

BACKGROUND & OBJECTIVES

On March 11, 2020, the World Health Organization (WHO) declared the COVID-19 coronavirus outbreak a pandemic. This resulted in an unprecedented health emergency. Its impact extends far beyond the health sector and is causing a tragic socio-economic crisis all over the world. In 2019, around 4 million people experienced acute food insecurity in Latin America and the Caribbean (LAC) region. Due to the pandemic, this figure is projected to increase to 13 million during 2020¹. COVID-19, in fact, could further deteriorate the situation of a region that is already affected by displacement, economic shocks, extreme weather events and insecurity.

In total, the region has registered more than 371,000 confirmed cases (as of 11 May 2020)², as well as a growing number of fatal cases (20,779 11 May 2020). In order to fight the spread of the COVID-19 disease, most Latin American countries have adopted preventive measures, ranging from lockdown, to the closure of international borders. The impact on the region's economies is already visible. The Economic Commission for Latin America and the Caribbean (ECLAC)³ estimates that the GDP is predicted to fall by at least 1.8%. As a result, the lives and livelihoods of millions of people in the region will be severely jeopardized, and a growing inequality is likely to exacerbate, pushing millions of people towards a silent pandemic of poverty and food insecurity.

Global suffering is likely to escalate in absence of a rapid and coordinated response. It is, therefore, critical to monitor how the situation changes over time and how it is affecting the lives of millions of people. To achieve this goal, WFP Regional Bureau in Panama (RBP) implemented a study to assess the impact of COVID-19 in the region to inform a rapid and effective response.

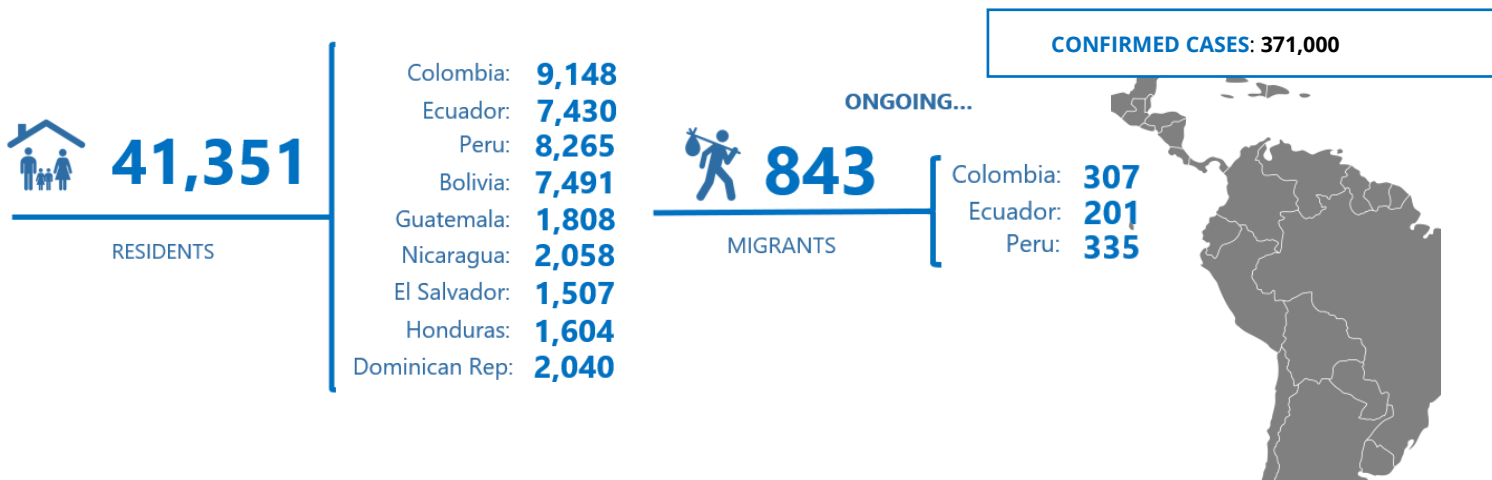
METHODOLOGY

By leveraging an increased internet coverage⁴, WFP implemented web-based surveys using a patented *Random Domain Intercept Technology* (RDIT™)⁵ to collect real-time information.

The survey consisted of both close-ended and open-ended questions, allowing for a complementary quantitative and qualitative analysis at the individual level. A total of **41,351 resident respondents** were surveyed in 9 countries across the region, during 19 days of data collection. Moreover, in Colombia, Peru and Ecuador a special focus was given to Venezuelan migrants, with an additional sample of **900 respondents** to estimate the impact that COVID-19 is having on their already precarious lives.



19
days of data
collection



¹ WFP estimations of number of people severely food insecure in countries of LAC region where WFP has presence

² WHO Coronavirus (COVID-19) Overview. <https://covid19.who.int/>

³ ECLAC 'Latin America and the Caribbean and the COVID-19 pandemic, Economic and social effects' No.1 Special report COVID-19 (3 April 2020)

⁴ World Bank, individuals using internet% of population, 2017-2018. <https://data.worldbank.org/indicator/IT.NET.USER.ZS>

⁵ Detailed information regarding RDIT can be found on the service provider's website: RIWI Corporation <https://riwi.com/>

RECENT EVENTS

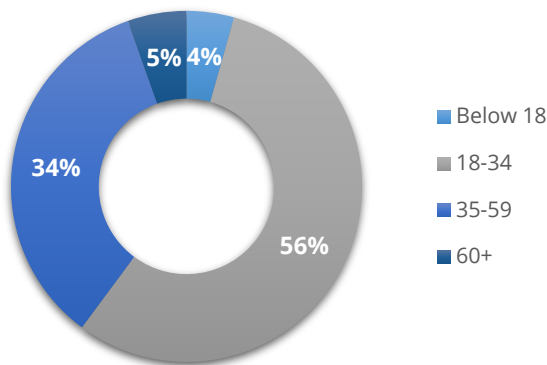
- Pan American Health Organization confirms that the region is behind Europe by six weeks
- Latin America entering peak of coronavirus pandemic (PAHO 05/05/2020)
- Region's epicentre continues to be Brazil, followed by Peru, Ecuador and Mexico

PROFILE OF SURVEY RESPONDENTS

The survey reached⁶ male and female residents across all age groups. Of the total **41,351 respondents, 40% were females** and **60% males**.

Respondents have an average age of 32 years old, with no significant differences between females and males.

Figure 1: respondents' age categories



In terms of education, males and females show similar patterns. Nearly half reported secondary school (33%) or vocational training (22%) as the highest level achieved. Twenty-six percent completed university and the remaining have either primary school (12%) or no formal education (7%).

Responses originated mainly from large cities (57%) or peri-urban (28%) areas, and 15% from rural settings.

Figure 2: household arrangements



Respondents who reported living alone are males in 30% of the cases, compared to 15% for females.

Conversely, female respondents show a higher likelihood to live alone with children (17%) compared to males (6%).



MARKETS

One of the main objectives of the study was to assess to what extent markets were impacted by COVID-19 and how preventive measures, such as the lockdown and the closure of businesses, could have affected food availability and people's access to markets.

Only 51% of respondents claimed that food is always available. Nearly half (45%) reported only a partial availability. Rural areas show significantly lower availability of food commodities compared to urban settings (Figure 3). The emergency also entailed a remarkable impact on food price levels. Overall, **nearly eight out of ten respondents (77%) reported an increase of food prices** compared to before the pandemic (Figure 4). The higher levels of prices are particularly felt by female respondents (83%) compared to males (73%).

The use of preventive measures, such as the lockdown of main economic activities, had a major impact on food shops and markets. In fact, more than half of those interviewed (57%) stated that they can rely only on few food shops. The latter are found to be always open only in 40% of the cases, while 3% reported a full closure.

Fig.3 Are basic food commodities currently available in shops/markets?

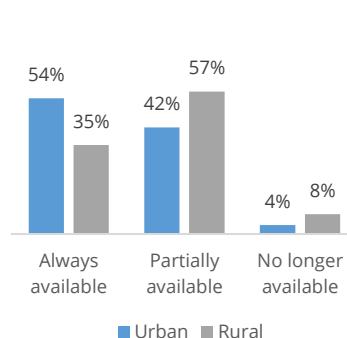
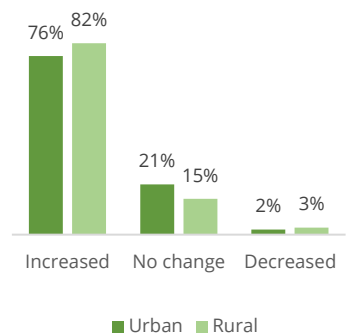


Fig. 4 Have there been any changes in the costs of food commodities?



⁶ One of the key limitations of this methodology is that only those with internet access can be selected to participate in the survey, which is generally associated to a lower level of vulnerability. In addition, this methodology reaches a higher proportion of youth respondents and mainly from urban/peri-urban areas.

During the two weeks prior to the survey, **78% experienced difficulties accessing the markets**, especially by respondents in rural areas (83%) compared to those in the cities (77%). Fear to go out due to the disease outbreak (23%), security concerns (14%) and movement restrictions (12%), were reported as the top three limitations. No major differences were observed by sex.

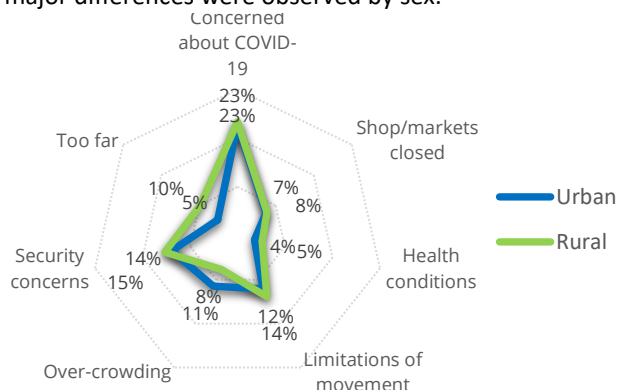


Figure 5: main limitations to access the markets (urban/rural)

It is probably because of these limitations that **74% of the respondents stockpiled food**. This stock lasts, in the majority of the cases, one week or less (32%). The remaining, reported a duration of two/three weeks (23%) or more than a month (18%). Only 8% said that it was not needed, while nearly one out of five respondents (18%) claimed they could not afford it. Rural areas show a lower capacity to build food reserves (67%) compared to cities (75%). No major differences are observed between males and females in this regard.

FOOD CONSUMPTION

The analysis found that **7 out of 10 respondents felt worried about not having enough food** to eat during the previous 30 days. This is particularly felt by respondents in rural areas (77%) compared to urban areas (68%) and by a higher share of females (72%) than males (67%). At the time of data collection, food consumption patterns show that the vast majority of respondents (84%) are ensuring the consumption of between two (41%) and three (42%) main meals per day. However, there is **a worrying 17% of respondents in urban areas and 20% of male respondents, one in five, who did not consume any food or just one meal in the prior 24 hours** (Figure 6).

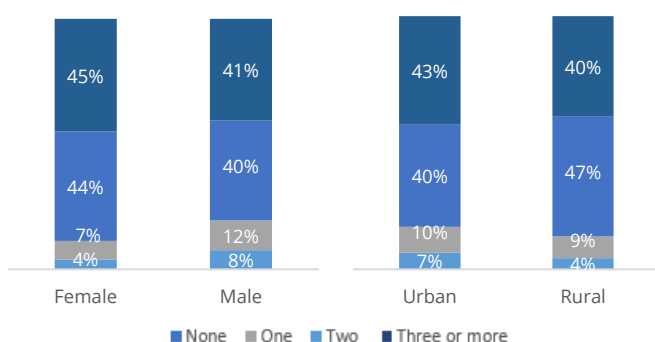
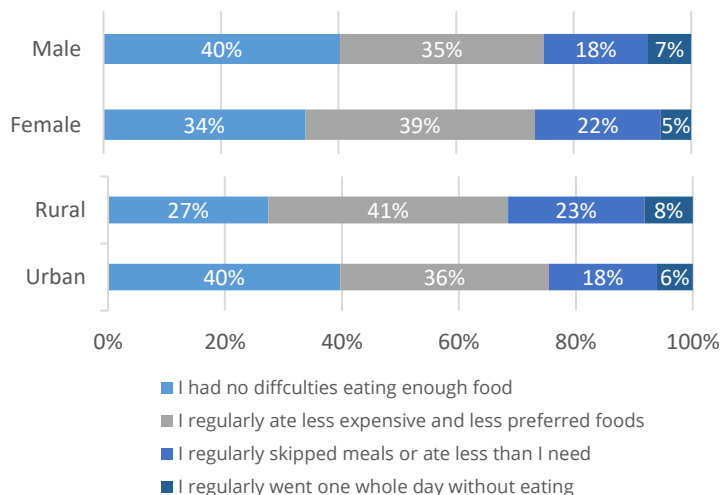


Figure 6: number of meals consumed rural/urban and sex

When analysing the perceived food situation over the previous 30 days, female respondents reported more difficulties to cover their food needs and a higher use of food coping strategies. This is even more visible when comparing respondents in rural and urban areas, as shown in Figure 7. Overall, around **62% are resorting to the use of coping strategies affecting food consumption**. The majority (36%) relies on less expensive/less preferred food. An additional 26% adopts strategies that directly affect the quantity of food consumed, namely by skipping meals (19%) or spending a whole day without eating (6%).



This situation must be continuously monitored as people could exhaust in the long run the possibility to adopt coping strategies to limit the consequences of the outbreak and to keep food consumption to an acceptable level.

HEALTH

The pandemic put health systems all around the world under a severe strain and forced people to redefine their health practices. Data shows that **90% of respondents put in place protective measures to contain the spread of the virus**. Considerable differences are found in the use of protective measures between urban and rural areas, as shown in Fig. 8. This might be explained by the fact that in rural areas a higher share of respondents reported a higher unavailability of hygiene articles in shops/markets (16%) compared to urban areas (11%). **Around half of the respondents (54%) claimed that hygiene items are only partially available**. They are found to be always available only in 34% of the cases, with the remaining 12% being never available.

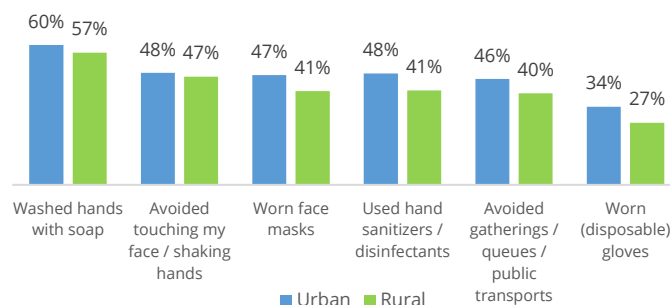


Figure 8: use of protective measures (urban/rural)

A slightly higher use of preventive health measures was also found among females (93%) compared to males (88%).

Access to health services has also changed as a result of the pandemic. Data shows that around **half of the respondents (52%) can access health facilities only for emergencies**, with only 30% of the structures functioning as usual. In 7% of the cases health facilities are not functioning at all, while 11% reported a total absence of health services.

EDUCATION

To slow down the spread of COVID-19, in many countries, governments have mandated school closure, thus leaving a record number of children out of schools.

Data show that nearly all schools (89%) are not functioning as normal. Around half (50%) have activated e-learning, while **one out of five schools has fully stopped teaching activities** (Figure 9). Data show that e-learning is less likely to occur in rural (47%) areas than cities (51%).

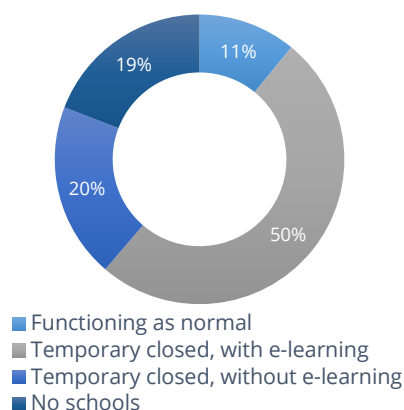


Figure 9: change in education activities

LIVELIHOODS

The economic consequences of the pandemic are having a severe impact on the ability of people to earn a living and meet their essential needs.

The analysis found that **69% experienced a decrease of income** due to the COVID-19 outbreak. Female respondents reported a higher decrease (72%) compared to males (67%). They also reported significantly higher unemployment rates (21%) compared to their male counterparts (13%).

Overall, **35% of people interviewed rely on unsustainable income sources**, such as informal activities and assistance. An additional 16% is unemployed, with the number reaching 22% in rural areas compared to 15% in urban settings.

Table 1 shows the share of respondents for each income source who experienced a decrease of income as a result of the outbreak.

MAIN SOURCE OF INCOME	% RELYING ON THIS INCOME SOURCE	% EXPERIENCING DECREASE OF INCOME
Salaried work (private sector)	15%	65%
Salaried work (public sector)	10%	47%
Informal daily/casual labour	10%	82%
Informal trade / street sales	8%	82%
Business/Self-employed (formal)	8%	82%
Help from family / friends (inside of the country)	5%	71%
Cleaning/care work (not own family)	4%	67%
Government assistance	3%	55%
Remittances	2%	59%
Support from	2%	52%

Table 1: main income sources and % experiencing decrease of income

Results show how livelihoods have been widely disrupted especially for those relying on informal activities.

The crisis has also changed the dynamics inside the household. **The amount of unpaid work, such as taking care of the house and/or of the children, has increased for 80% of the respondents.** Moreover, an analysis by sex shows that 25% of male respondents are now performing domestic duties that were not used to do before the lockdown measures, such as the shopping of food and other essential goods.

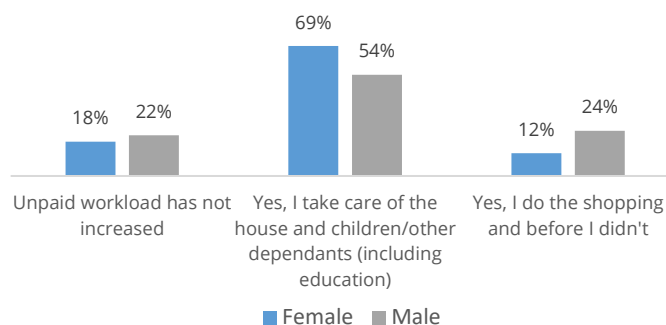


Figure 10: unpaid work by sex



From a social-protection perspective, 1 out of 10 respondents claimed having received help from the Government since the beginning of the outbreak. An additional 11% was received from (I)NGOs/UN (5%), churches (3%) and private companies (3%). The analysis did not highlight major differences by sex nor between rural and urban areas.

MAIN CONCERNS

Respondents were asked what their main concern was since the outbreak of COVID-19.

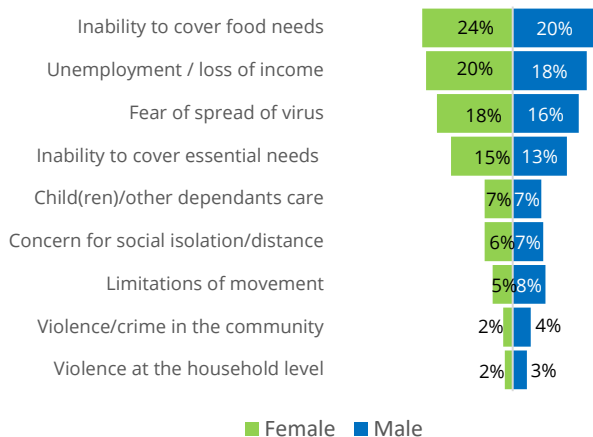


Figure 11: main concerns by sex

In line with the results of the previous sections, the inability to cover food needs represents the most mentioned concern, especially by female respondents (24%) compared to males (20%). The second major concern is related to the partial/total loss of income as a result of the economic consequences that the pandemic is entailing. The fear of spreading of the virus was also mentioned in 17% of the cases, with a higher proportion among female respondents.

IN THE WORDS OF RESPONDENTS

The survey also allowed respondents to give more insights about the measures that are being put in place to cope with the current situation and how they are managing to meet their essential needs since the outbreak of COVID-19.

The analysis of nearly 30,000 responses highlights an underlying feeling of anxiety and fear, as well as uncertainty about the future as livelihoods and sources of income have been largely disrupted.

I am living together with my daughter, who is attending school from home. I am now a housewife, since I lost my job. I clean the house more often, and with hot water, we use antibacterial gel, alcohol. We never go out, only my husband goes out to work and brings something for us from the supermarket.

Other topics include the adaptation to a ‘new life’ not only from the point of view of the preventive health measures to be observed but also on the re-organization of family life and psychological wellbeing.

My husband is the only one that goes out to do the shopping. We reinforce our daughters' hygiene habits as well as with school activities at home. We ration the food we have at home due to the decrease in income. We involve the girls in the domestic chores. We do fun activities for the emotional well-being of everyone at home.

