions for decision cards:

- Who to attend community meetings
- Who to join training
- Big expenditure decisions (e.g. making changes to the house)
- Change in livelihood activities (including during disasters)
- Who to attend custom obligations
- How much money to pay for barlake, feasts and death ceremonies
- Children's schooling
- Children's marriage
- Daily household purchases
- When to go to health center
- Who to socialize with
- Selling valuable items

STEP 4: ENDING THE SESSION

At the end of the session

- Give a brief summary of what has been said in case anyone has something to add
- Remind participants of the purpose of the discussion and explain how we are going to use the information – what the next steps are.
- Explain what the next steps are with the project; when can people expect to hear from us again?
- Check if participants have any questions
- Thank participants for their time
- Check the written record has captured the main points and reflected the level of participants' involvement in the discussion.
- Collect up materials



Annex 3.2: FIELD GUIDE: DISCUSSION GUIDE FOR DISASTER MANAGEMENT COMMITTEES

HOW TO USE THE TOOL?

Follow the steps outlined below and take notes from the discussion in the Recording Format.

WHO SHOULD BE INVOLVED?

The focus group should involve a minimum of 4 and maximum of 15 participants. The focus group discussion should take 2 hours.

Focus group discussion roles:

- The facilitator makes sure everyone has a chance to speak and that the discussion stays focused
- The note-taker writes notes and takes photographs of the group (with the group's permission)
- If there is a third person, this person observes what is happening and the dynamics of the group; takes photographs as needed etc.

STEP 1: INTRODUCTION

Each member of the team introduces him/herself and **clearly explain the purpose of the visit:**

- Describe the purpose and main objectives of Disaster READY
- We would like to ask you some questions to help us make sure that our project meets your needs. Please don't be shy – there are no right or wrong answers and your opinions are very important!
- This discussion will take about 1-2 hours. Is this ok with you?
- **Ask participants if they have any questions.**

STEP 2: INFORMED CONSENT

Before starting the discussion **explain the following** to participants:

- All of the information that you share will be **confidential**. Our notes will be kept secure and we will not share personal details or

personal views with anyone else. Is that okay?

- Because you will be sharing your thoughts and experiences together in a group, other people in the discussion will know what each person has said. So that other people in your community do not find out about what people in this group said, please do not talk about the details of this discussion once the discussion has finished. In this group you should feel comfortable to speak openly. Is that clear?
- Some of the information you give me may be included in a **report** that will be used to design a new project to improve water, sanitation and hygiene in this district. It will not be possible from this report to identify you as individuals. Is that okay?
- Participation in the group discussion is **voluntary**. If you want to leave the discussion at any time you can. After the discussion, you can tell us if you do not want us to use what you have said. You do not have to give a reason why. If you decide not to participate, we will not use any of the information you have given us unless you tell us you want us to. If there is anything you tell us that you do not want us to mention in the report, tell us and we will keep this confidential. Do you understand? Is this OK?
- If you have any **complaints** about the discussion you can tell us. If you don't feel comfortable sharing your concerns with us, you or someone representing you can make contact with (nominated contact people). Is this clear?
- Do you understand what we have told you? Can we start the discussion now?

STEP 3: CONDUCTING THE FOCUS GROUP DISCUSSION - QUESTIONS

EXPLAIN to participants that we would like to learn more about their group and their community, including issues to do with disaster preparedness and response.



About your group

1. Can you please tell me about your group?

1.1 What is the purpose of your group / why does it exist?

1.2 When was your group formed, and who was it formed by?

1.3 Who are the members of your group? How many men? How many women? Are there any members with a disability?

1.4 Who chose the people to join this group? Why did you choose to join?



- 1.5 If members are mostly older able-bodied men, why? Why don't women participate? Why don't younger people? Why don't people with a disability participate?
- 1.6 What is the structure of your group? E.g. is there a Chairperson, Secretary, etc.? Who is in these different roles? Women? Men? People with a disability?
- 1.7 How often does your group meet, and where does it meet?
- 1.8 Does your group work with the local government?
- 1.9 Are you aware of any government policies that are guiding your work?
- 1.10 Since it was formed, what has your group done?
- 1.11 What are the best things about your group? What is really working well?

About your community

2. In your community, how are decisions made about things that affect everyone? For example, construction of infrastructure, local rules, etc.?



- 2.1 Who is involved in making these decisions most of the time? Is it usually men? Women? Old people or young people? Are people with a disability involved?
- 2.2 If it is mostly older able-bodied men, why? Why don't women participate? Why don't younger people? Why don't people with a disability participate?
- 2.3 Where are these decisions made?
- 2.4 If community decisions are made during meetings, where are these meetings held?
- 2.5 How are other community members informed about decisions made during meetings?
- 2.6 Who speaks most of the time? Do people listen to women's ideas?
- 2.7 What would happen if women, younger people or people with a disability attended and spoke up? How might this affect the decisions that were made?

What would people think if women, younger people or people with a disability attended and spoke up? Would anything bad happen to them?

Participation in public life



3. Do women participate in things like training activities in your community? Probe: Is this common? Who usually participates – women or men?

3.1 If not, why not? Are there consequences if women attend?

3.2 What do people think if women attend these types of activities?

3.3 What could be done to help more women attend these types of activities?

3.4 What about people with a disability? Do they usually attend training activities? Is this the same for women and men with a disability?

3.5 If people with a disability don't attend, why?

General



4. In your opinion, what are the most important needs in your community to better prepare for and respond to disasters?

4.1 What can your Disaster Management Committee do to help meet these needs?

5. Is there anything else that you would like to add? Any questions that you have for us?

STEP 4: ENDING THE SESSION

At the end of the session



- Give a brief summary of what has been said in case anyone has something to add
- Remind participants of the purpose of the discussion and explain how we are going to use the information – what the next steps are.
- Explain what the next steps are with the project; when can people expect to hear from us again?
- Check if participants have any questions. Thank participants for their time
- Check the written record has captured the main points and reflected the level of participants' involvement in the discussion.
- Collect up materials

Annex 3.3: FGD GUIDE FOR CONSORTIUM STAFF

STEP 1. Introduction by the facilitator: Informed consent

- Each member of the team introduces him/herself and **clearly explain the purpose of the visit: describe the purpose of Disaster READY**
- We would like to ask you some questions to help us make sure that our project meets your needs. Please don't be shy – there are no right or wrong answers and your opinions are very important!
- We want to hear how people who have difficulty with hearing, seeing, moving, communicating, people who are elderly, or people who have been sick for a long time (people with a disability) prepare for and respond to disasters.
- We are also interested in hearing from people who care for people with difficulties.
- This discussion will take around 1 hour.
- You do not need to answer anything you do not feel comfortable with and you can leave at any time.
- We will be documenting what you say, by writing things down.
- Our notes and photos will be kept in a safe place where other people cannot see it.
- When we write reports we will combine all the information together, and we won't use names, so no one knows exactly what you said.
- Do you have any questions or concerns? Can we start the interview now?

STEP 2: CONDUCT FGD

1. Do you see any connection between gender equality and improving disaster preparedness and response in Timor-Leste? Please explain your response.
2. Do you see any connection between disability inclusion and improving disaster preparedness and response in Timor-Leste? Please explain your response.

3. What actions does your organization take to promote gender equality and disability inclusion across different types of programs?
Please provide specific examples.
4. In your work with your organization generally, have you observed any changes relating to gender?
 - a. If yes, can you please describe these changes and how they came about? Please provide a specific example.
 - b. If no, why do you think there was no change?
5. In your work with your organization generally, have you observed any changes relating to disability inclusion?
 - c. If yes, can you please describe these changes and how they came about? Please provide a specific example.
 - d. If no, why do you think there was no change?
6. Do you feel that you have the skills and confidence to address gender and disability inclusion in your work?
 - a. If no, what are the gaps and how could we help you to build your skills and confidence?
7. Have you received any previous gender training? How useful was it?
8. Have you received any previous training on disability inclusion? How useful was it?
9. Are there good practices/lessons learned on gender or disability inclusion that you have learned through other work that could be relevant for how we promote gender and disability inclusion in the Disaster READY project?
10. Is there anything that you think doesn't work that we should avoid doing in Disaster READY to promote gender and disability inclusion?

11. How do you think our organisations should work together and with others to promote gender and disability inclusion in the Disaster READY project?

Annex 3.4: KII GUIDE FOR GOVERNMENT AND SERVICE PROVIDERS

STEP 1. Introduction by the facilitator: Informed consent

- Each member of the team introduces him/herself and **clearly explain the purpose of the visit: describe the purpose and objectives** of Disaster READY
- We would like to ask you some questions to help us make sure that our project meets your needs. Please don't be shy – there are no right or wrong answers and your opinions are very important!
- This discussion will take around 1 hour.
- You do not need to answer anything you do not feel comfortable with and you can leave at any time.
- We will be documenting what you say, by writing things down.
- Our notes and photos will be kept in a safe place where other people cannot see it.
- When we write reports we will combine all the information together, and we won't use names, so no one knows exactly what you said.
- Do you have any questions or concerns? Can we start the interview now?

STEP 2: Collect respondent information

Sex	
Agency/department/organisation name	
Position title	
Areas serviced	
Name of Interviewer	

Day/Month/Year

____/____
/____

STEP 3: CONDUCT KII

Section 1: Enabling environments (service and policy environment)

1. **Can you briefly tell me what your organization/department is doing in relation to disaster preparedness and response? Please provide examples.**

2. **Is your organization doing anything in particular to address specific needs of women and girls to prepare for and respond to disasters?**
 - If yes, please what support you are providing?
 - What has worked well in doing this?
 - What challenges are you facing in doing this?
 - What could you do more off/better?
 - What could help you in making your services more accessible?

3. **Is your organization doing anything in particular to address specific needs of people with disabilities to prepare and respond to disasters?**
 - If yes, please what support you are providing?
 - What has worked well in doing this?
 - What challenges are you facing in doing this?
 - What could you do more off/better?
 - What could help you in making your services more accessible?

4. **What policies/strategies/plan are in place that cover gender and disability inclusion in disaster preparedness and response?**
Please explain (what policies, mandated bodies, quality of implementation, etc.)?
5. **What other services are provided in the community/at government level to support women, girls and people with a disability to prepare and respond to disasters?**
 - what service is provided?
 - how well is this working?
 - What's (still) missing?
6. **Do these services meet the specific needs of women and people with a disability?** For example, taking into account lower levels of literacy, lower mobility, social exclusion, etc.
 - If not, what needs to change?
7. **Have you heard about self-help groups for people with disabilities or Disabled People's Organisations? If yes, has your organization consulted with/participated in any community projects in partnership with disabled people's organisations in the past?**
 - If yes, please explain how?
 - What was your experience of participation in these projects/partnerships?

Section 2: Experience of disaster preparedness & response of women, men and people with a disability

I would like to ask you some questions about the last major disaster that occurred in this area:

8. **Did you observe any differences in how women and men were able to prepare for the disaster?**
 - What actions did women take to prepare? What about men? What actions were taken so that people with a disability could prepare for the disaster?

- What about women-headed households? What about households with people with a disability?
- Please give specific examples.

9. Did you observe any differences in how women and men were affected by the disaster?

- What about people with a disability? How were they affected?
- Please give some specific examples.

10. Did you observe any differences in how women and men coped with the disaster?

- What coping strategies did men use? What coping strategies did women use? What about boys/girls?
- What about people with a disability? How did they cope?
- Please give some specific examples.

11. Why do these differences exist?

12. What specific barriers might women, girls and people with a disability face in preparing for and responding to disasters?

Section 3: Claiming rights & meaningful participation in public decision-making

13. Who usually participates in training and public/community meetings here, including consultations and decision making on disaster preparedness & response?

- Do women, young people and people with disabilities participate? If no, why?
- If no, what factors would help people with disabilities and women to have equal opportunity for participation in community activities?

14. **Do people with disabilities in your community have access to/obtain information and/or assistive devices/equipment (e.g. walking stick, wheelchair, cane, hearing aid, sign interpreters) to assist management of impairment/disability? If yes, where/how is this done?**
15. **What do you think are the best ways to communicate information on disaster preparedness and response to all community members, including people with a disability and people who can't read or write?**
16. **Is there anything else you would like to tell us? Do you have any questions for us?**

STEP 4: ENDING THE SESSION

At the end of the session ...

- Give a brief summary of what has been said in case s/he has something to add
- Remind her/him of the purpose of the KII and explain how we are going to use the information – what the next steps are.
- Check if s/he have any questions
- Thank the respondent for her/his time
- Check the written record has captured the main points and reflected the level of her/his response in the interview.
- Collect up materials

Annex 3.5: KII GUIDE FOR LOCAL LEADERS

STEP 1. Introduction by the facilitator: Informed consent	
<ul style="list-style-type: none"> • Each member of the team introduces him/herself and clearly explain the purpose of the visit: describe the purpose and objectives of Disaster READY • We would like to ask you some questions to help us make sure that our project meets your needs. Please don't be shy – there are no right or wrong answers and your opinions are very important! • This discussion will take around 1 hour. • You do not need to answer anything you do not feel comfortable with and you can leave at any time. • We will be documenting what you say, by writing things down. • Our notes and photos will be kept in a safe place where other people cannot see it. • When we write reports we will combine all the information together, and we won't use names, so no one knows exactly what you said. • Do you have any questions or concerns? Can we start the interview now? 	
STEP 2: Collect respondent information	
Sex	
Agency/department/organisation name	
Position title	
Areas serviced (Suco / Aldeia)	
Name of Interviewer	
Day/Month/Year	____ / ____ / _____
STEP 3: CONDUCT KII	

Section 1: Enabling environments (service and policy environment)

1. **Can you briefly tell me about your responsibilities in relation to disaster preparedness and response?**
2. **Have you taken any special steps to help women and girls prepare for and respond to disasters?**
 - If yes, what have you done?
 - What has worked well in doing this?
 - What challenges are you facing in doing this?
 - What could you do more off/better?
3. **Have you taken any special steps to help people with a disability prepare for and respond to disasters?**
 - If yes, what have you done?
 - What has worked well in doing this?
 - What challenges are you facing in doing this?
 - What could you do more off/better?
4. **What other support is provided in this community to support women, girls and people with a disability to prepare and respond to disasters?**
 - what service is provided?
 - how well is this working?
 - What's (still) missing?

Section 2: Experience of disaster preparedness & response of women, men and people with a disability

I would like to ask you some questions about the last major disaster that occurred in this area:

5. Did you observe any differences in how women and men were able to prepare for the disaster?

- What actions did women take to prepare? What about men? What actions were taken so that people with a disability could prepare for the disaster?
- What about women-headed households? What about households with people with a disability?
- Please give specific examples.

6. Did you observe any differences in how women and men were affected by the disaster?

- What about people with a disability? How were they affected?
- Please give some specific examples.

7. Did you observe any differences in how women and men coped with the disaster?

- What coping strategies did men use? What coping strategies did women use? What about boys/girls?
- What about people with a disability? How did they cope?
- Please give some specific examples.

8. Why do these differences exist?

9. What specific barriers might women, girls and people with a disability face in preparing for and responding to disasters?

Section 3: Claiming rights & meaningful participation in public decision-making

10. Who usually participates in training and public/community meetings here, including consultations and decision making on disaster preparedness & response?

- Do women, young people and people with disabilities participate? If no, why?
- If no, what factors would help people with disabilities and women to have equal opportunity for participation in community activities?

11. Do people with disabilities in your community have access to/obtain information and/or assistive devices/equipment (e.g. walking stick, wheelchair, cane, hearing aid, sign interpreters) to assist management of impairment/disability? If yes, where/how is this done?

12. What do you think are the best ways to communicate information on disaster preparedness and response to all community members, including people with a disability and people who can't read or write?

13. Is there anything else you would like to tell us? Do you have any questions for us?

STEP 4: ENDING THE SESSION

At the end of the session ...

- Give a brief summary of what has been said in case s/he has something to add
- Remind her/him of the purpose of the KII and explain how we are going to use the information – what the next steps are.
- Check if s/he have any questions
- Thank the respondent for her/his time
- Check the written record has captured the main points and reflected the level of her/his response in the interview.
- Collect up materials

Annex 3.6: KII GUIDE FOR PEOPLE WITH A DISABILITY

STEP 1. Introduction by the facilitator: Informed consent	
<ul style="list-style-type: none"> • Each member of the team introduces him/herself and clearly explain the purpose of the visit: describe the purpose and objectives of Disaster READY • We would like to ask you some questions to help us make sure that our project meets your needs. Please don't be shy – there are no right or wrong answers and your opinions are very important! • We want to hear how people who have difficulty with hearing, seeing, moving, communicating, people who are elderly, or people who have been sick for a long time (people with a disability) prepare for and respond to disasters. • We are also interested in hearing from people who care for people with difficulties. • This discussion will take around 1 hour. • You do not need to answer anything you do not feel comfortable with and you can leave at any time. • We will be documenting what you say, by writing things down. • Our notes and photos will be kept in a safe place where other people cannot see it. • When we write reports we will combine all the information together, and we won't use names, so no one knows exactly what you said. • Do you have any questions or concerns? Can we start the interview now? 	
STEP 2: Collect respondent information	
Sex	
Agency/department/organisation name (if applicable)	
Position title (if applicable)	
Areas serviced/ residential area	

Name of Interviewer	
Day/Month/Year	____/____/____
STEP 3: CONDUCT KII	
<p>1. What was the last major disaster that affected your community?</p> <p>2. How did you get information about this disaster, before it happened and while it was happening? Do you feel that you had enough information to know what was going on?</p> <p>3. Can you please describe how this disaster affected your daily life?</p> <ul style="list-style-type: none"> • Did it change the things that young people were able to do in a normal day? • Were other people in your family affected in the same way, or did you experience this disaster differently? If so, how? <p>4. What did you do to cope with this disaster? What actions did you take?</p> <ul style="list-style-type: none"> • Did other people take the same actions? If no, what was different? Why were the coping strategies of young people different? • What resources did you use to cope? How you access these resources? <p>5. In your community, how are decisions made about preparing for and responding to disasters?</p> <ul style="list-style-type: none"> • Are people who have difficulty with hearing, seeing, moving, communicating, people who are elderly, or people who have been sick for a long time able to participate in community consultations and decision-making? • Who <u>usually speaks</u> in community consultations and decision-making? 	

- If people who have difficulty with hearing, seeing, moving, communicating, people who are elderly, or people who have been sick for a long time do participate, do they speak up? Do they feel listened to?
- Does it differ for men, compared with young women?
- What would help people who have difficulty with hearing, seeing, moving, communicating, people who are elderly, or people who have been sick for a long time to be more involved in these processes in future?

6. And how is this in the household, who usually makes decisions about preparing for and responding to disasters?

- Can people who have difficulty with hearing, seeing, moving, communicating, people who are elderly, or people who have been sick for a long time contribute to these decisions?
- Who usually speaks in during decision-making discussions in the household?
- If people who have difficulty with hearing, seeing, moving, communicating, people who are elderly, or people who have been sick for a long time do participate, do they speak up? Do they feel listened to?
- Does it differ for young men, compared with young women?
- What if there is a disagreement in household decision-making? What happens?

7. In your opinion, what do people in your community think about people who have difficulty with hearing, seeing, moving, communicating, people who are elderly, or people who have been sick for a long time?

- Do people who have difficulty with hearing, seeing, moving, communicating, people who are elderly, or people who have been sick for a long time get treated differently? If so, how?
- Does it differ for men, compared with women?
- What could help in changing this?

8. Is there anything else that you would like to share with us? Do you have any questions for us?

Thank you for your participation and that is the end of my questions.

Annex 3.7: OBSERVATION CHECKLIST

Community Name/location of observations:

Date:

Person writing observations:

1. Buildings/locations

a) Specify type of building or location observed (e.g. School, Church, community meeting space, house) and who uses it

**Take a picture of the location or building*

b) Is the building or location easily accessible? Describe any features e.g. ramps, steps, paths

**Take a picture of how people access the location or building – path or doorway*

4. Daily activities

a) What kind of daily activities can you observe people doing at the location? E.g. fetching water, washing laundry, caring for children, marketing, relaxing, cooking, working in fields, attending to livestock, etc.?

Daily activity	Who is doing tasks (men, women, boys, girls, anyone with a disability)? How many people?