CVTL Volunteer during health promotion in Dare Village, Koalau Sub-village, Dili

ASSESSMENT
COMMUNITY PERCEPTION ON COVID-19 TIMOR-LESTE
JULY 2020

Executive Summary

The outbreak of COVID-19 all over the world requires the community to have adequate knowledge of the disease and its precautionary behaviours to help contain the spread of COVID-19. Community perception, behaviour and attitude during this pandemic can vary significantly from country to country. The perception survey conducted by CVTL is the first to assess the knowledge and perceptions about COVID-19 across different municipalities in Timor-Leste. This report presents results of the risk perception on COVID-19 in its middle- phase, notably during the second period of state of emergency (27 April to 27 May), where risk communication effort has been conducted by different actors in the country. Through this survey, we expect to determine the level of knowledge and their perception of COVID19 and provide recommendations based on available data.

The finding suggests it is important for the government and non-government actors to continuously collaborate and engage in raising awareness using the suggested communication channels and age-appropriate approach.

COVID-19 prevention sensitization during blood donation activity in Camera Village, Lenuk-Hun Sub-village, Dili

COVID-19 in Timor-Leste

The COVID-19 pandemic in Timor-Leste is part of the on-going pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Following the announcement of the first confirmed case of COVID-19 on 21 March 2020, the Timorese government has increased its response and declared the State of Emergency starting 28 March 2020 to 26 April 2020. The government decided to extend the national emergency until 27 May and until 26 June 2020. Containment and mitigation measures were established including restriction of international travels into the country, mandatory isolation, prohibition of mass gathering, and limitation of public administration to essential public services.

The government has been actively disseminating key messages for COVID-19 prevention concerning good hygiene practices and social distancing on different communication channels. Through the Ministry of Health (MoH), a hotline number – 119 – for COVID-19 was established to provide advice and answer questions related to COVID-19. As of 4 May 2020, Timor-Leste had 24 confirmed cases, all of which have since recovered. There have been no deaths reported and to date, a total of 1,941 citizens have already completed the 14-day quarantine period.
CVTL as an auxiliary to the government has a defined role in national preparedness and response plan. On 22 March, CVTL and the MoH

signed a Memorandum of Understanding (MoU) on volunteers' mobilization for dengue outbreak prevention, Tuberculosis, and COVID-19 responses. CVTL is assisting in risk communication for COVID-19, dissemination of health messages and hygiene promotion which are deemed as critical interventions especially for the vulnerable groups.

CVTL Volunteer visiting Camera Village, Lenuk-Hun Sub-village, Dili for COVID-19 prevention sensitization

Context

Since COVID-19 turned into a global pandemic, the public has been exposed to risk communication effort by different actors, such as the Ministry of Health, WHO and CVTL through various communication channels. However, it remained unclear to what extent the community were aware of the COVID-19 risks and how they were altering their behaviour in respond the on-going risk communication effort.

CVTL with a support from IFRC, undertook a community perceptions survey on COVID 19 between April and May which have reached 1607 people in 13 municipalities. The aim of the survey was to identify self-protection behaviours and detection of misinformation and stigma related to the outbreak in the community as follow:

• Determine the knowledge, attitude, and perceptions people have about COVID-19

• Determine most effective communication channels; and

• Detect misinformation and stigma in the community because of COVID-19.

•
It is important to note that from the 24th of April, there was no new cases in Timor-Leste. During this perception survey period, WHO also noted in Situation Report No. 33 dated 12 May 2020, there was a poor adherence of physical distancing in the community. Through this

survey, we hope to understand the community's risk perception and to provide recommendations for in-country actors to adjust their programming as necessary.

Methodology

The survey questions were reviewed and modified from the perception survey questionnaire provided by the IFRC to suit Timor-Leste context. This survey consists of questions designed to understand the relationship between risk perceptions, trusts, knowledge, detection of misinformation of COVID-19 and stigma in the community.

This perception survey is conducted through two different data collection methods for 13 municipalities. The first method is an online survey which was developed on KOBO using IFRC server then rapidly broadcasted on CVTL's social media accounts – Facebook and Twitter, as well as on instant messaging app such as WhatsApp.

The online survey was designed to specifically target those with internet access, which is mainly centred around Dili municipality. The second method is through face-to-face personal interviews conducted by CVTL branch volunteers in 12 municipalities in the same Kobo form on their mobile devices.

Before going on the field assessment, branches volunteers received briefings and training on the survey, the instalment of Kobo Toolbox as well as simulated the data collection in the field. Branches volunteers were obliged to introduce themselves, explain the purpose of the interview and obtain the community's consent before they can proceed with the face-to-face interview in the designated area. The volunteers were also obliged to disclose the confidentiality and the anonymity of all perception survey participants.   All interviewees were assured that their identity would be kept strictly confidential – that is, they would never be identified to anyone else, verbally or in writing, as having participated in the research, and particular statements would not be attributed to them.

The data collection for online survey was held from 27 April to 11 May 2020, while the period for face-to-face interview took approximately three weeks, between 18 May to 29 May 2020 in 12 municipalities.

Data Management

The datasets were reviewed based on dates and municipality for data cleaning. The data was analyzed using the offline Kobo Excel Data Analyzer which used to analyze the data produced by XLSForm downloaded on Kobo. The inductive approach is applied to analyze the data and identify key recommendations related to the challenges and for the adaptation of interventions on COVID-19 Response Operation in Timor-Leste.
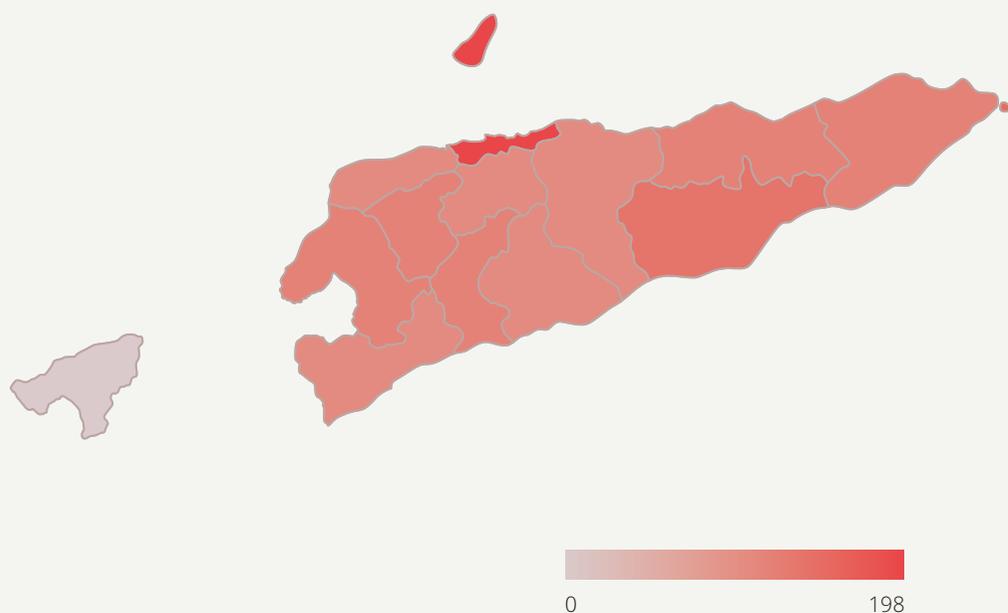
Limitation

The dataset contains information from all 13 municipalities in Timor-Leste. However, it is imperative to note that CVTL did not conduct the face-to-face survey in Oecusse which is a municipality enclaved by western part of Timor island, Nusa Tenggara Timur, Indonesia, therefore is separated from the rest of Timor-Leste. Transportation to this municipality and travel restriction have made it more challenging to conduct the survey in that particular area.

In addition, owing to the limitation in time and human resources, CVTL has opted to conduct interview in the municipality centres. Therefore, the data is entirely based on the community living in the municipality centres and does not represent those who are living in the rural areas. The short period for survey (approximately two weeks) also prevented repeat visits to fieldwork sites and limited opportunities to build trust with respondents over time, thus affecting the reliability of data collected.

Despite the effort in distributing the survey in different social media and messaging apps, and offline push in through verbal reminders among staff, the collection of data via internet is more likely to introduce a different type of biases which may affect the quality of the data to some extent.

Demographics

In total, 1,607 respondents from 13 municipalities in Timor-Leste participated in the assessment. The following detail shows that the highest participating municipality is Dili with 199 respondents (12%) and the lowest Oecusse with only 2 respondents (0,12%). The average number of respondents per municipality is 123,6.

Note: since CVTL did not conduct face to face interview in Oecusse, it is very likely that the two respondents accessed the online survey.

Graph 1: Infographic map of respondents. Total Respondents: 1607

Municipality	Respondent	Percentage
Dili	198	12,38
Viqueque	152	9,46
Ainaro	143	8,9
Ermera	142	8,84
Baucau	142	8,84
Bobonaro	139	8,64
Lautem	132	8,21
Liquica	125	7,78
Covalima	118	7,34
Manatuto	109	6,78
Aileu	106	6,6
Manufahi	98	6,1
Oecusse	2	0,12

Sex

Women
47% (760)

Men
53% (847)

Graph 2: Sex of respondents. Total Respondents: 1607

Age

above 60
4% (69)

under 17
7% (118)

50 - 59
8% (121)

40 - 49
14% (223)

30 - 39
20% (325)

18 - 29
47% (759)
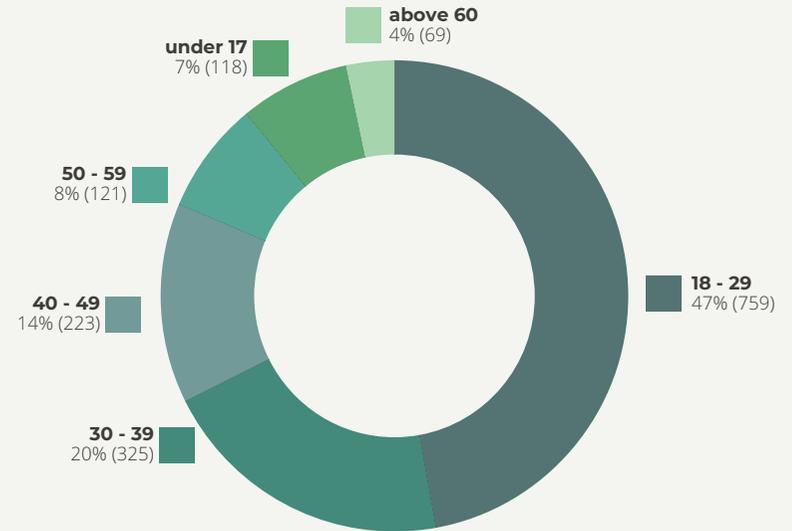
Graph 3: Age of respondents. Total Respondents: 1607

Location Disaggregation

Municipality	Men (%)	Women (%)
Dili	55	45
Viqueque	63	38
Ainaro	50	50
Ermera	53	47
Baucau	52	48
Bobonaro	49	51
Lautem	45	55
Liquica	60	40
Covalima	52	48
Manatuto	47	53
Aileu	54	46
Manufahi	52	48
Oecusse	0	100

Table 2: Location dissaggregation of respondents' sex. Total Respondents: 1607

Sex

The sex ratio of men and women in Timor Leste is 51%: 49 %. In this survey, 53% (847) of survey participants are men and 47% (760) are women. Though the men and women ratio may not exactly 1;1, the composition still gives a proper balanced input between the two sexes.

Therefore, survey responses from men and women will not vary significantly and will not affect the data. This ratio also applies in the same manner within the municipalities, except for Viqueque and Liquica municipalities. Lautem municipality had higher women participation followed by Manatuto and Bobonaro.

Age

The results shows that the highest participating age group in this assessment is 18 – 29 years old with 755 (47,29%) and the lowest age group is above 60 years old with 96 (3,73%) with sex ratio in each age group close to 1:1.

Education

Other 3% (45)
Postgraduate 1% (12)
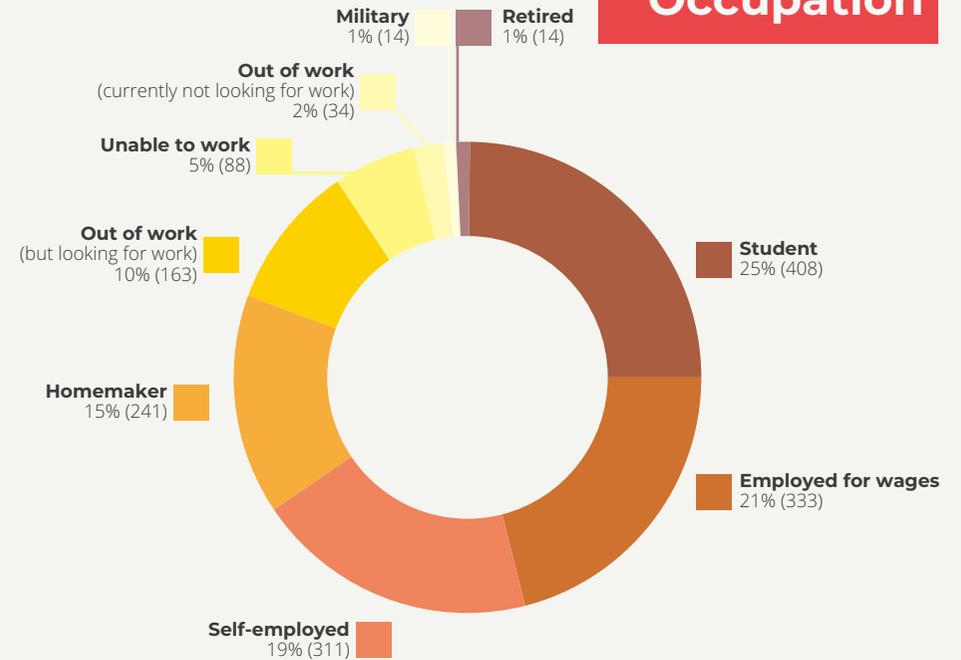**Primary School** 6% (98)
Bachelor 12% (197)
Secondary School 14% (224)
High School 45% (730)
No schooling completed 19% (300)
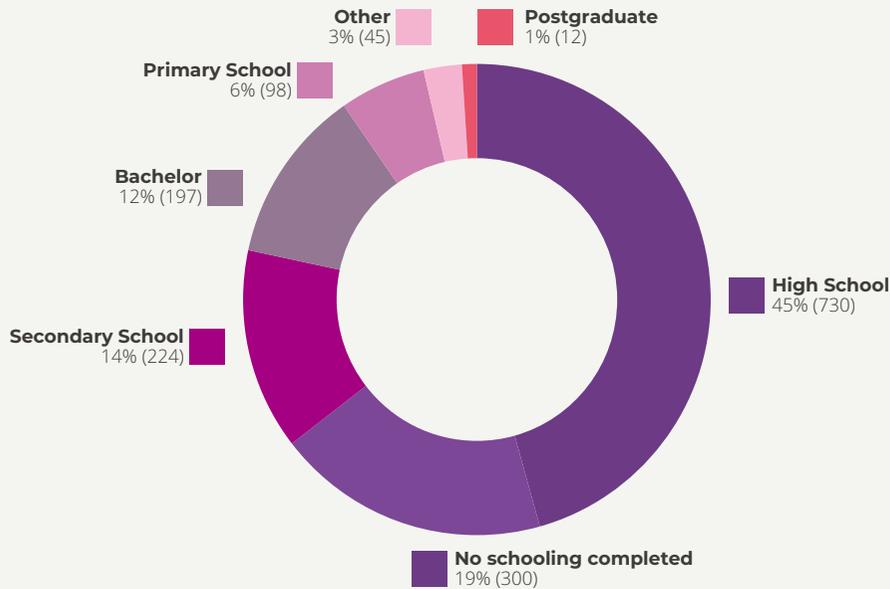
Graph 4: Education level of respondents. Total Respondents: 1607

Occupation

Military 1% (14)
Retired 1% (14)
Out of work (currently not looking for work) 2% (34)
Unable to work 5% (88)
Out of work (but looking for work) 10% (163)
Student 25% (408)
Homemaker 15% (241)
Employed for wages 21% (333)
Self-employed 19% (311)

Graph 5: Occupation of respondents. Total Respondents: 1607

Education

The graph 4 displays that 730 (45,45%) of respondents have completed High School education, 300 (19%) of the respondents have no schooling and 14% (224) have completed secondary school. Higher education level stands at 13% in total, with 197 (or 12%, among which 65% are men and 26% are women) respondents have completed bachelor degree and only 12 (0,75%) of the respondents who completed Post Graduate degree (with men 83% and women 16%).
Sex ratio of men and women in other level of education is close to 1:1.

Occupation

Occupation wise categories about 408 (25%) of the respondents are students, about 40% of the respondents are working (with 21% employed for wages, and 19% are self-employed). The least common categories of occupation are military and retired with only 14 (1%), respectively.

Sex Disaggregation

Occupation	Men (%)	Women (%)
Student	50	50
Employed	64	36
Self-Employed	64	36
Homemaker	15	85
Out of work	69	31
Unable to work	56	44
Military	64	36
Retired	57	43

Table 3: Sex dissaggregation of respondents' occupation. Total Respondents: 1607

Community Insights
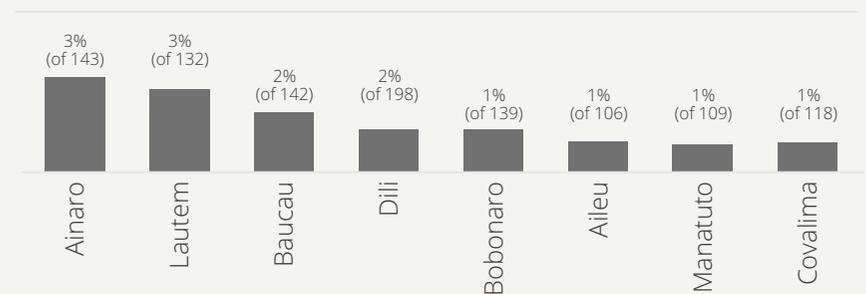
Information Exposure

98,75%

of respondents were exposed with variety of information related to COVID-19

About 1,586 (98,75%) of respondents are aware of the COVID-19. This number indicates a high exposure of information related to COVID-19 with 98,75% of them have mentioned that they heard about the outbreak of the disease.

However, the remaining 20 (1,25%) have said to be unaware of COVID-19 (with 1% of men and 1% women). About 3% of 20 respondents are located in Ainaro and Lautem respectively.

WHERE ARE THE 1,25%?

Ainaro	Lautem	Baucau	Dili	Bobonaro	Aileu	Manatuto	Covalima
3% (of 143)	3% (of 132)	2% (of 142)	2% (of 198)	1% (of 139)	1% (of 106)	1% (of 109)	1% (of 118)

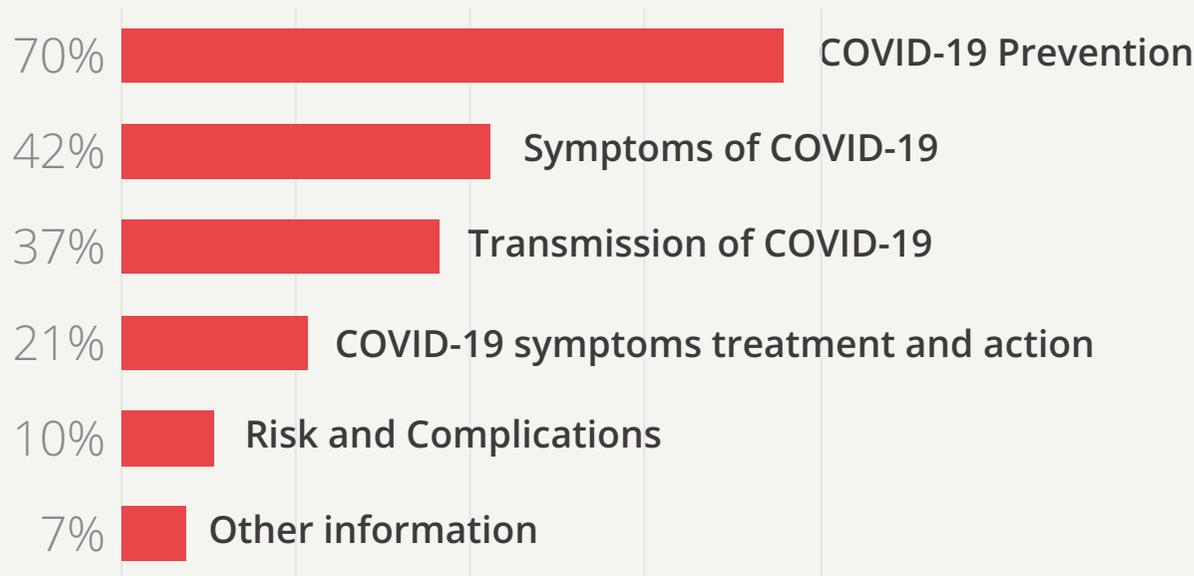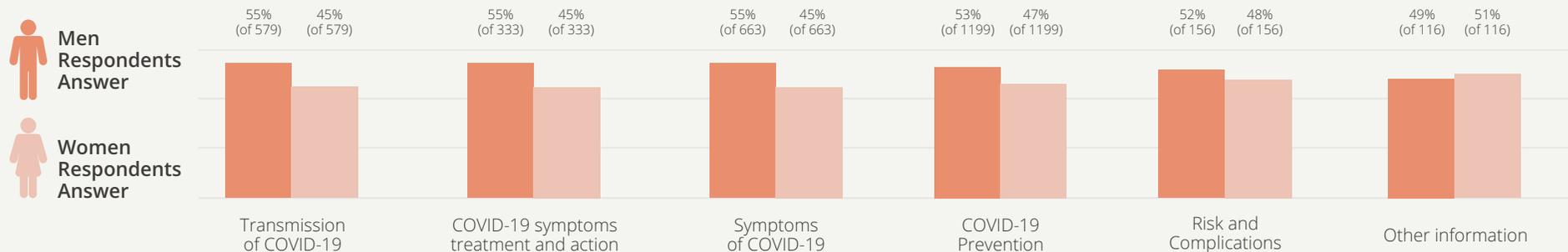*Graph 6: Infographic location disaggregation of respondents' answer. Total respondents: 1606*

Topics of Information in Community

70% COVID-19 Prevention

42% Symptoms of COVID-19

37% Transmission of COVID-19

21% COVID-19 symptoms treatment and action

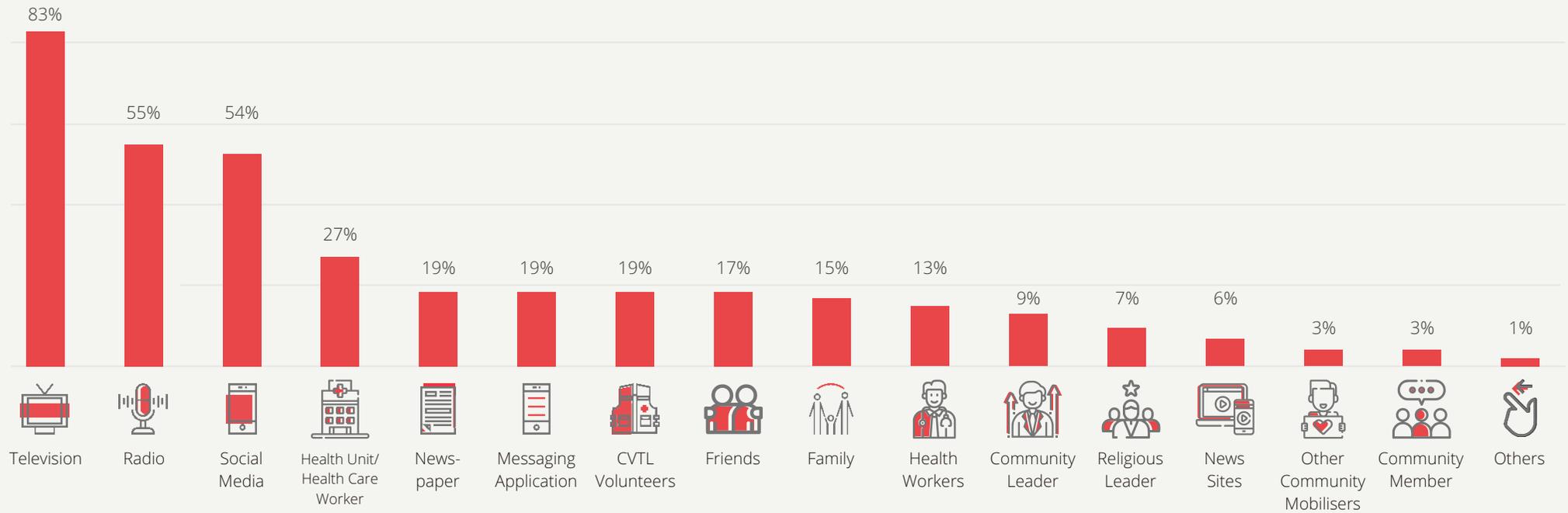10% Risk and Complications

7% Other information

Nonetheless, around 7% of respondents (111) chose "Other" for this question on the checkbox options. However, upon reviewing the elaborate responses under the option "Other," it was found that some of the respondents merely repeat the available choices in their own language, this was found in questions such as the prevention measures or risks of the disease. For this question, the respondents also responded on how they received the information, which was elaborated in the following question. Therefore, some of the responses are inaccurate.

Men Respondents Answer

Women Respondents Answer

	Transmission of COVID-19	COVID-19 symptoms treatment and action	Symptoms of COVID-19	COVID-19 Prevention	Risk and Complications	Other information
Men	55% (of 579)	55% (of 333)	55% (of 663)	53% (of 1199)	52% (of 156)	49% (of 116)
Women	45% (of 579)	45% (of 333)	45% (of 663)	47% (of 1199)	48% (of 156)	51% (of 116)

Graph 7: Infographic and sex disaggregation "What kind of information have received about COVID-19. Total respondents: 1586

Information Source

83%

55% 54%

27%

19% 19% 19% 17% 15% 13%

9% 7% 6% 3% 3% 1%

Television | Radio | Social Media | Health Unit/ Health Care Worker | News-paper | Messaging Application | CVTL Volunteers | Friends | Family | Health Workers | Community Leader | Religious Leader | News Sites | Other Community Mobilisers | Community Member | Others

Graph 8: Infographic of communities' information source. Total respondents: 1586

Television

Television is the main information channel, with a total of 83% respondents. This percentage remains stable in both sex and age segregated data

Radio

Overall, 55% of the respondents also relies on radio as information channel. Men (56%) rated this source of information higher than women (53%). Radio is ranked as a second source of information among age group above 30.
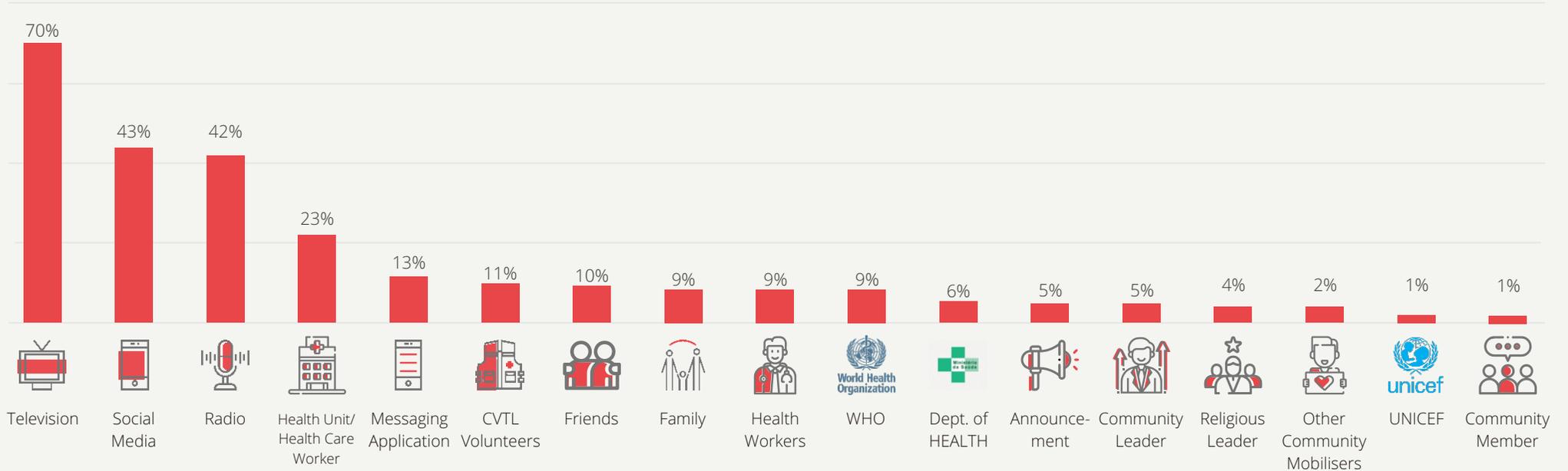
Social Media

About 54% of respondents mentioned social media as the information channel. It is ranked as second after television among people who are under 30. In this case, men (56%) considers it higher than women (52%)

Health Unit/Care Workers

27% of respondents considered health care unit or care workers as their source of information and is on the fourth rank among people with age above 18.

Preferred Information Source

70% Television
43% Social Media
42% Radio
23% Health Unit/ Health Care Worker
13% Messaging Application
11% CVTL Volunteers
10% Friends
9% Family
9% Health Workers
9% WHO
6% Dept. of HEALTH
5% Announce-ment
5% Community Leader
4% Religious Leader
2% Other Community Mobilisers
1% UNICEF
1% Community Member

Graph 9: Infographic of communities' preferred information channelTotal respondents: 1586

Television

78% of respondents preferred television as their main information provider in all age group, gender disaggregation and in all municipalities

Social Media

Preferred channel for people in age group 18 – 29 years old (50%) and is the least preferred in age group above 60 years old (16%). Social media stands between 36 % to 58% in all municipalities except for Ainaro with only 21%.
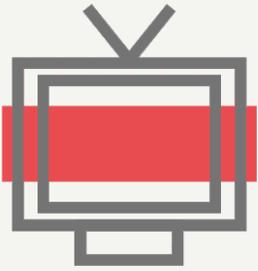
Radio

Radio is popular among all age group, except for the youngest age group of under 17 years old, which stands only 28%. Radio is also rated higher in Aileu municipality (74%), followed by Ermera municipality with 60%.
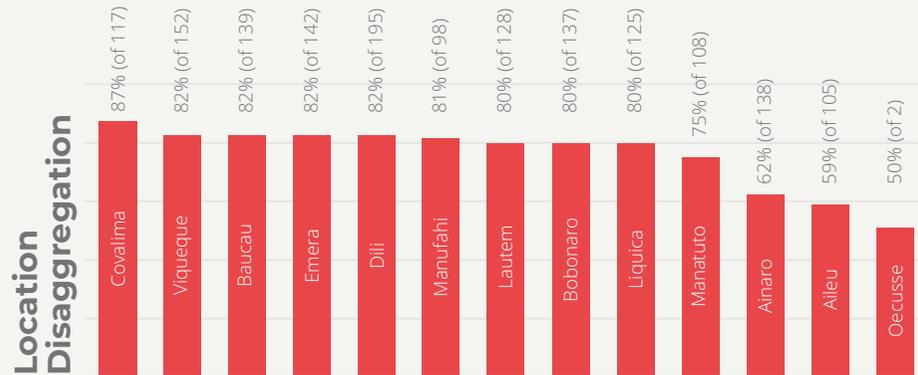
Health Unit/Care Workers

This information channel is less popular for those who are under 17 years old with only 13% but rated high in Viqueque municipality and least preferred in Ainaro (3%)
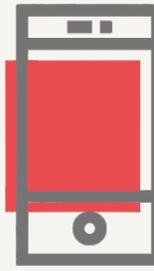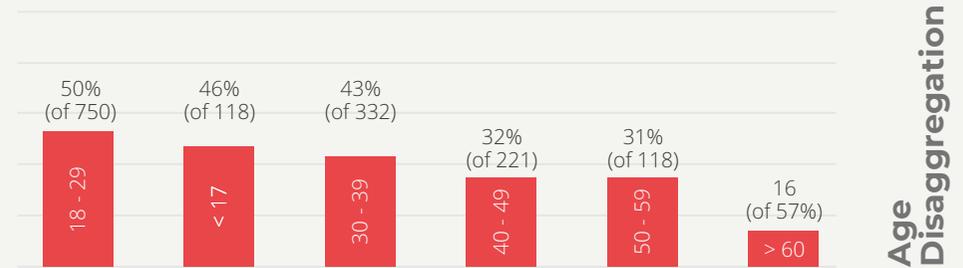
Television (78%)

Age Disaggregation

82% (of 57)	82% (of 322)	82% (of 118)	81% (of 118)	77% (of 221)	75% (of 750)
Above 60 years old	30 - 39 years old	Under 17 years old	50 - 59 years old	40 - 49 years old	18 - 29 years old

Location Disaggregation

- 87% (of 117) Covalima
- 82% (of 152) Viqueque
- 82% (of 139) Baucau
- 82% (of 142) Emera
- 82% (of 195) Dili
- 81% (of 98) Manufahi
- 80% (of 128) Lautem
- 80% (of 137) Bobonaro
- 80% (of 125) Liquica
- 75% (of 108) Manatuto
- 62% (of 138) Ainaro
- 59% (of 105) Aileu
- 50% (of 2) Oecusse

Graph 10: Location and sex disaggregation of respondents selected TV. Total respondents: 1238

Social Media (43%)

Age Disaggregation

50% (of 750)	46% (of 118)	43% (of 332)	32% (of 221)	31% (of 118)	16 (of 57%)
18 - 29	< 17	30 - 39	40 - 49	50 - 59	> 60

Location Disaggregation

- 58% (of 139) Baucau
- 54% (of 142) Emera
- 50% (of 152) Viqueque
- 50% (of 2) Oecusse
- 50% (of 125) Liquica
- 47% (of 98) Manufahi
- 44% (of 117) Covalima
- 42% (of 128) Lautem
- 37% (of 195) Aileu
- 37% (of 195) Dili
- 36% (of 108) Manatuto
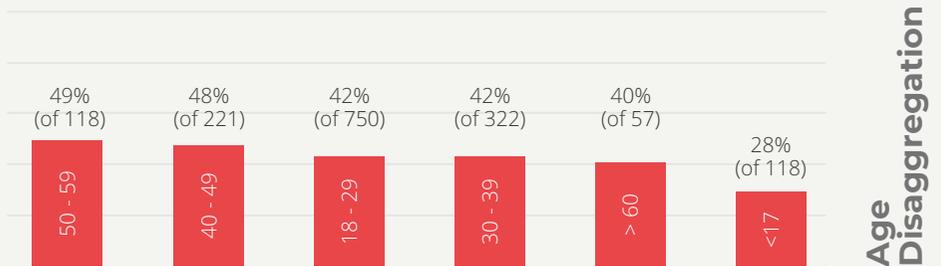- 36% (OF 137) Bobonaro
- 21% (of 138) Ainaro

Graph 11: Location and sex disaggregation of respondents selected Social Media. Total respondents: 683
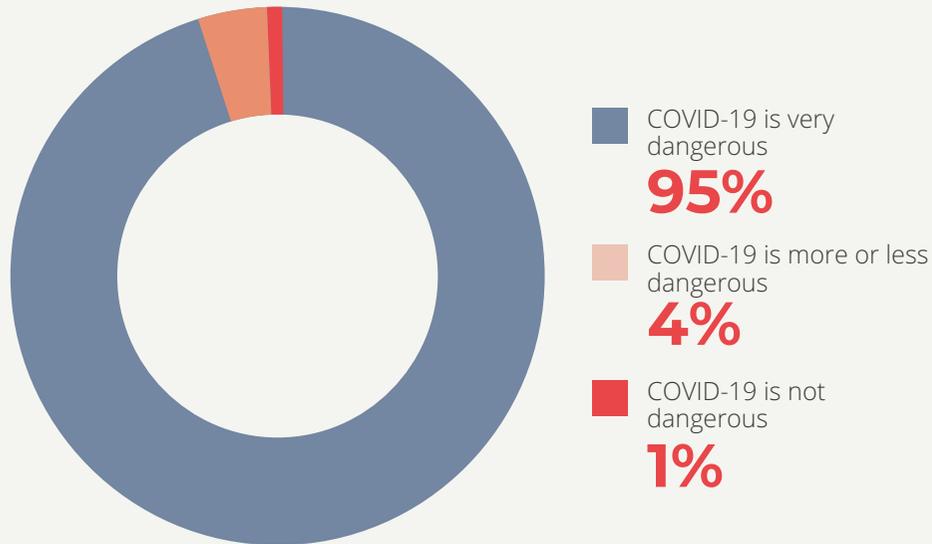
Radio (42%)

Health Unit Worker (23%)

Age Disaggregation

49% (of 118)	48% (of 221)	42% (of 750)	42% (of 322)	40% (of 57)	28% (of 118)
50 - 59	40 - 49	18 - 29	30 - 39	> 60	<17

Age Disaggregation

40 - 49 30% (of 221)	50 - 59 26% (of 118)	> 60 25% (of 57)	18 - 29 23% (of 750)	30 - 39 22% (of 332)	<17 13% (of 118)

Location Disaggregation

Aileu	74% (of 105)
Emera	60% (of 142)
Oecusse	50% (of 2)
Covalima	50% (of 117)
Viqueque	48% (of 152)
Ainaro	48% (of 138)
Liquica	45% (of 125)
Manufahi	37% (of 139)
Baucau	33% (of 139)
Bobonaro	31% (of 137)
Lautem	30% (of 128)
Dili	30% (of 195)
Manatuto	30% (of 108)

Graph 12: Location and sex disaggregation of respondents selected Radio. Total respondents: 671

Location Disaggregation

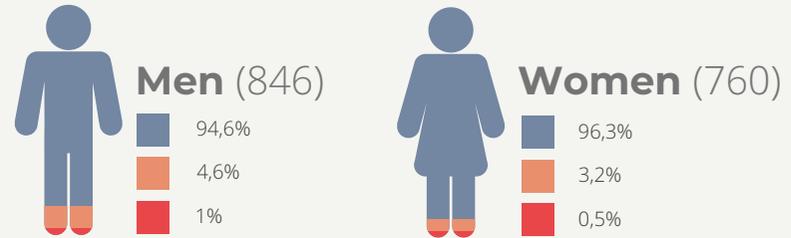|	
Viqueque	52% (of 152)
Oecusse	50% (of 2)
Aileu	35% (of 105)
Manatuto	32% (of 108)
Emera	31% (of 142)
Manufahi	26% (of 98)
Lautem	22% (of 128)
Liquica	22% (of 125)
Bobonaro	19% (of 125)
Dili	17% (of 195)
Baucau	15% (of 139)
Covalima	7% (of 117)
Ainaro	3% (of 138)

Graph 11: Location and sex disaggregation of respondents selected Health Worker. Total respondents: 367
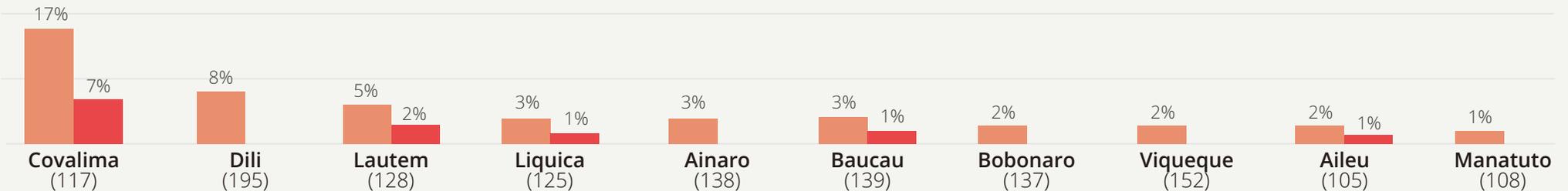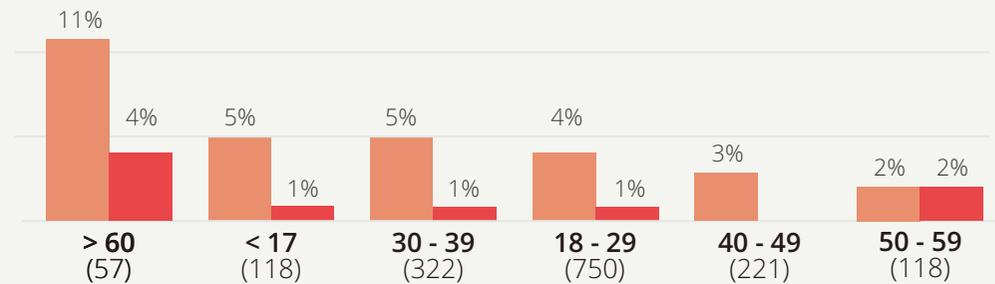
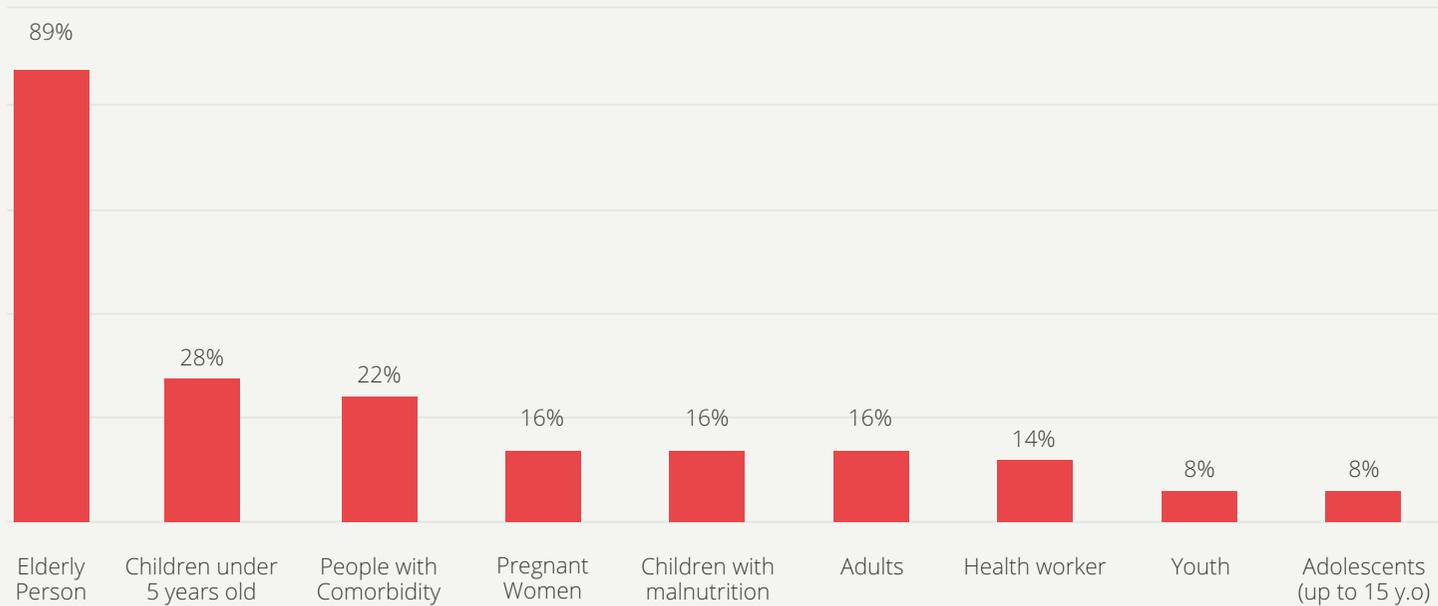# Community Perception on COVID-19

COVID-19 Fatality

- COVID-19 is very dangerous **95%**
- COVID-19 is more or less dangerous **4%**
- COVID-19 is not dangerous **1%**

Sex Disaggregation

Men (846)
- 94,6%
- 4,6%
- 1%

Women (760)
- 96,3%
- 3,2%
- 0,5%

Age Disaggregation

> 60 (57)	< 17 (118)	30 - 39 (322)	18 - 29 (750)	40 - 49 (221)	50 - 59 (118)
11% / 4%	5% / 1%	5% / 1%	4% / 1%	3%	2% / 2%

Covalima (117)	Dili (195)	Lautem (128)	Liquica (125)	Ainaro (138)	Baucau (139)	Bobonaro (137)	Viqueque (152)	Aileu (105)	Manatuto (108)
17% / 7%	8%	5% / 2%	3% / 1%	3%	3% / 1%	2%	2%	2% / 1%	1%

Graph 12: Infographics of respondents' answers on COVID-19 Risks. Total respondents: 1586

At-Risk Groups

89%

28%

22%

16%   16%   16%

14%

8%   8%

Elderly Person | Children under 5 years old | People with Comorbidity | Pregnant Women | Children with malnutrition | Adults | Health worker | Youth | Adolescents (up to 15 y.o)

Graph 13: Infographics of respondents' answers on COVID-19 at-risk groups. Total respondents: 1586

The graphic shows that 89% of respondents regarded elderly persons are at highest risk group to be infected with COVID-19.

Children under 5 years old were also considered at-risk by 28% of respondents while people with underlying health conditions were identified by 22% of respondents.

Interestingly, only 14% of respondents identified health workers as most-at-risk group.

COVID-19 Transmission
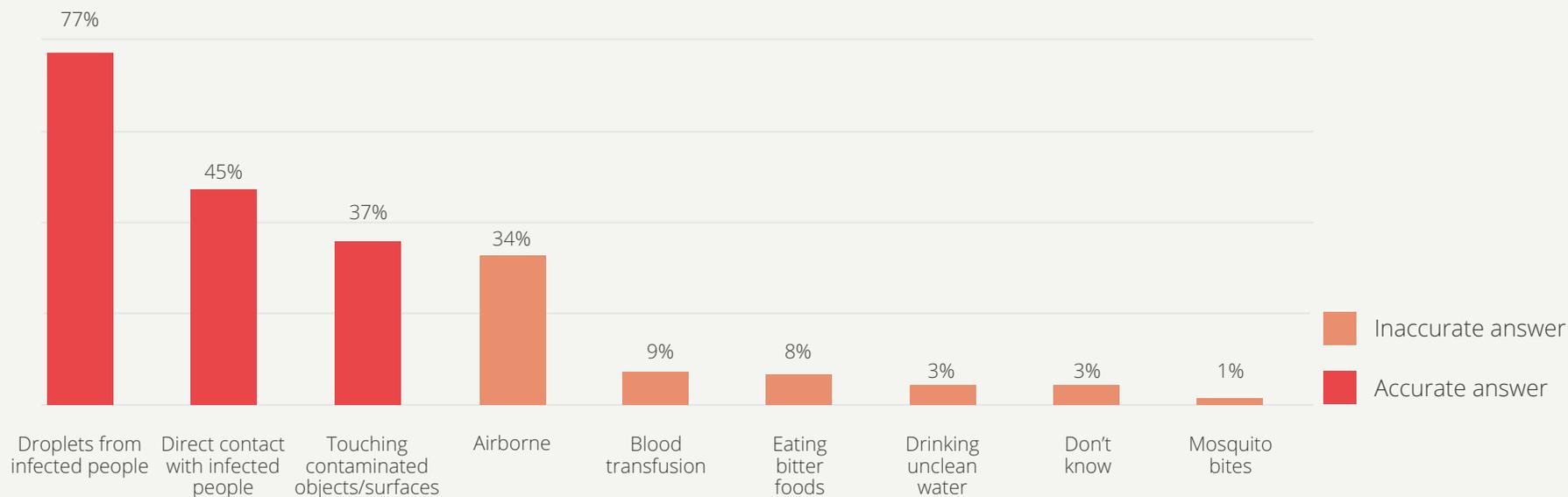
Graph 14: Infographics of respondents' answers on COVID-19 transmission. Total respondents: 1586

Legend:
- Inaccurate answer
- Accurate answer

Bar values: Droplets from infected people 77%, Direct contact with infected people 45%, Touching contaminated objects/surfaces 37%, Airborne 34%, Blood transfusion 9%, Eating bitter foods 8%, Drinking unclean water 3%, Don't know 3%, Mosquito bites 1%

Location Disaggregation of respondents with innacurate answers

Municipality	Respondents	In %	Municipality	Respondents	In %
Viqueque	123	81	Liquica	65	52
Dili	110	56	Manufahi	62	63
Ermera	89	63	Covalima	61	52
Aileu	73	69	Ainaro	60	42
Lautem	72	55	Oecusse	2	100
Baucau	71	50			
Manatuto	66	61			
Bobonara	65	47			

Table 2: Location dissaggregation of respondents selected inaccurate answers. Total Respondents: 1586

Regarding knowledge on COVID-19 transmission, 77% of respondents are aware of droplets from the infected people, while 45% mentioned direct contact with infected people. 37% respondents are informed that touching contaminated objects/surface is a mode of transmission of COVID-19.
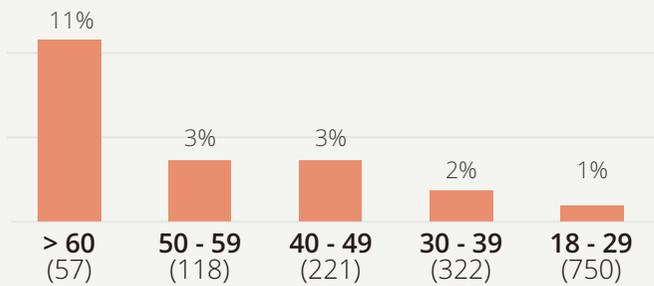
However, there are at least 34% respondents perceived that COVID-19 transmitted through airborne, which is incorrect. The inaccurate answers as shown on the graphic above which are most selected by men (485) than women (434).
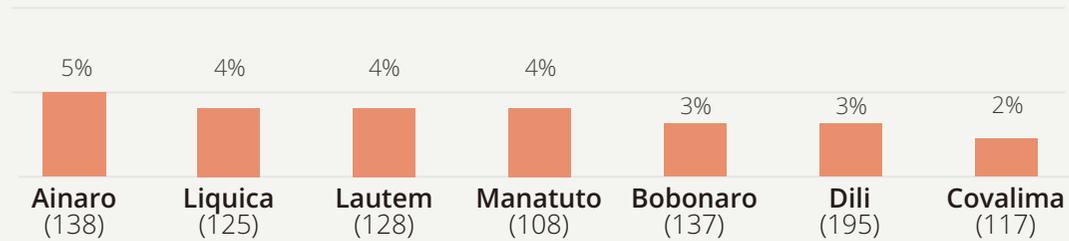
COVID-19 Main Symptoms
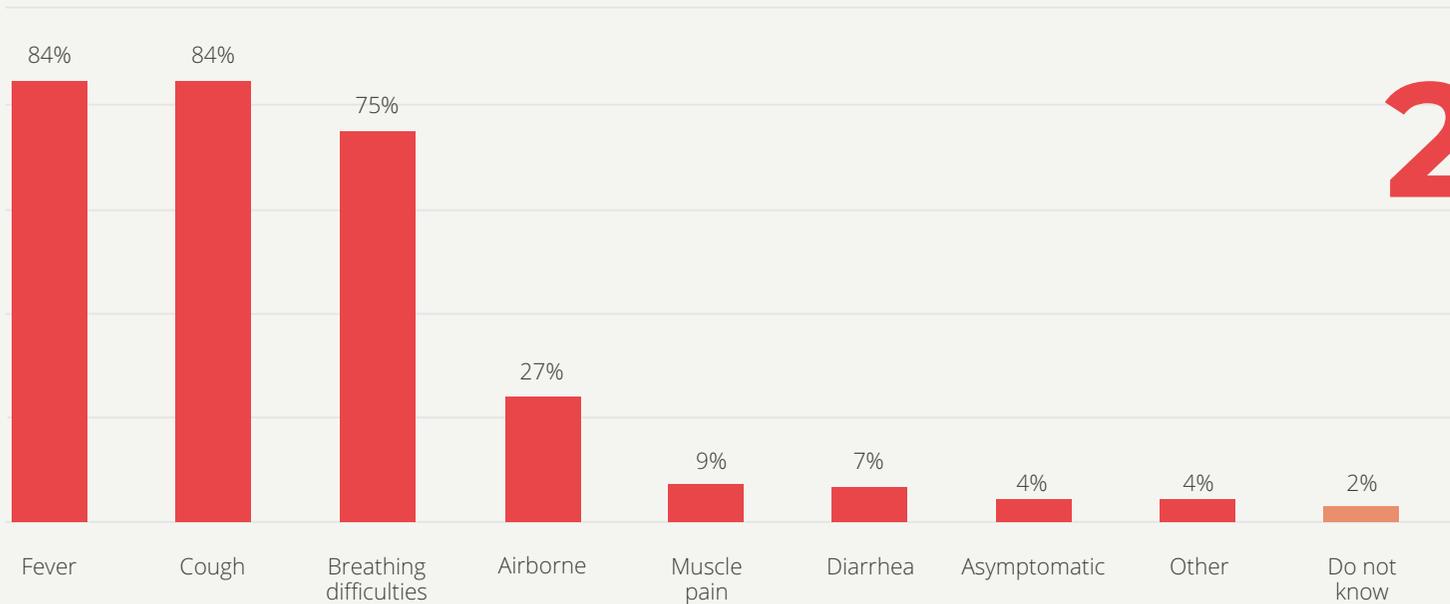
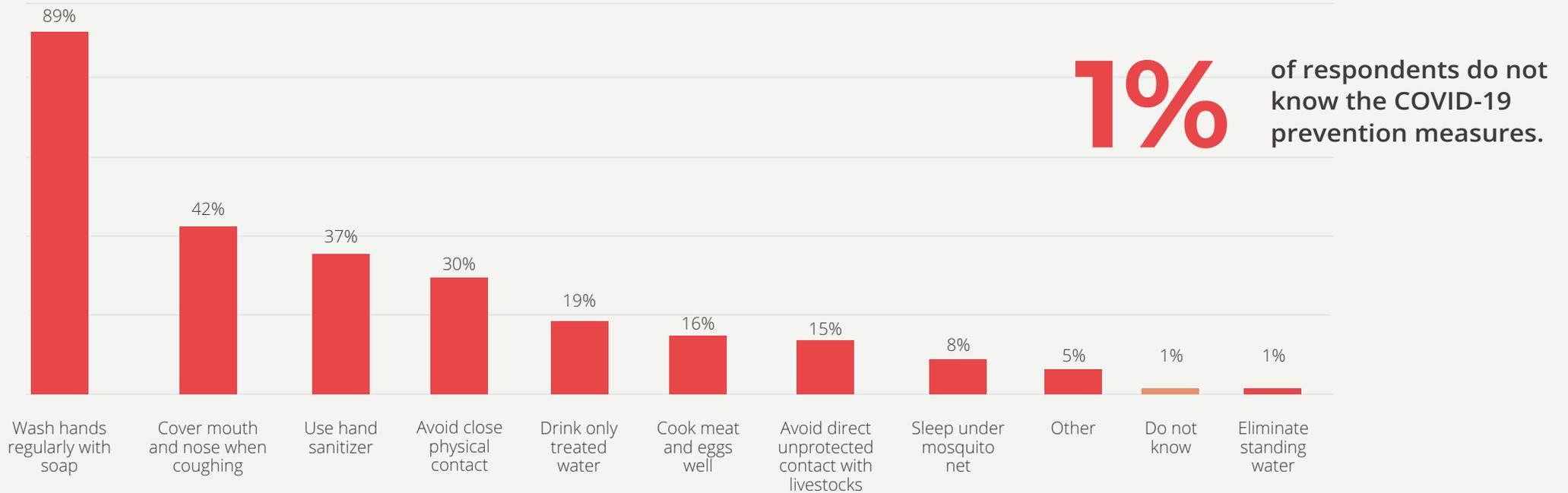**2%** of respondents do not know the symptoms of COVID-19

Fever 84%
Cough 84%
Breathing difficulties 75%
Airborne 27%
Muscle pain 9%
Diarrhea 7%
Asymptomatic 4%
Other 4%
Do not know 2%

Age Disaggregation

> 60 (57) — 11%
50 - 59 (118) — 3%
40 - 49 (221) — 3%
30 - 39 (322) — 2%
18 - 29 (750) — 1%

Location Disaggregation

Ainaro (138) — 5%
Liquica (125) — 4%
Lautem (128) — 4%
Manatuto (108) — 4%
Bobonaro (137) — 3%
Dili (195) — 3%
Covalima (117) — 2%

Graph 15: Infographics of respondents' answers on COVID-19 symptoms. Total respondents: 1586

COVID-19 Prevention

1% of respondents do not know the COVID-19 prevention measures.

- Wash hands regularly with soap — 89%
- Cover mouth and nose when coughing — 42%
- Use hand sanitizer — 37%
- Avoid close physical contact — 30%
- Drink only treated water — 19%
- Cook meat and eggs well — 16%
- Avoid direct unprotected contact with livestocks — 15%
- Sleep under mosquito net — 8%
- Other — 5%
- Do not know — 1%
- Eliminate standing water — 1%

Age Disaggregation

- > 60 (57) — 4%
- 40 - 49 (221) — 3%
- 50 - 59 (118) — 2%
- 30 - 39 (322) — 1%
- 18 - 29 (750) — 1%

Location Disaggregation

- Ainaro (138) — 4%
- Manatuto (108) — 3%
- Dili (195) — 3%
- Aileu (105) — 2%
- Bobonaro (137) — 1%
- Viqueque (152) — 1%
- Liquica (125) — 1%
- Lautem (128) — 1%
- Baucau (139) — 1%

Graph 16: Infographics of respondents' answers on COVID-19 prevention. Total respondents: 1586

Topic of Information Needs
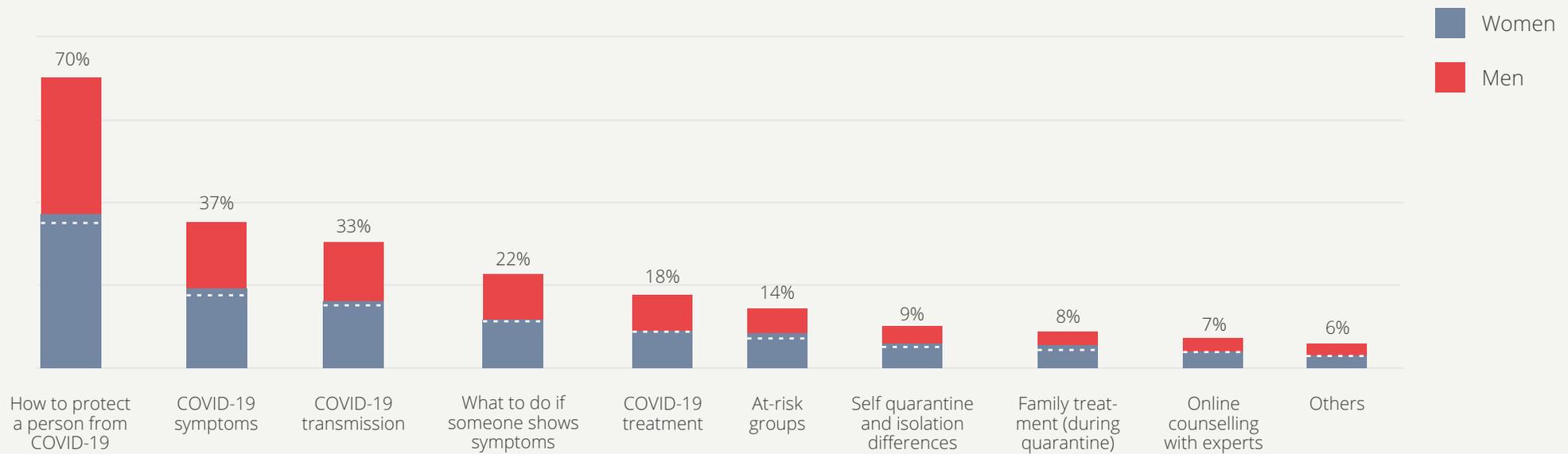
Graph 17: Infographics of respondents' answers on information needs. Total respondents: 1586

Legend: Women / Men

Bar values:
- How to protect a person from COVID-19: 70%
- COVID-19 symptoms: 37%
- COVID-19 transmission: 33%
- What to do if someone shows symptoms: 22%
- COVID-19 treatment: 18%
- At-risk groups: 14%
- Self quarantine and isolation differences: 9%
- Family treatment (during quarantine): 8%
- Online counselling with experts: 7%
- Others: 6%

"Will COVID-19 disappear anytime soon?"
Woman, 18 - 29 years old
Ermera

"Have people who were infected and isolated in isolation centre recovered?"
Man, Above 60 years old,
Ermera

"Why is COVID-19 very dangerous and risky?"
Woman, 30 - 39 years old,
Covalima

Quoted from some of respondent's short answer on "Others" section

COVID-19 Rumours in Community

Legend: Women, Men

- 78% — Eating bitter foods, such as papaya flowers and garlic can eliminate the corona virus
- 32% — COVID-19 is created by the America to reduce the population in China and the world
- 29% — The virus will not enter Timor-Leste because the temperature is too hot, which is above 30 degrees Celsius
- 23% — Sunbathing can kill corona virus
- 23% — Continuously drinking warm water with a mixture of ginger, galangal and garlic can kill the virus
- 15% — Taking cloroquine can cure COVID-19
- 13% — Eating boiled eggs at night can kill the virus
- 7% — Others

Graph 17: Rumours heard in the community from respondents' answer. Total respondents: 1586

"COVID-19 cases in Timor-Leste are not true, they are just made up cases"
Woman, 30 - 39 years old
Bobonaro

"This disease is just a political issue to spend funding"
Man, 30 - 39 years old
Dili

"(to avoid COVID-19) drinks local local liquor and chillies"
Woman, 30 - 39 years old
Dili

Quoted from some of respondent's short answer on "Others" section

Accountability

Community's Trust in CVTL

Do you trust the information you receive from CVTL?

Yes
97%

No
4%
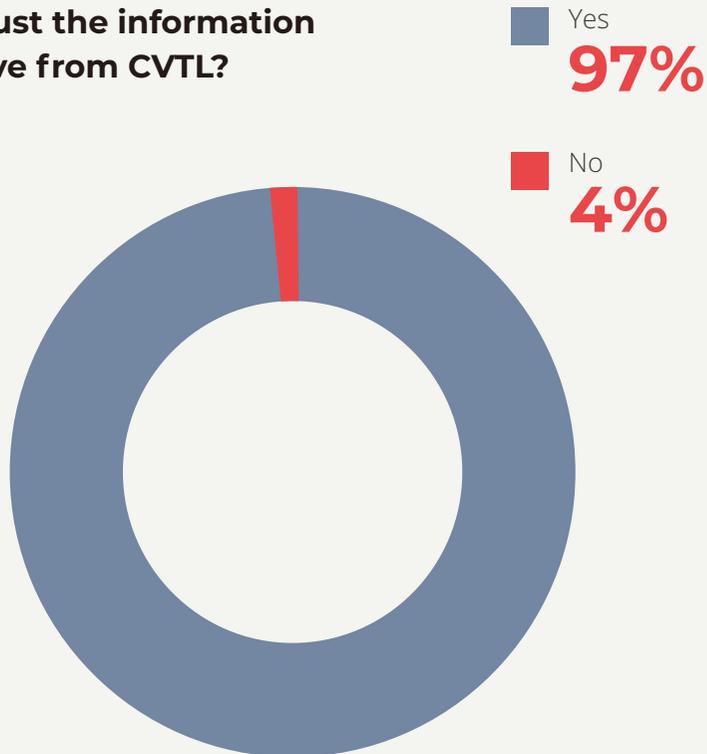
Graph 18: Infographics of community trust in CVTL. Total respondents: 1586

Sex Disaggregation

Men (846)
Yes, 98%
No, 2%

Women (760)
Yes, 96%
No, 4%

Age Disaggregation

> 60 (57)	40 - 49 (221)	18 - 29 (750)	30 - 39 (322)	< 17 (118)	50 - 59 (118)
5%	5%	3%	2%	2%	2%

Location Disaggregation

Liquica (125)	Lautem (128)	Ermera (145)	Bobonaro (137)	Baucau (139)	Ainaro (138)	Covalima (117)	Manatuto (108)
8%	7%	6%	4%	4%	2%	1%	1%
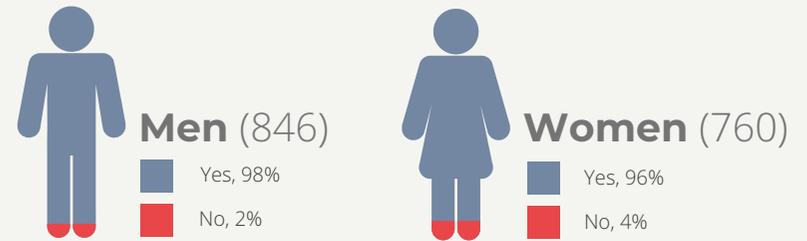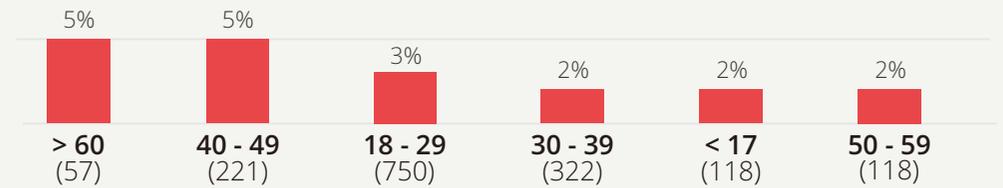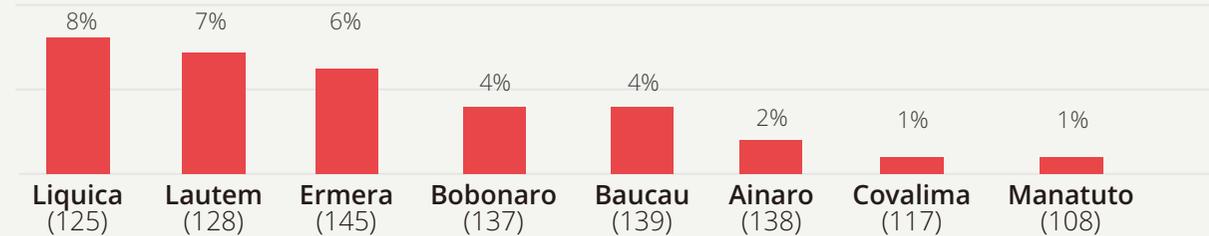
Conclusion

Findings

Results obtained from survey questions regarding COVID-19 perception of seriousness, transmission of COVID-19, symptoms, preventive behaviour toward COVID-19 were significantly high (above 70%). Findings for this survey indicate that generally people in Timor-Leste are aware and knowledgeable about COVID-19 despite the existing misconception and misinformation. Going into detail, this survey found that men are in general, is more informed on the prevalent rumours in the community. This survey shows that a large percentage of people have been exposed to rumours concerning the cure and treatment of COVID-19 through local remedies while a good proportion have heard the rumoured origin of the corona virus and Timor-Leste immunity to it due to its climate.

When it comes to preventive behaviour, a large portion of people associated the practice of proper hand washing but less than half of the population supported other important practices such as avoiding contact with symptomatic person and application of cough ethics. In this survey, women also tend to be less aware of the preventive behaviours despite being equally at risks to the virus.

The survey highlights that the traditional media such as television and radio provided a vital information on the COVID-19 and are still the preferred source of information across different age groups above 17.

Internet and social media are particularly more effective for communities below 30 years old.

Various studies have shown the relationship between low level of education and health literacy which is a combination of reading and listening skills, analysis, decision-making, and the ability to take actions when necessary especially in the prevention of communicable disease. 25 percent of the respondents have low level of education. These people may have limited capacity to grasp complex health information on COVID-19, to use and act on the obatained vital information and to seek realiable information even though they have access to the internet, TV, radio and hotline number that is provided by the government. Further research could be carried out to directly measure and confirm the correlation between education and the community's understanding of COVID-19.

Perhaps, one of the most surprising findings in this survey is respondents who perceived COVID-19 as dangerous are coming from elderly, which can be influenced by many factors. Older adults and those with underlying co-morbidity such as cardiovascular diseases/hypertension and diabetes are at greatest risk of COVID-19 infection.

Though the Timor-Leste has 0 confirmed case, the effort to communicate the risks, prevention behaviours among Timorese people and counter rumours and misinformation are still crucial considering the community's current level of knowledge.

Recommendations

It is important for the government and non-government actors to continuously collaborate and engage in raising awareness using the suggested communication channels and age-appropriate approach. The findings suggest:

1. The source of information and preferred communication channels are varied in each community group depending on their age, sex, and location. Risk communication approach should take into consideration of these factors and communities' feedback/insight in the targeted group/population.
2. Risk Communication can still be improved in several municipalities such as Ainaro, Baucau and Lautem.
3. The use of traditional media such as radio and television indicates that it's still the most trusted and preferred communication channels almost in all age groups. In addition to the broadcast of regular news, risks communication can also be manifested in public service announcement or a short discussion (interactive talk show).
4. It is also necessary to utilize or/and intensify a two ways communication channel to counter misinformation and misunderstanding and to rapidly respond to a constantly changing situation and community's concern.
5. The two-ways communication channel will also allow the community to have a meaningful participation where they can freely express their concerns and fear and provide feedback on the key messages and on-going COVID-19 response.
6. Social media is on the rise particularly in youth and young-adult groups. This could be an opportunity to maximize organizations and personal social media platform to also circulate information and combat rumours and misleading information.
7. Looking at the 19% percentage of no schooling in the community,

there may be a need to use a method or approach of risk communication that is planned and developed with these community members and use of plain language.
8. Channels for at-risk community, such as elderly, should be tailored according to their preferences as well as their family and their caretaker. It is important to convey accurate and clear information to ensure that older people have the resources to stay healthy and what to do if they are infected.
9. Considering the fact that these findings are based on those in centralized area, a follow-up survey concerning the most effective communication channel among people in rural areas/ outskirt can help understand and determine if a different approach is necessary.
10. With regards to the topic of COVID-19 information, topic of risks, at-risks group, and proper treatment and self-care are less informed in comparison to other general topics hence could be disseminated intensively throughout the country.
11. Despite the fairly high level of awareness on COVID-19, misinformation is still prevalent in the community. Raising awareness, campaign on combating a growing stereotype and prejudice against one nationality or the other is important.
12. Around 5% of the respondents selected that COVID-19 more or less and not dangerous and mostly selected by at-risk groups. These high-risk groups felt less probability that Covid-19 was more or less and not dangerous. This should guide future communication efforts of risk to these communtiies.
13. Some communities selected inaccurate answers about how the COVID-19 is being transmitted and do not know the symptoms, also mostly by at-risk groups. This insight shows that key messages about transmission need to be conveyed but more importantly what communities could do to prevent the disease.

Community Suggestions

In addition to previous recommendations, following is a few suggestions from the respondents received during the face to face data collection process:

1. Provide information to the public so as not to discriminate against those who have just returned from the quarantine.
2. If you'd like to provide COVID19 information to the community by door-to-door, it should be in the afternoon because the farmers have just returned from the garden in the afternoon
3. Could you provide information to families who have family members with disabilities on how to deal with members of persons with disabilities from covid-19?
4. Stop using the loudspeaker for the campaign because those who live further away from the main road cannot hear you. Door to door method is better than shouting information that we can't heart.
5. Maybe instead of just explaining what's in the poster, you should also demonstrate what is in the poster, such the proper handwashing.
6. Don't just give this information in the capital city of municipality but get to remote

These recommendations are applicable to all actors working in Risk Communication and Community Engagement on COVID-19 response in Timor-Leste

Obrigado barak!

Acknowledgements

Authors and Co-Authors

Maria Pascoela de Cruz
Livelihood Manager and CEA Focal Point,
Cruz Vermelha de Timor-Leste (CVTL)
mariapascoela_cvtl@redcross.tl

Tetty Marlina Rajagukguk
Disaster Risk Management, Officer, IFRC
tetty.RAJAGUKGUK@ifrc.org

Septian Fajar
Community Engagement and Accountability, Senior Officer, IFRC
fajar.SEPTIAN@ifrc.org

Caroline Austin
Research Analyst, Community Engagement and Accountability, IFRC
RRCEA.AP@ifrc.org