Locked Down, Locked Out
Vulnerable Communities in the Pandemic

Caribbean Policy Research Institute (CAPRI)
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# Table of CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Acronyms</td>
<td>iv</td>
</tr>
<tr>
<td>Table of Figures</td>
<td>v</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>vi</td>
</tr>
<tr>
<td>1 Introduction</td>
<td>4</td>
</tr>
<tr>
<td>2 Background</td>
<td>8</td>
</tr>
<tr>
<td>Community Features</td>
<td>11</td>
</tr>
<tr>
<td>Urban Communities</td>
<td>11</td>
</tr>
<tr>
<td>Rural Communities</td>
<td>11</td>
</tr>
<tr>
<td>3 Living Conditions</td>
<td>12</td>
</tr>
<tr>
<td>Housing</td>
<td>13</td>
</tr>
<tr>
<td>Utilities</td>
<td>14</td>
</tr>
<tr>
<td>Communication – Internet and Telephones</td>
<td>15</td>
</tr>
<tr>
<td>4 Economic Conditions</td>
<td>16</td>
</tr>
<tr>
<td>Employment</td>
<td>17</td>
</tr>
<tr>
<td>Income</td>
<td>17</td>
</tr>
<tr>
<td>Dependence on Remittances</td>
<td>19</td>
</tr>
<tr>
<td>Savings Schemes</td>
<td>19</td>
</tr>
<tr>
<td>5 Impact of COVID-19</td>
<td>20</td>
</tr>
<tr>
<td>Terminology Matters</td>
<td>21</td>
</tr>
</tbody>
</table>
### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARE</td>
<td>COVID Allocation of Resources for Employees</td>
</tr>
<tr>
<td>CDC</td>
<td>Community Development Committees</td>
</tr>
<tr>
<td>COVID-19</td>
<td>Coronavirus Disease</td>
</tr>
<tr>
<td>ESSJ</td>
<td>Economic and Social Survey Jamaica</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GOJ</td>
<td>Government of Jamaica</td>
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<tr>
<td>ID</td>
<td>Identification</td>
</tr>
<tr>
<td>JCPD</td>
<td>Jamaica Council for Persons with Disabilities</td>
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<tr>
<td>JSJC</td>
<td>Jamaica Survey of Living Conditions</td>
</tr>
<tr>
<td>KSA</td>
<td>Kingston and St. Andrew</td>
</tr>
<tr>
<td>MLSS</td>
<td>Ministry of Labour and Social Security</td>
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<tr>
<td>MOFPS</td>
<td>Ministry of Finance and the Public Service</td>
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<tr>
<td>NIS</td>
<td>National Insurance Scheme</td>
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<td>NWC</td>
<td>National Water Commission</td>
</tr>
<tr>
<td>OECD</td>
<td>Organisation for Economic Cooperation and Development</td>
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<td>PATH</td>
<td>Programme of Advancement through Health and Education</td>
</tr>
<tr>
<td>PAYE</td>
<td>Pay as you earn</td>
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<tr>
<td>PIOJ</td>
<td>Planning Institute of Jamaica</td>
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<tr>
<td>PPP</td>
<td>Purchasing-power parity</td>
</tr>
<tr>
<td>PPV</td>
<td>Public passenger vehicle</td>
</tr>
<tr>
<td>PWD</td>
<td>Persons with Disabilities</td>
</tr>
<tr>
<td>RAIS</td>
<td>Revenue Administration Information System</td>
</tr>
<tr>
<td>STATIN</td>
<td>Statistical Institute of Jamaica</td>
</tr>
<tr>
<td>TAJ</td>
<td>Tax Administration of Jamaica</td>
</tr>
<tr>
<td>TPDCO</td>
<td>Tourism Product Development Company</td>
</tr>
<tr>
<td>TRN</td>
<td>Tax Registration Number</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations International Children's Emergency Fund</td>
</tr>
</tbody>
</table>
List of Figures and Tables

Figure 1  Percentage of Respondents by Age of House They Occupy. 13
Figure 2  Percentage of Respondents by Number of Bedrooms in Their House 14
Figure 3  Percentage respondents by no. bedrooms in house by household size. 14
Figure 4  Average Monthly Earnings 18
Figure 5  Primary Sources of Income 18
Figure 6  Number of Income Streams for Some Respondents 19
Figure 7  Distribution of Remittances According to Respondents 19
Figure 8  Access to COVID-19 Information 22
Figure 9  Single source of COVID Information by Age 23
Figure 10  Trust Based on Each Identified Source 23
Figure 11  Why Not Trusting Information in COVID-19 by Age 24
Figure 12  Pre/Post Covid-19 Employment Status 24
Figure 13  Remittances Post Covid-19 26
Figure 14  Overview of CARE Applications 29
Figure 15  CARE Grant - Reasons Persons Did Not Apply 29
Figure 16  Overview of CARE Applications by Age 30
Figure 17  PATH Respondents’ Employment Status 31
Figure 18  Main Impact on Pensioners’ Social Life/Hobbies 35
Figure 19  Percentage of Respondents by Number of Child Dependents 36
Figure 20  Main Effects of School Closure on Household 36
Figure 21  Gender Breakdown by Home Ownership and Residence 37
Figure 22  Effect on Income by Gender 37
Figure 23  Main Adaptive Livelihood Strategy by Gender 38
Figure 24  Main Effect on Social Life/Hobbies by Gender 38

Table 1  Distribution of Respondents by Age 46
Table 2  COVID-19 Experiences of Communities Surveyed 52
Executive Summary

57% OF JAMAICAN HOUSEHOLDS saw a REDUCTION IN INCOME between the onset of the coronavirus in March and September 2020.
The community quarantines and curfews to restrict people’s movements, as measures to curb the virus’s spread, brought economic hardship to many Jamaicans, and the poorest Jamaicans were the worst affected.
The distribution of care packages was welcomed by the recipients. However, some noted that the packages were insufficient for large households.

people with cash transfers were not widely accessed by the people in the deprived communities. The undocumented, for which the national figure is 20 percent, could not apply. Under half of the respondents applied and, of these, over one third were unsuccessful. The disabled respondents had greater success: 12, just over one third, applied and only one was unsuccessful. The consensus was that the grants were inadequate to meet people’s needs, especially if they had children.

Although remittances into Jamaica as a whole increased, some in deprived communities received less remittances than prior to COVID-19 and one fifth had not received any remittance since the pandemic. Most were also in the category of those who stated they were unemployed since the pandemic, so this would have pushed them further into poverty and possibly some into severe poverty or indigency. This could also apply to the 18 percent of the disabled whose remittances stopped.

The disbursement of the grants, as well as the regular forms of financial support (pensions, remittances, and PATH) was problematic in the context of a contagious virus. The crowding was not only inconvenient, but dangerous. For those on pensions, the stay-at-home order, understood literally by some, countered the means of getting their cheques, which was to collect them at the post office.

The distribution of care packages was welcomed by the recipients. However, some noted that the packages were insufficient for large households (consisting of three or more people), and in some cases failed to supply certain types of sanitary products.

The government’s efforts to communicate information about the pandemic were most effectively done via television and social media. Newspapers, for people in deprived communities, are largely irrelevant because of their cost. The fact that 25 percent of the respondents in the survey indicated that they were doubtful about COVID-19, and a few even deliberately avoided receiving information about COVID-19, suggests that there is more work to be done in communicating in situations such as this pandemic. Based on the respondents’ answers, it can be surmised that the distrust likely stems from the language used, the source, and the relevance of the information.

The study brings to the fore that many instances of friction that were identified with regard to state support for the poor, and the cost to the individual of financial exclusion, pertain, regardless of a deadly global pandemic. The pandemic merely exacerbated them. Among these is the logistics of disbursing pension and PATH payments. Whether a debit or other type of smartcard that can hold value, or a mobile money mechanism, these payments are in urgent need of modernization. Getting more people banked, and getting those who have bank accounts to do business online would also increase efficiency and reduce inconvenience. Another noteworthy issue is the extra attention that needs to be given to communicating with the disabled, who are especially in need of support.
Recommendations

1. Use those with knowledge of the community, coordinated by the Social Development Commission (SDC), to improve targeting of relief for the poor.

2. Simplify the information communicated, in both content and format, for specific target audiences.

3. Use town criers with properly timed and clear messages, since this mode is already widely used in rural areas to communicate upcoming events.

4. Use the Community Development Committees (CDCs), Youth Clubs, and Senior Citizens Clubs which exist in many communities, and are known to the Social Development Commission, to take information to the community level. Small grants can be provided as these tasks take time, effort and transportation. Proper documentation must be a condition.

5. Provide a safe and reliable corridor for community shops to remain stocked with supplies and provisions.

6. Encourage financial inclusion among PATH beneficiaries.

7. Establish and maintain a national registry of the disabled in poor communities.

8. Expand the cadre of social workers going into communities to monitor children’s safety and well-being.
1

Introduction

40,000 households
Sought government aid

5% of all households
n the first nine months after it arrived, the COVID-19 pandemic's principal impacts on Jamaica were 260 deaths, over 10,000 people infected, and a disruption to livelihoods and the economy that brought a 9 percent reduction in real GDP, the greatest economic decline since the country started measuring it. Between March and September 2020, Fifty-seven percent of Jamaican households saw a reduction in income, and some 40,000 households sought government aid, 5 percent of all households.3,4

The pandemic response in Jamaica has had dissimilar impacts on different sectors of the Jamaican society, and through these impacts the pandemic has deepened pre-existing socio-economic inequalities.5 The community quarantines and curfews to restrict people's movements, as measures to curb the virus's spread, brought economic hardship to many Jamaicans, and the poorest Jamaicans were always likely to be the worst affected.6 For the most part, the community-bounded curfews and quarantines were ordered in low-income inner city or rural communities. Those Jamaicans who could access government help during the crisis, due to their formal links and banked status, would have been better off than the undocumented, unbanked citizens for whom access was impossible, and who were as much, if not more, in need.

The quarantine and curfew measures also had differential impacts depending on the nature of income earning in communities. For example, in some communities most residents live and work within its boundaries, and thus were not as affected by curfew and lockdown.

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6 CAPRI, “Insult to Injury.”
the community. For example, in some communities most residents live and work within its boundaries, and thus were not as affected by curfew and lockdown. For instance, in Banana Ground, Manchester, the respondents indicated farming was the main and only job opportunity, as such being restricted to the community did not necessitate major loss of income. Whereas communities where people had to go outside the area for jobs and income earning activities would have suffered more.

To answer the questions around how the persons living in communities with a high incidence of poverty managed, a rapid impact assessment, using a survey, was undertaken in 24 communities across nine parishes over a period of eight weeks in July and August 2020 with interviewers working face-to-face, while following all the mandated health protocols: masks properly worn, social distancing, and frequent hand sanitizing. Thus a quantitative method was chosen. The data was gathered using a questionnaire administered to 1,500 persons. (See Appendix 1 for detailed methodology.)

Probed was people’s access to amenities, access to information about COVID-19 disseminated by the government, the closing of schools, grant and aid distribution, and their day-to-day existence. Those narratives provided an estimate of the extent to which these citizens were reached by government’s social support measures, what this revealed about the contemporary socio-economic structure of this segment of Jamaica’s vulnerable population, and how best these communities can be served in similar crisis situations.

In some communities most residents live and work within its boundaries, and thus were not as affected by curfew and lockdown.
Communities where people had to go outside the area for jobs and income earning activities would have suffered more.
2 Background

Over 40% of Jamaica’s working population is engaged in employment in the INFORMAL SECTOR.
On March 10, 2020, Jamaica confirmed its first case of the severe acute respiratory syndrome, COVID-19. The first case of COVID-19 in Jamaica triggered government imposition of several extraordinary measures to slow the spread of the virus: school closure, border closure, work from home orders for non-essential workers, stay-at-home orders for the elderly except for essential excursions, curfews, and later community quarantines for pandemic hotspots.

These measures to protect lives conflicted with the means of earning livelihoods, especially in low-income communities, and in the tourism sector, one of Jamaica's major employers of working class people. Those who were employed were in many cases unable to work, and as such were usually unable to earn, although they were able to benefit from the government's CARE programme (see later section). Over 40 percent of Jamaica's working population is engaged in employment in the informal sector, belonging to the unregulated sector of the national economy. Most are from the lower socio-economic quintiles, and one in five are unbanked and undocumented. Given this unregulated employment, there was no option to seek benefits from an employer; no statutory payments made on their behalf. Community quarantines and curfews were particularly detrimental, as the majority of residents in low-income communities exist within this informal economy, and many survive on a day-to-day "hustle" that was curtailed by the restrictions on people's movements. In addition to losing their ability to earn, the various restrictions on movement also disrupted the flow of remittances,

In an attempt to mitigate the social and economic fallout, the Jamaican government enacted a relief programme through a special-purpose cash transfer scheme, whose net was actually wider than just employed persons.
as access could be restricted by curfews and community quarantines. Moreover, although the national flow of remittances did not reduce but actually increased, while some in these communities saw an increase, for others it decreased, and for one in five of those receiving, it had stopped.

In an attempt to mitigate the social and economic fallout, the Jamaican government enacted a relief programme through a special-purpose cash transfer scheme, the COVID Allocation of Resources for Employees (CARE) programme, whose net was actually wider than just employed persons. Nevertheless this payout was not accessible to all; accessing the facility had its challenges. For example, to receive the COVID Compassionate Grant, where eligible applicants receive a one-time grant of J$10,000 (US$70) paid to their bank account or a remittance company of their choice, the applicant needed both a valid Tax Registration Number (TRN) and a form of national identification that matched the TRN. An estimated 200,000 Jamaicans, almost 8 percent above the age of 18, do not have proof of legal identity.13 As such, many who needed the money were disqualified by default. The unbanked 20 percent of the adult population who did qualify had to collect the money in person, and so had to join long queues with no social distancing (see Observer photograph).14 In any case, this one-off payment, while welcomed, was manifestly insufficient to relieve their needs. To obtain the COVID-19 Small Business Grant of J$100,000, an applicant had to be an active taxpayer with an updated business registration. This scheme did not apply to informal, and likely the neediest, businesses. To obtain the General Grant of $25,000 available, hairdressers, barbers, beauty therapists, cosmetologists, market vendors, and taxi and bus operators (i.e. PPV licensees) had to registered with a parish Municipal Council or the Transport Authority.

Given the high incidence of poverty in Jamaica, the need in the inner city and low-income rural communities that were quarantined, and the apparent unobtainability of much of the financial relief that the GOJ offered, this study examines the effects of the pandemic measures from the perspective of 24 of these communities in nine parishes across the island. In so doing, this study asks:

1. How did the citizens of those communities manage during the first four months of quarantines and curfew periods?
2. What networks and resources were they able to draw on?
3. How did their household situation help or hinder them?

In ascertaining the answers to these questions, the study interrogates:

- issues of access: to information, to relief, and to amenities;
- sources of income and employment;
- levels of dependency, vulnerability, and resilience, with specific attention to grant disbursement to those most in need;
- poor children’s access to education;
- the imposition of curfews and other restrictive measures to suppress the spread of COVID-19;
- the situation of people with disabilities;
- the effect of gender dynamics.

Having conducted this examination, the study draws evidence-informed inferences about the nature of shocks such as pandemics on the country’s most disadvantaged people, and how they ought to best be helped in a crisis. The recommendations that ensue can be applied to the ongoing pandemic situation and to future disasters of this nature.

Community Features

Prior to the COVID-19 pandemic, the social and economic situation of the lives of Jamaicans in poor communities was marked by unemployment, low-incomes, and violence. Upon entry into a community, grass-roots leaders assisted in identifying areas that fit the criteria of being poor. Even within poor communities there are differences in socio-economic levels. Of the 24 communities surveyed, 13 were classified as urban, and 11 as rural.

Urban Communities

In the majority of the urban communities, the main economic activities were observed to include small clothing shops, hair and nail salons, furniture shops, corner shops, and bars. The environment was characterized by poor sanitation and noise pollution, with both adults and children on the streets. Several male adults were observed consuming alcohol and “rubbing their hand middle,” i.e. grinding ganja in their hands.

In Kingston and St. Andrew (KSA), the locale of most of the urban communities surveyed, observed were many zinc-fenced tenement yards, overflowing sewage, and homes built close together. Denham Town, Kingston, can be described as a typical example. Built in a gridlocked formation, it is an inner city community known to be one of the most violent in the Kingston Metropolitan Area (KMA). Denham Town respondents noted water shortage as a main inconvenience. Only two in five of respondents’ homes (40 percent) had both indoor plumbing and kitchen, while almost two in five (38 percent) had neither. Of the other homes, some (14 percent) had indoor kitchen only and a few (8 percent) indoor plumbing only. The community has water pipelines but suffers from insufficient flows. It can be noted that Denham Town, which has a population of 8,894 residents, is surrounded by other inner city areas such as Tivoli Gardens, Matthews Lane, Hannah Town, and Spanish Town Road. Unemployment in Denham Town, as in many inner city communities, is high. Of the 37 respondents from that community interviewed for this report, half (49 percent) indicated that they were unemployed at the time of the survey.

Rural Communities

In a typical rural community there is one main road with several unpaved roads and tracks. Most of the houses are stand-alone and unfenced, and sit in an expanse of land of approximately half or more acres. The houses are built of mainly wood and concrete, with stand pipes and rainwater (harvested in tanks) providing the main water sources. Some houses have detached bathroom facilities. Most burned their garbage. Some properties have graveyards for family “mausoleums”, whilst most properties have a variety of fruit trees and domesticated animals. In the community, small shops selling essential items and rum bars in the “village square” are the main commercial activities. The population density is low; people have intimate relationships and face-to-face contacts with each other. In these communities everyone knows everyone.


16 An area is classified as urban if it possesses a population of at least 2,000 and provides a number of amenities and utilities that indicate modern living. The definition emphasizes population and land use and seeks to ensure that the urban landscape reflects a strong mix of commercial, industrial, residential and other urban land use functions. STATIN, “The Jamaica Labour Force Survey - 2017 Annual Review,” Kingston, 2018, http://statin.gov.jm/.

17 A tenement yard is a property where the buildings are divided and rented to several different persons with external shared toilet, bathroom and kitchen. STATIN, https://statinja.gov.jm/.
Just over \( \frac{1}{3} \) of residents OWNED THEIR DWELLING
Housing

The great majority of respondents (83%) lived in houses 16 or more years old. (See Figure 1.) The building materials were predominately concrete (74 percent) and board (25 percent), whilst 1 percent lived in zinc and wattle-and-daub dwellings, suggesting severe poverty or indigency.

Only just over one third (37%) owned their dwelling, whereas in Jamaica overall ownership by a household member is the most prevalent tenure status (61 percent). A miniscule 1.3 percent indicated that they were making mortgage payments, whilst approximately 83 percent indicated that they had no financial obligations on their housing. (Note that housing tenure refers only to the households’ private dwelling and not the land on which the dwelling is situated.)

Another two fifths (39 percent) lived rent free, mostly with family but sometimes with a partner. The rent-free national average is less than one in four (23 percent), suggesting a greater level of dependency among lower income groups. Fourteen percent rented, similar to the national average of 16 percent. The remainder (10 percent) were squatting in empty buildings.

Of the 1,500 respondents in the survey, the largest group (40 percent) lived in

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18 According to JSCL 2017, in Jamaica, the predominance of outer walls made from concrete block and steel has been the trend for the past decade. The second most reported material wood for outer walls was wood. Other materials such as stone, brick, concrete nog and wattle & daub combined account for less than 5 percent of outer wall material.

19 JSCL 2017, 5.5

20 PIOJ and STATIN, “JSCL - 2017.” Housing tenure is categorized according to four main types: owned by household member, rented/leased, rent-free, and squatted.

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Given the prevalence of multi-family dwellings that are almost within touching distance of each other, as is typical of inner city urban communities in particular, the stay-at-home order was difficult to obey.
a two-bedroom house. One in five (21 percent) lived in one-bedroom dwellings, often in a tenement yard of six to eight similar structures with no indoor bathroom facilities but a shared outside bathroom, while another one on five resided in three-bedroom homes. The smallest group (17 percent) lived in either a four or five-bedroom house (See Figure 2). It should be borne in mind that the number of bedrooms is not necessarily related to the condition of the house.

In order to ascertain the implications of the government containment measures of quarantines and curfews, of particular interest is the identification of the number of bedrooms in relation to the household size. Whilst there is no national policy regarding the number of persons allowed to occupy a bedroom, a household is considered as overcrowded if there are more than 1:1 persons per room in the household.\(^\text{21}\) Families of up to 16 persons were found among the respondents. Twenty percent of one-bedroom houses had four to six persons living in them, while a third (35 percent) of two-bedroom houses had four to six residents and a few (2 percent) had large households of seven or more persons (See Figure 3 for more details).\(^\text{21}\) In 2017, 37 percent of households lived in overcrowded conditions in Jamaica, but in the poorest and second poorest quintile this rose to 70 percent and 58 percent, respectively. In the wealthiest quintile it was only 12 percent, an indicator of the levels of inequality in the society.\(^\text{23}\)

Given the prevalence of multi-family dwellings that are almost within touching distance of each other, as is typical of inner-city urban communities in particular, the stay-at-home order was difficult to obey. The dwellings in many of these, and in some rural communities, are densely occupied, with several people sharing one or two rooms. Where this is the case, people mainly occupy their house for sleeping, because they are so cramped. Situations such as one family of six living in a two-bedroom dwelling or a family of 10-16 living in a three or four bedroom house is not uncommon (See Figure 3), and such socio-economic conditions made it more difficult for them to obey stay-at-home and quarantine orders.\(^\text{24}\)

**Utilities**

In Jamaica, water regarded as safe drinking water is distributed by the National Water Commission (NWC). The NWC supplies indoor or outdoor taps/pipes, public

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21  Personal communication with Ministry of Housing, October, 2020.
22  PIOJ and STATIN, “Jamaica Survey of Living Conditions - 2017,” Small-size households in Jamaica are defined as consisting of one to three members; medium-size households, four to six members; and large-size households, seven or more members. Two-thirds of the households in Jamaica are small, while just over a quarter are medium, leaving about one in 12 with large.
23  As above, p. 5.4.
standpipes, and trucked water; the latter may also be supplied by parish councils at local government level. Other water sources include harvested rainwater, wells, rivers and streams, sources that are considered untreated. Of the 1,500 respondents, more than one in four (27 percent) indicated no access to water safe for drinking as described above. Some respondents who indicated that they had access to water, also indicated regular water lock-offs for long periods.

With regard to kitchen and plumbing amenities, the majority of respondents (71 percent) had both indoor kitchen and plumbing facilities, but almost one out of ten (9 percent) had indoor kitchen only, while another 4 percent had indoor plumbing only. Sixteen percent had no indoor plumbing or kitchen facilities. Almost nine out of ten respondents (86 percent) indicated having access to electricity.

**Communication – Internet and Telephones**

In 2017, about half of Jamaica’s population of 2.8 million people had access to the internet at home, at work, at school, or through their mobile phones, one of the highest rates in the Caribbean region. In the four years since, that number and proportion has grown. In January 2021 internet penetration was 55 percent.

With regard to internet services, the majority (70 percent) of the respondents indicated access, whilst 30 percent had none. Half (52 percent) had daily access, while for others it was available:

- Infrequently (18 percent)
- “Only when needed” (14 percent)
- Weekly (3 percent)
- Monthly (1 percent)

One in four with internet (24 percent) had a modem at home, whilst 43 percent used phone data, and 3 percent gained access via a neighbour. Parish was not found to be a significant determinant of internet access or modality of use.

Jamaica has over 398,000 landlines and three million cell phone users. Almost nine out of ten respondents (87 percent) indicated they had mobile telephone service only. Six percent reported that they had no telephone service at all.

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25 PIOJ and STATIN, “JSLC - 2017.”

26 Some respondents with access to electricity indicated that it was illegal. We did not record details of this to protect people’s privacy, though in retrospect it would have been informative to ascertain what percentage of the respondents accessed illegal electricity.

27 PIOJ and STATIN, “JSLC - 2017.”

28 Simon Kemp, “Digital 2021: Jamaica,” Datareportal, February 11, 2021, https://datareportal.com/reports/digital-2021-jamaica. How penetration is measured may differ from one entity to another, and from one year to another even when measured by the same entity. The fact that the reported access to internet in the quarantined communities was so much higher than the national rate may be attributed to differences such as these.

4 Economic Conditions

71% of residents said no jobs were available in their community.
Employment

One in five respondents (20 percent) were unemployed before COVID-19. The majority of respondents (57 percent) worked in the informal economy; another one in five (20 percent) were formally employed; and 1 percent even admitted to illegal activity. The remainder were retired or studying.

Of the 24 communities surveyed, when asked what job opportunities were available in their respective community, the majority (71 percent) said no jobs were available, which, if correct, would mean that most of the residents would have to travel outside of the community for any employment. The available community jobs were mainly for unskilled labour in the form of coal burning, vending, and working in a bar or shop, compared with a minority in skilled work such as farming, fishing, and masonry. Outside the community in the formal sector persons mainly worked in the hotel industry, call centres, and on construction sites.

Income

Poverty occurs when one’s consumption or income level is inadequate to meet the necessities of life. This is demarcated by a standard poverty line, below which it is believed that basic needs cannot be met. Hence, an individual or household in Jamaica is considered poor if unable to attain a level of real consumption.

Someone working for minimum wage, that is earning approximately J$28,000 per month, would be below the poverty line for a family of four with one income-earner.
expenditure above the poverty line. In October 2015, purchasing-power parity (PPP) or the international poverty line was updated to US$1.90 a day. In Jamaican currency this is approximately J$279 per day or J$8,370.00 per month. This means a sole earner in a family of four should earn approximately $33,480 to meet basic needs. Currently, Jamaica’s minimum wage is J$7,000 per week for all workers except private security guards, whose minimum wage is J$9,700 per week. This means that someone working at minimum wage, earning approximately J$28,000 every month, would be below the poverty line for a family of four with one income-earner.

Just over one in four respondents (26 percent) reported a level of income that would place them below the poverty line, stating their earnings as under J$20,000 per month. This suggests that the sample included some of the poorest in these communities, some of whom are almost certainly in severe poverty. The largest group of 31 percent stated earning between J$21,000-50,000 per month. These would include those classified as living in poverty, as well as the vulnerable who are liable to slip in and out of poverty. (See Figure 4 for the entire sample. Note that one in four gave no response, not unusual for this type of question.)

The primary sources of income of over half the group (56 percent) were likely to put them below the poverty line or near (i.e. vulnerable): those who reported no income, the street hustlers, those dependent on government assistance, those in the manual labour category (one in four, the largest group, and excluding the minority who are in full employment at JIC rate), those dependent on relatives (16 percent), and the pre-trained. (See Figure 5 for full picture).

In such a situation some respondents reported having as many as four income streams with remittances being the secondary source of income pre-COVID-19. (See Figure 6). For over a quarter of these respondents (28 percent), their secondary source of income came from remittances, whilst for 10 percent PATH was their secondary source of income. Apart from a spouse (5 percent) all other sources were under 3 percent.

30 PIOJ and STATIN, “JSLC - 2017.”
31 https://blogs.worldbank.org/developmenttalk/international-poverty-line-has-just-been-raised-190-day-global-poverty-basically-unchanged-how-even
32 Bank of Jamaica, “Historic Rates”. April 1, 2020, US$1: J$134.71 at the beginning of the pandemic; April 1, 2021 US$1: J$146.86
34 This means “children [and adults] living in a level of severe poverty in which real hardship and deprivation are experienced and comforts of life are wholly lacking,” UNICEF, 2019, “Situation Analysis of Children in the Eastern Caribbean,” 132
Dependence on Remittances

The majority of the respondents (59 percent) in these low-income communities do not receive remittances from overseas. Of the 41 percent who do:

- 4 percent indicated receiving weekly,
- 12 percent received monthly,
- 13 percent of the total indicated that they receive as per request, and
- 12 percent indicated it was seasonal.

Of those who indicated receiving remittances, 28 percent noted remittances as a second source of income.

Almost half the respondents (48 percent) received remittances between US$1 and $150 per month. Over a quarter (27 percent) received US$50 or less (See Figure 7 for the complete picture).

Savings Schemes

Almost two out of three of the 1,500 respondents (62 percent) had some form of saving scheme. The most popular was the community saving scheme aka “pardner” (23 percent), followed by an active bank account (16 percent), a credit union (14 percent), or a building society (9 percent).

Of the 38 percent who indicated that they do not have an active saving scheme, the main reasons for not opening a bank account were:

- “no money for bank” (9 percent),
- “too lazy to open” (7 percent),
- “do not have required documents” (3 percent),
- “do not trust the banking system” (2 percent), and
- “family handles finances” (1 percent).

Online banking is hardly used, but not because of lack of internet access. Of the 62 percent of respondents who indicated that they have an active bank account, only one in ten (9 percent) bank online. Yet four out of five in this group indicated that they had internet access. Age may play a role here, as it was mainly respondents in the 25 to 34 age-range who banked online. The older the respondent, the less likelihood of them using online banking.

Very few people in the sample have any personal insurance. The majority of both males and females surveyed (85-87 percent) had no health or life insurance coverage.
The country went into full NATIONAL LOCKDOWN on only 2 occasions.

Impact of COVID-19
Half the communities surveyed in this study had undergone a community-specific quarantine or lockdown, which in almost all cases entailed a complete sealing off of the area (or an attempt at such) and a restrictive curfew, usually for two weeks, although in some communities for as long as four weeks. It is in these situations that we are interested in examining how the dynamics of the impact of COVID-19 play out, though in other periods the communities were also affected by the continuous national pandemic measures as a whole.

We consider the effects of the community quarantines and other pandemic measures in the following areas:

- The community
- How people received COVID-19 information
- Income and employment, including remittances
- Government aid and grant distribution, including recipients from PATH, pensioners and people with disabilities
- Closing of schools
- Gender

Terminology Matters

The terms curfew, quarantine, and lockdown were used interchangeably throughout the pandemic, by the media, government officials, and the public at large. “Quarantine” is when an individual is ordered to remain in one given area for a specific period because he/she has been exposed to a contagious infection, and in the case of COVID-19, for travellers coming in from overseas. A “community quarantine” is where there a particularly high rate of transmission is detected in a particular community, and as a result an entire community is sealed off and people are not allowed to enter or leave. “Curfew” is the imposition of hours when members of the public are not allowed to be out of their home premises, unless exempted by an order of the government. Violators can be prosecuted. Curfews in the COVID-19 pandemic response comprised national curfews, and community-specific curfews for areas deemed to have too-high transmission rates. Though the term “lockdown” was often used, a lockdown occurs when a country’s, or specific area’s, borders are sealed, restricting travel in and out of that area, where all businesses are closed (sometimes with the exception of supermarkets/groceries and pharmacies), and where everyone is required to stay at home, and the only people allowed out are essential workers. According to these definitions, Jamaica experienced community quarantines, national curfews, community curfews and community, as well as one parish, lockdowns. The country went into full national lockdown on only two occasions: three consecutive weekend lockdowns in March 2021, following a spike in cases in what came to be known as the second wave, including the long Easter holiday weekend; and two months later from 2 pm on Sunday May 22 to 5 am on Tuesday May 24, so that no-one could leave their premises for the entire day of May 23, 2021, which was Labour Day, a public holiday.

However, the general understanding of these terms was confusing to the respondents in the survey as the terms were being used interchangeably by the respondents as well as by government officials, media, and government officials.

Communities were affected differently according to what restrictive measure was enacted. There was confusion with the distribution of the government social welfare food and sanitization packages in the communities under different types of restrictions.
and the public in general. Further, communities were affected differently according to what restrictive measure was enacted. There was confusion with the distribution of the government social welfare food and sanitization packages in the communities under different types of restrictions. For example, residents living in the same community could experience different treatment based on how they were categorised. In Lower Enfield, St. Mary, some respondents indicated that they received Ministry of Labour and Social Services (MLSS) care packages, whilst others living in Upper Enfield indicated that they did not, and they felt gutted. When contacted, the MLSS official noted that part of Enfield was under lockdown, i.e. the national curfew, while the other was under quarantine, and only those under community quarantine received the care packages.35

The Community

When asked what some of the community and neighbourhood responses to the COVID-19 crisis had been, many reported that their community followed the government protocols and/or obeyed the curfew. Some noted residents were “frustrated, and scared,” while some complained that there was no “neighbourliness,” (i.e. neighbours failed to assist, or acted unkindly). Others however reported their community came together to assist each other.36

Access to COVID-19 Information

Control of the COVID-19 virus necessitated citizens’ cooperation, and by extension, their trust that the government was effectively managing the crisis. Jamaica is a low-trust society; most Jamaicans have little confidence in the government, and the agents of the state.37 The pandemic brought not only a virus, but fear and anxiety, whether about contracting the virus or even dying from it, and about one’s economic survival in the face of the restrictions. In this regard, the source, method, and timely dissemination of useful and relatable information on COVID-19 was necessary to mitigate, as far as possible, the adverse impact and to reduce panic. Successful transmission of information about the virus itself, and about the government’s initiatives and policies to control and manage it, was (and is) key to slowing transmission, and protecting the public’s health. The pertinent question is thus, how well was that information transmitted, received, and understood by people in low-income communities?

Most used media

From the survey, we found that the majority of the respondents (61 percent) in both urban and rural Jamaica relied on their television to get COVID-19 information. Social media ranked second (30 percent), followed by radio and word of mouth (25 percent respectively). The source that people least looked to was newspapers (4 percent). This is not

![Figure 8: Access to COVID-19 information](image)

36 Some of the respondents indicated that crime and violence in the community had gone up since the outset of COVID-19. We did not analyse or keep that data, however, as some of it was sensitive and contained identifying information, both which raised issues that we considered out of the purview of this study.
surprising for two reasons: newspapers are expensive, even for sections of the middle class; secondly, not everyone in a community necessarily has the level of literacy that would motivate them to spend money on a newspaper, even were it cheaper.

A majority of the respondents (59 percent) indicated that they consulted only one source for COVID-19 related information, whilst almost two out of five (38 percent) indicated reviewing multiple sources, and the remaining 3 percent did not review any. (See Figure 8.)

The most popular single source was television, used by 25-32 percent of the age groups, the lower end of the range being the youngest 18-24 year olds and the upper end being the senior citizens 65 years and over. Figure 9 shows very clearly that the choice of social media as a single source is highest among the youngest group (28 percent) and reduces by several percentage points directly correlated with age until only 5 percent of those in the sample between 55-64 years used social media, while not one of the 142 persons in the 65 years and over group used it as a sole source of COVID information. There is a similar pattern in the use of radio as a sole source but in the opposite direction: none of the 186 young persons used radio as a sole source, while its use inches up from 1 percent among the 25-34 year olds to 7 percent among the 45-54 year olds to almost one in five (19 percent) among the 65 years and over group (See Figure 9).

This information should assist the choice of communication media for different age groups in poor communities.

From the various media identified, an average of three out of four respondents (75 percent) said they trusted the source. The news sources with the highest levels of trust (81 to 83 percent) were TV and, interestingly, word of mouth. The sources with the lowest levels of trust were social media and the newspaper (63-64 percent), nevertheless still receiving trust from the majority. (See Figure 10.)

Trust in the COVID information

The majority of the respondents indicated that they trusted the COVID-19 related information that they received, but 22 percent indicated they did not. Within this group, representing just over one in five persons, the majority...
(77 percent percent) said they were, “doubtful” or “sceptical” of the facts,” 14 percent found there were “conflicting stories,” and 9 percent felt the “news does not reveal everything.” While doubt and scepticism generally grew with age, a perception that the news does not always reveal the whole story was strongest among the younger age groups and non-existent in the 65 and over group. (See Figure 11.)

Some respondents stated their belief that COVID-19 was not real. The excerpts below exemplify these sentiments (translated to English):

**Respondent in Bogue Hill, St James:**

“COVID is not real. It was planned by the government to control and kill off people. The government wants to implement NIDS so they come up with this COVID thing to force us.”

**Respondent in Fletchers Land, KSA:**

“My youth, this COVID thing is not true. It is really just another strategy to control people. If this thing real, all of us would have it by now. We out here daily no mask, nothing, and test anyone one of us and it will be negative. I do not know anyone with COVID. Do you?”

Overall, whilst most of the respondents were not doubtful or sceptical about information regarding COVID-19, one in five of the respondents indicated that they were. This distrust may be from the language used, the source, and the relevance of the information at a particular time. The findings suggest it might serve the government and the majority of the entire population better to simplify the information, both content and format, for specific target audiences, and disseminate using various multimedia and community influencers.38

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38 Town criers were used in some communities, but not consistently in all communities that were quarantined. Their reach was not considered in the interviews.
Employment, Income, and Consumption

The harsh conditions in the communities, exacerbated by the COVID-19 measures, forced some of the respondents in this survey to survive by various means, including purchasing essentials on a small scale, seeking any type of employment, borrowing money, and cultivating their own food.

Jamaica’s unemployment rate, which was at 7.8 percent in July 2019 (it later dropped to 7.3 percent, an historic low), was up to 12.6 percent in July 2020, as COVID-19 forced lay-offs in almost every sector.\(^{39}\) That was borne out in the communities surveyed (see Figure 12). Since the onset of COVID-19:

- Unemployment doubled among the respondents. Almost 20 percent of respondents identified themselves as unemployed pre-COVID-19; that virtually doubled to 39 percent post-COVID-19.\(^ {40}\)
- Where 30 percent of respondents reported being employed full-time pre-COVID-19, this halved to 15 percent post-COVID-19.
- Part-time employment remained relatively stable. Part-time employment went down by just under 1 percent, pre- to post-COVID-19 pandemic, so too did the small numbers involved in seasonal employment, moving from 3 percent to 2 percent.
- Self-employment remained relatively stable moving by under 2 percent from just under 40 percent to just over 38 percent. This suggests the resilience that self-employment can provide in a crisis, even if profits go down. Only a few micro-enterprises did not survive.

Nationally, 27,000 households, under 4 percent of all households,\(^ {41}\) took a loan from a friend, neighbour, or family member as a way of managing their loss in income.\(^ {42}\) In the communities surveyed, 12 percent of the respondents said that they “borrowed money” to survive, an indication of their greater need.

Consumption depends on the choices made by the individual in the context of both access to and pricing of goods and services. A large percentage of the respondents depended on the small community shops that allowed purchase of household necessities on a small scale and provided credit convenience. As such, the closing of these shops placed the respondents at a disadvantage. Whereas the authorities made provisions for people in restricted communities to do shopping, the respondents indicated that more important to them than access to large retail outfits was access to the small community shops.

**Respondent of Succaba Gardens, St. Catherine:**

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40 Of those actively seeking employment during a four-week period and were currently available to take up employment given a job opportunity.


“Look here, we get shopping days to go conduct our business and shopping. However, for most people in this community we do not purchase in large quantities, so this system made no sense. To say ‘Go shop in May Pen.’ To buy what? With what money? What we needed was some type of advanced credit of basic commodities to the local shops and they in turn extend credit to us. More so, the limited shopping hours was most inconvenient. Here in the community, when you need sugar, rice, oil, flour, whatever, you run go shop. People do not have money to stockpile, to buy from supermarkets. People here purchase dab toothpaste from the shop. This is our life, it worked for us, and COVID just mash that up.”

In the absence of adequate income and lack of government support to survive, 41 percent of the respondents indicated that they had started to grow their own food since the COVID-19 pandemic, one of the positives coming out of this experience, especially if it is sustained. It means better nutrition, a possible realignment of children’s taste buds, and might be a contribution to import substitution. However, the majority of the respondents (59 percent) indicated they were not growing any crops due to lack of space. Among the 41 percent who were growing crops, 30 percent indicated that they grew for subsistence, 8 percent to sell, and 3 percent indicated the crops were on the property when they had arrived there.

Remittances

The US accounted for approximately 70 percent of all inbound transfers, followed by the UK with 10 percent and 6 percent from Canada, Caribbean territories accounted for 4 percent, with around 9 percent from other locations. During the time of the survey, remittances to Jamaica grew by 21 percent. In the months April to June 2020, the net remittance inflows were US$642 million, an increase of 21 percent relative to the previous corresponding period.43

Overall, COVID-19 had not significantly reduced the inflow of remittances to the respondents in the survey. Of the 41 percent who indicated that they received some remittances, the majority identified the USA as the country of origin; they received between US$51 and US$150. This is in the pre-existing context that remittance was indicated as a second source of income used for consumption and not investment.

Within the 41 percent of respondents who indicated that they were recipients of remittances, just over one third (35 percent) indicated that remittance frequency was the same as before the pandemic, while just under one third (30 percent) experienced a decrease. Only 14 percent saw an increase. Almost one in four (21 percent) had not received any remittance since the pandemic. (See Figure 13.) Most among this 21 percent were also in the category of those who stated they were unemployed since the pandemic. As such, the loss of the remittance would probably have greatly increased their financial hardship.

While collecting remittances during the COVID-19 pandemic, 59 percent indicated no challenges, but 40 percent cited long lines since COVID-19. (See photo, p. 10). One percent said they paid to skip the line.

**Government Aid and Grant Distribution**

This study assessed three types of government programmes:

1. CARE grants,
2. The Programme of Advancement through Health and Education (PATH), and
3. Pensions.

The assessment revealed gaps in communication of the availability of the grants, gaps in the eligibility of those least integrated into formal systems but usually the neediest, gaps in collection of benefits, and in public safety. Moreover the financial burden of the respondents in the surveyed communities was greater than the Jamaican government aid and grant initiatives provided for.

**CARE GRANTS**

In an attempt to mitigate the pandemic’s social and economic fallout, the government enacted a relief programme through a special-purpose cash transfer scheme, the COVID Allocation of Resources for Employees (CARE) programme, whose net was wider than employees in the formal sector. However, this payout was not accessible to all as shall become clear. CARE was the Government of Jamaica’s temporary cash transfer programme to cushion the economic impact of the COVID-19 pandemic on individuals and businesses.44 The CARE initiative was ambitious, including nine types of benefits for a wide range of individuals and small businesses affected by COVID-19. They included:

- Compassionate Grant - J$10,000 one-off payment;
- Set Cash - J$9,000 fortnightly to the end of June 2020, for employees laid off (supported by documents from employer); or, earning less or equal to J$1.5m annually (supported by tax administration records);45
- General Grant - J$25,000 one-off;

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45 For persons employed prior to March 10 statutory deductions had to have been paid on their behalf. For persons laid off or terminated after March 10 and before June 30 evidence would be required in the form of a P45 form uploaded by their employer with the name and taxable incomes of all persons temporarily laid off or terminated. For persons who had taxable income less than or equal to $1.5M per annum this would have to
off payment “available to barbers, hairdressers, beauty therapists, cosmetologists, market vendors, and taxi and bus operators (i.e. PPV licensees) who registered with a Municipal or Transport Authority by April 30, 2020”;46
• Best Cash - J$9,000 fortnightly for each tourism sector employee;47 and the
• Small Business Grant - J$100,000 one-off payment: “All small businesses with sales of J$50 million or less, who filed taxes in the 2019/20 financial year, and who filed payroll returns indicating that they have employees, will be eligible for a one-time Covid Small Business grant of J$100,000.”48

A relatively small proportion of the 1,500 respondents – about one in ten (11 percent) - indicated that they did not know about the CARE programme. Almost three out of four (73 percent) indicated that they heard about the grants from a single source, while the remainder indicated that they heard from multiple sources. Word of mouth (approximately 66 percent) was the most popular source, followed by television (22 percent).

To receive the COVID Compassionate Grant, where eligible applicants receive a one-time grant of J$10,000 (US$68) paid to their bank account or a remittance company of their choice, the applicant needed both a valid Tax Registration Number (TRN) and a form of national identification that matched the TRN. An estimated 200,000 Jamaicans, almost 8 percent above the age of 18, do not have proof of legal identity.49 As such, many who needed the money were disqualified by default. The unbanked 20 percent of the adult population who did qualify had to collect the money in person, and so had to join long queues with no social distancing.50 In any case, this one-off cash transfer of J$10,000, while welcomed, was nowhere near sufficient for people with no other source of income and often with families to care for.

There were other drawbacks to the grant scheme, some not so obvious. Some respondents were apprehensive about dealing with a government agency, some did not feel confident to write-up/submit their CARE forms without support, and some perceived they would be discriminated against based on their political affiliations, another indication of the lack of trust in government mechanisms. In some instances, the grants may have placed them at risk of contracting COVID-19, because of how they were administered, i.e. collection via money transfer services with long queues (see earlier Observer photo, p. 10).

To obtain the General Grant these persons (hairdressers, barbers, vendors etc.) had to be registered with the municipal authority by April 30, 2020. CARE was launched on April 9, 2020, leaving a small window of 15 business days within which unregistered persons in these skill areas could register to become eligible for the grant. For some the cost is relatively small, e.g. J$3,000 for barbers and hairdressers. However, unless this information had been immediately widely advertised in the media – and there is no evidence that it was – many would not have been aware to even consider taking advantage of this.

To obtain the COVID-19 Small Business Grant, an applicant had to be an active taxpayer with updated business registration. This scheme did not therefore apply to informal, often the neediest, businesses. This unprecedented initiative had to be implemented across the island within a short time, which, remarkably, was for the most part achieved. However, the urgency to implement meant deficiencies in articulating all the interrelated conditions required to access the programme. Of the 1,500 respondents in the survey, the majority, 57 percent, did not apply for any of the CARE grants. Among those who did apply, 62 percent were successful.

47 The business must be registered with Tax Administration Jamaica (TAJ) as having at least one employee (PAYE); The business must provide evidence of keeping employees on payroll for the specified months (between March 10 and June 30, 2020); Businesses will receive a cash transfer for each employee they retain whose salary is at or below the $1.5M threshold. Eligible employers must appear on the TPDCO Registration. Ministry of Finance and Public Service, https://jis.gov.jm/media/2020/04/CARE-Brochure-Ministry-of-Finance-2020.pdf
Thus it turns out that little more than one in four benefited from CARE (See Figure 14.)

Why did the majority in these communities not apply to CARE? One in five either did not qualify because they were employed or it was their personal choice to leave it for persons more in need than themselves. Of concern is the response of over one in four (27 percent) in this group who said they did not know about it, while another smaller group of 13 percent said they did not know how to apply. (See Figure 15).

When disaggregated by gender, it is found that half the female respondents (51 percent) applied but only just over one third of the males (35 percent). Why did a higher percentage of women apply for grants? Because they followed the news closely and so knew more about them? Because they were more prepared to make the patient effort to apply when the outcome was uncertain? Unfortunately, their reasons were not interrogated.

Although the age group differences were not major, the least successful applying were in the youngest age group of 18-24 years and in the oldest age group of 65 years and over: over two in five in each group, 42 percent and 43 percent respectively. The most successful were in the middle age groups of 35-44 years and 45-55 years, with one in three rejected, 33 percent and 35 percent respectively.

The majority of the 400 successful respondents received the Compassionate Grant, while 5 percent or less received Set Cash, General Grant, and Best Cash. Only one applicant in the youngest age group was successful in an application for a small business grant (See Figure 16).

Applying for CARE grants was not challenging. Among the respondents who indicated that they applied for one of the CARE Grants, the majority reported “everything worked well” when applying. Thirteen percent indicated “having someone sign me up” was helpful, while 2 percent indicated that “being able to apply online” was useful, and 1 percent indicated that they liked the fact that the application process “did not require too many documents.” While the majority indicated that everything worked well

**Figure 14: Overview of CARE applications.**

**Figure 15: CARE Grant - reasons persons did not apply.**
when collecting their CARE grants, a third indicated the major hindrance was the long lines and wait time at the money transfer service.”

Respondents’ responses pointed to dependency by some on politicians, i.e. members of parliament, councillors, and caretakers to sign them up for the CARE grants. Of the 13 percent of respondents who indicated that a representative signed up for them, just over half were successful.

Of those who applied but did not receive the benefit, 14 percent indicated that there was a mistake on their application form, 1 percent indicated that the money went to the wrong bank account, and 3 percent indicated that they received notice that the payment would be late. (At the time the survey was conducted, some payments were still outstanding.)

For some respondents, the CARE grant did little to alleviate their circumstances as noted in the following extracts:

**Respondent in Annotto Bay, St Mary:**

“The compassionate grant was very little and with the price gouging, by the time you blink the money done. The food packages never reached me, so the little money had to go towards food. Here is all about politics, the government does not care about you if you are PNP.”

**Another respondent in Corn Piece Settlement, Clarendon** criticized the approach:

“The government give people money at a time when we were on lockdown. Instead of J$10,000 (which in any event is not much) they should have given us something that we could live off- like 12 live chickens and two bags of feed, seeds, and water to help us grow our own food. People here at home all day with nothing to do. You could not leave your yard. I know we have a lot of lazy people who want hand-out from the government, but instead of encouraging this the government should give them things to help them survive long-term because we do not have an end date for corona.”

**PATH**

The Programme of Advancement through Health and Education (PATH) is a conditional cash transfer programme funded by the Jamaican government aimed at delivering benefits by way of cash grants to the most needy and vulnerable in the society. There are five broad categories of beneficiaries:

1. “Children from birth to completion of secondary education”;
2. “Elderly, 60 years or over, and not in receipt of a pension”;
3. “Persons with disabilities”;
4. “Pregnant and lactating women”;
5. “Poor adults, 18-59 years”.

The beneficiaries are subject to
compliance with conditions.\textsuperscript{51}

In 2015, approximately 14 percent of Jamaicans were covered by PATH.\textsuperscript{52} As of October 2020, there were 328,482 beneficiaries of the PATH programme.\textsuperscript{53} The allocation to PATH has generally increased year upon year. In the 2018-2019 financial year, more than J$5.37 billion was disbursed to more than 130,000 families, or 340,000 beneficiaries, compared to J$4.14 billion in 2014-2015. The 2021-2022 budget the allocation was J$5.6 billion.\textsuperscript{54}

In response to COVID-19 GOJ channelled an additional $1 billion into PATH to increase cash grants to beneficiaries. PATH beneficiaries would ordinarily receive a payment in April and a similar payment in June. Instead, the GOJ made an additional payment of a similar amount in May, which would have had the effect of increasing by 50 percent the aggregate amount that a PATH beneficiary would have ordinarily received during the period April to June.\textsuperscript{55}

Of the 1,500 respondents in our study, some 14 percent indicated that they were on the PATH Programme. The majority were females, 76 percent, and males, 24 percent. PATH grants were mainly for children (78 percent), followed by “Elderly - not in receipt of a pension” (11 percent), 4 percent are people with disabilities, and 7 percent “poor adults.” The majority of the respondents on PATH were single parents.

At the time of the survey, almost half of the respondents on PATH (48 percent) were unemployed. Of the others:
- 33 percent were self-employed,
- 11 percent were in full-time employment,
- 5 percent were in part-time employment, and
- 3 percent were in seasonal employment.

Only 10 percent indicated that PATH was their only source of income. Given that the PATH payment every two months is only J$4,000 per child, for example, this is not surprising.\textsuperscript{56} Almost two-thirds of PATH recipients in the sample do not receive remittances (64 percent), not a significant difference from the average of 59% but it may suggest that remittances can play a role in saving many families and seniors from sinking below the poverty line.

Only one in three (34 percent) of the employed respondents on PATH were skilled; 4 percent were semi-skilled while the majority, almost two out of three (62 percent) indicated they were unskilled.

In terms of their housing situation, two fifths of PATH beneficiaries (40 percent) reported they were living rent-free on family land, just over one third that they owned their property, while 14 percent were paying rent, and 11 percent were squatting.

For the majority of those on PATH, the closing of schools brought a halt to their children leaving the house each day.\textsuperscript{57} As with many households, this, in turn, meant increased spending on food and utility bills, and more time spent supervising or teaching the children, especially in cases where no device was available.

The increased spending in a context of lower or more uncertain income meant adapting livelihood strategies. Two fifths (41 percent) indicated that their main

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{Figure_17 PATH respondents employment status.png}
\caption{PATH respondents’ employment status.}
\end{figure}


\textsuperscript{53} CAPRI, “Come Mek Wi Hol’ Yuh Han’: The Components of an Effective Social Safety Net for Jamaica,” 2021, 40.


\textsuperscript{57} We explore the effects of school closures in more detail further down in the report.
Some NIS pensioners receive their payments through direct deposit. However, the majority receive payments by cashing in at the post office the vouchers/cheques provided by the Ministry. This archaic system of issuing pension cheques via the post office was a major challenge for the 60 respondents who indicated they were receiving a government pension cheque physically,
adapted livelihood strategy since the pandemic was to follow the government protocols by staying home and cooking, limiting visitors to their homes, washing clothes more often, wearing masks, and sanitising more. Forty-three percent grew crops for subsistence. Thirteen percent said to survive they budgeted, 10 percent borrowed money, and 1 percent indicated that they disobeyed the protocols and hustled on the street. One third said there were no marked changes in their livelihoods, some of these being subsistence farmers living in rural areas.

Virtually the same percentage of PATH beneficiaries – 63 percent - were successful in their CARE grant applications. The success rate among all the respondents was 62 percent.

Among those PATH respondents (49 percent) who indicated that they did not apply, some gave the following reasons:

- Did not know how to apply – 11 percent
- Did not know about it – 9 percent
- Could not be bothered – 9 percent
- Had no TRN with matching ID – 6 percent
- Did not qualify or were employed at the time – 4 percent

The post office is the main venue for collecting PATH cheques. At the time of this survey, the respondents on PATH indicated that the payments were still collected via the local post offices, despite the fact that 54 percent of those on PATH indicated that they had an active bank account.

Of these, only 5 percent indicated that they banked online, although almost over three out of five (62 percent) of the PATH respondents with an active bank account indicated that they had internet access.

Of the 48 percent on PATH without an active bank account, some gave the following responses when asked why they did not have one:

- 9 percent said they had no money to bank,
- 7 percent said they were “too lazy to open it,”
- 3 percent “do not have required documents,”
- 1 percent “do not trust the banking system.”

Collecting PATH during COVID-19 was challenging for some respondents, with the majority physically collecting PATH cheques, as noted in the extracts below:

**Parent in Denham Town KSA:**

“Collecting the PATH money was bad. The place was crowded and the people behaved badly. I think PATH should have sent the money via the bank. The system was alphabetical, but people still came when it was not their day. It was chaos and confusion. No physical distancing, some people with children and without masks.”

**Parent in August Town KSA:**

“I usually collect for my three children on the 15th of every two months from the post-office. It is an alphabetical system, but with COVID-19 people just turned up on days that they were not supposed to. In addition, the collection date keep changing; last month it was late. Another challenge was cashing the cheque at the post-office. It is an alphabetical system, but people still came when it was not their day. It was chaos and confusion. No physical distancing, some people with children and without masks.”

**PENSIONERS**

In Jamaica the government old age pension scheme provides a monthly contribution to an insured person who is 65 or older, and who has paid or been credited with more than 500 contributions. Some NIS pensioners receive their payments through direct deposit. However, the majority receive payments by cashing in at the post office the vouchers/cheques provided by the Ministry. This archaic system of issuing pension cheques via the post office was a major challenge for the 60 respondents who indicated that they were receiving a government pension cheque physically, via the local post office. The Ministry will direct deposit to the pensioner’s bank account once this is requested, but perhaps not all are aware of this, and the request process was, at the outset, arduous (it has since been made easier). There were 146 respondents in the 65 and over age group.

**Characteristics of the Pensioners in the Survey**

Of the respondents on pension, 60 percent were men and 40 percent women. The largest group of pensioners (47 percent) indicated the pension as their main source of income. For others it was “Child/children” - 10 percent; “Relatives” – 8 percent; and “Farming” – 8 percent. Others indicated various types of manual jobs including skilled artisan, security guard, fisherman, and street hustle.

Remittances were a source of income for nearly half the pensioners (45 percent).

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58 National Insurance Services, “Age Benefit,” 2020, www.nisvg.org/age-benefit/#:~:text=A%20full%20pension%20starts%20from%20month%20or%20%21%2C000%20per%20week. In February 2021 a new Social Pension Scheme was announced, to begin in July that year. The scheme will benefit persons 75 years and older who are not in receipt of a private or public pension, other retirement income, or social protection benefits, and are not within a government-owned institutionalised facility.” The pension will provide J$3,400.00 per month to each beneficiary. Ainsworth Morris, “Social Pension Scheme To Begin Second Quarter Of 2021/22,” Jamaica Information Service, February 19, 2021, https://jis.gov.jm/social-pension-scheme-to-begin-second-quarter-of-2021-22/.

With regard to CARE grants, just over two fifths applied (41 percent); of this group, 71 percent received.

Most of the pensioners were single (52 percent), 46 percent were married, and 2 percent indicated being in common-law unions. In terms of living arrangements, two out of five (40 percent) lived alone, 30 percent indicated living with their partner, while 13 percent live in an extended family. Ten percent lived with their children, 5 percent with grandchildren, and 2 percent with siblings.

How Pensioners in Low-income Communities Coped with the Pandemic Measures

Most pensioners in the survey heeded the government’s call to “tan a yuh yaad” (stay-at-home order); only a few (under 2 percent) disobeyed. Some pensioners were therefore unable to collect their monthly pension. This may have been a misinterpretation as the government said anyone could go out within the limited curfew times to collect “essentials”. It points to the need for very careful, clear, and targeted communication. As a primary livelihood strategy 15 percent indicated that they borrowed money, whilst 3 percent had started farming since COVID-19.

Some comments from pensioners on their situation:

Pensioner in Bull Bay, St Andrew:
“The pension proof of life certificate is very burdensome. You have to complete the form with name, address, phone number, and then ensure that a JP, senior police or a priest certifies it. The form has to be submitted to the Accountant General Department. This system has to be repeated every six months or you would not get any money. The money is sent to the post office via a cheque. Imagine trying to get this completed at a time when the Prime Minister says that we old people should ’tan a we yard!”

Pensioner in Succaba Gardens, St Catherine:
“At the post office you have to join long lines and post office was closing early so if you missed it you had to make another visit. I did not get any since March. The day I went the post office was closed.”

Pensioner in Dover, St Mary:
“De prime minister said tan ah yuh yaad, and this is exactly what I have been doing and since I do not have anyone else to collect my pension that tan there.” (The prime minister said to stay at home, and this is exactly what I have been doing, and since I do not have anyone else to collect my pension it is still there.)

Other than the difficulty of collecting pension cheques, quarantines and curfews did not seriously affect pensioners. The largest group indicated no change, 33 percent indicated that the main impact for them was that they had limited their outings, for another 15 percent it was that they were unable to attend church, 7 percent indicated being “restricted from bonding with family/friends,” and 3 percent said they “disobeyed protocol - still going out.” (See Figure 18.)

PERSONS WITH DISABILITIES (PWDs)

In Jamaica, a person who has a long-term physical, mental, intellectual, or sensory impairment (s) which may hinder their full and effective participation in society is classified as a person with a disability/ies.60 Whilst the Statistical Institute of Jamaica identified over 500,000 people with various disabilities living in the country at the time of the 2011 Census, just under one-fifth of the population, among the 1,500 respondents interviewed in the survey only 2 percent indicated various disabilities.61

Of those with disabilities, almost half were immobile and almost half were blind. The remaining few were challenged by deafness, anxiety disorder, and schizophrenia. Almost twice as many males (64 percent) as females (36 percent) indicated a type of disability.

Among the disabled group, respondents reported:
• just over half having no child dependents (55 percent);
• just over half being single (52 percent);

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• half living in their own housing (49 percent);
• two out of five living alone (39 percent).

For many their main source of income came from family and/or relatives. Two thirds (67 percent) had both indoor plumbing and kitchen where they live, and 30 percent had access to the internet. Only 3 and 4 percent, respectively, had life insurance and health insurance, even lower that the average of 13-15 percent among the total respondent population.

Most of the respondents indicated that they were not receiving disability benefits from the government. It should be noted that PWDs registered with the Jamaica Council for Persons with Disabilities (JCPD) between 1973 and March 31, 2020 were invited to apply for a one off grant (J$10,000/US$68) under the CARE Programme. To apply one needed to have submitted their application to the JCPD noting their names, addresses, a valid Tax Registration Number (TRN), and banking information. None of the 33 respondents with a disability knew of the grant or indicated being a member of the Jamaica Council for Persons with Disabilities (JCPD). Generally, once certified by a doctor or by the JCPD as having a permanent disability, a person with a disability can apply for benefits under the PATH Programme. The feedback from these respondents suggests communication gaps in circulating information on the benefits available to persons with disabilities, especially those who live in poor communities.

Of people with a disability, 12, just over one third, applied for a grant and all but one received. Among the 21 who did not apply for any of the CARE grants, their main reasons included:
• no knowledge of it;
• no TRN/ID;
• could not be bothered;
• not knowing how to apply.

Two thirds of PWDs (66 percent) were dependent on remittances as a second income. Within this group, around a third indicated receiving monthly amounts, another third as per request, and the remaining third seasonally. For the majority remittances since COVID-19 remained the same but for one in five there had been “none since COVID-19.”

The most accessed sources for COVID-19 information by people with a disability were:
• Television by half the group (51 percent),
• Radio almost as popular, used by 48 percent, clearly higher than among the respondents generally, among whom only 7 percent relied on it solely. This medium is critical for the visually impaired who accounted for almost half the PWDs in the sample.
• Word of mouth was used by six respondents (18 percent).
• Social media was used by only one disabled respondent as a source of information on COVID-19.

Not accessing any source were two of the disabled respondents (6 percent).

For the majority of people with a disability their social life was not affected by COVID-19 protocols. Half of the respondents indicated they normally stay in, whilst a small number reported disobeying the protocols and still going out. For most of the 33 disabled respondents there were no changes to their livelihood strategies under the COVID-19 protocols, but six indicated that their main strategies included relying on family and friends, and self-isolation.

**Closing of Schools**

Two out of five respondents reported that there were no school-aged children in their households. Over one in four had one child, 18 percent had two, and 15 percent had three or more children.\(^{62}\) (See Figure 19.)

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62 Impact of closure of schools on student engagement is the subject of another study in this series.
When asked to identify the main effect that the mandatory closing of schools in March 2020 had on their household, a third of respondents (33 percent) reported that they have increased their spending on food and bills. Twenty-two percent of respondents indicated that their child’s education had been halted since schools ceased face-to-face learning (See Figure 22). Access to equipment and reliable internet access were the main hindrances to online education. Children not being at school required parents’ time. For one in five respondents with children, the main issue was that more time had to be dedicated to supervising their children, especially since they would usually be at work or out of the home when their children were at school. A few respondents indicated that they had no choice but to leave their children unattended, because there was no one to supervise them. Six percent of respondents indicated that they had to start teaching their children themselves, while 3 percent indicated the child had to seek internet service elsewhere to connect with school. Nevertheless, just under 16 percent indicated that their household had not changed. (See Figure 20.)

Parent in Corn Piece Settlement, Clarendon:
“The online classes/teaching did not work. Some days I needed my phone to use and my daughter had classes. It was difficult because we do not have another electronic device for her to use.”

Parent in Enfield, St Mary:
“Up here we struggle to access the network. However, even if the service was available I cannot afford it. My husband and I can barely provide food for our children and pay bills; we cannot afford additional cost and we do not have computers, etc. I would prefer a shift system at the school instead of closing it and having the children at home with nothing to do. At school, the children would receive a hot meal and this helps to reduce the pressure on me.”

Parent in Kingston/St Andrew:
“I have small children and they need full attention during school hours. Some days I am there with them from 8:30 to 2:30. I cannot work, not even housework. We have to live, so on the days that I go out to work they do no schooling since no one is

FIGURE 20: Main effects of school closure on household.
The following extracts highlight respondents’ concerns:

“Covid make me daughter breed and she a 14. If she did deh a school, she would not breed.” (COVID-19 made my 14-year-old daughter get pregnant. If she had been at school she would not have gotten pregnant.)

“Me have my personal phone, me cyan tek it give pickney fi no school.” (I can’t take my personal phone to give my child for school.)

“Dem nyam day and night, nyam more than them would with the lunch money. Now me have less money and more nyamming.” (They eat night and day, more than they would eat with the lunch money. Now I have less money and there’s more eating.)

“I have to work from home and be a teacher to them. It is very frustrating.”

“Me still deh a work and nobody not home fi take care a dem. Me know me no fi do it, but me haffi just leave dem.” (I am still working and there is no one at home to take care of them. I know I shouldn't do it, but I have to just leave them.)

Gender Dynamics

As was noted earlier, of the 14 percent of respondents on PATH 76 percent were females, and 24 percent were males. This is one of the notable gender differences that the study came across. Another is the difference between men and women (among the sample) with regard to control over where one lives. Far more females compared to males indicated
that they live rent-free with their partners (65 percent compared to 35 percent). However this is the only area where there is a remarkable difference. More males indicated that they owned their own homes compared to females (53 percent compared to 47 percent), although the gap is not as large as expected given the usual gender economic inequalities. Other differences are also narrow (See Figure 21).

The majority of both men and women surveyed indicated disruption to their livelihoods, incomes, and hobbies since the onset of COVID-19. But the income effects were different for men and women. More men compared to women indicated that their income was reduced since the onset of COVID-19: one in four men (26 percent) compared to one in five women (20 percent). More men also indicated a reduction in business when compared to women, 23 percent compared to 20 percent. However in other instances there were few differences. (See Figure 22.)

### Adaptive Livelihood Strategies by Gender

When asked how they survived without the means to earn an income, reduced income, and limited government assistance, some of the livelihood strategies of the respondents included farming, borrowing money, and budgeting. The budgeting strategies indicated by virtually the same proportion of men and women included cooking only one meal per day, limiting unnecessary purchases, and not paying public utility bills. Similarly, almost equal proportions of males and females indicated that they borrowed money (12 percent and 11 percent, respectively). More males than females indicated that they started farming as a survival strategy. Whereas 40 percent of males and 42 percent of females chose following the government protocols as their main livelihood strategy, a small percent of the respondents (approximately 1 percent males and less than 1 percent females) chose refusal to follow the government protocols in order to hustle to survive (See Figure 23).

It can be noted that one of the ways people budgeted was facilitated by the National Water Commission, which supplied every household during the first nine months of COVID-19 up to December 2020, despite non-payment of bills by some. Sanitation, so important for the prevention of coronavirus, was safeguarded at the expense of the NWC, now in 2021 trying to recoup some of its losses.

### Effects on Social Life/ Hobbies by Gender

Although almost one in three men (31 percent) and women (33 percent) said they experienced no change in their social life and hobbies, as they normally “stay in”. For the majority, however, their social lives were affected. There are gender differences in what aspects of social life and hobbies are missed. More men (46 percent) than women (39 percent) found government-imposed COVID-19 protocols limited their “social outings,” although this was the largest group of either gender. The closing of

![FIGURE 23: Main effect on social life/hobbies.](image-url)
churches had a more profound effect on females compared to males, 14 percent to 2 percent respectively. Nine percent of the men and almost 6 percent of women missed most “bonding with friends and family,” while 8 percent of men and almost 6 percent of women missed their parties more than anything else. Three percent indicated that they disobeyed the protocols and still went out. Surprisingly, less than 2 percent of either gender missed beaches and rivers most. (See Figure 23).

It can be noted that one of the ways people budgeted was facilitated by the National Water Commission, which supplied every household during the first nine months of COVID-19 up to December 2020, despite non-payment of bills by some.
The data suggest that women in these communities are poorer than men, as 3 in 4 of the respondents on PATH are women.
The social and economic situation of the lives of Jamaicans in poor communities is marked by unemployment, low incomes, and violence. The pandemic has served to increase that pre-existing state of affairs. All of the communities that were subject to one of the most severe COVID-19 measures, the community quarantine, were low-income communities, characterized by small, overcrowded homes, high unemployment, and high levels of poverty. The data suggest that women in these communities are poorer than men, as three-quarters of the respondents on PATH are women, most being single heads of households. In contrast, among the disabled who identified themselves, almost two thirds (64 percent) were men.

The impact of COVID-19 on these communities was, for the most part, to exacerbate the extant issues of low, uncertain incomes, with the added risk of catching the virus and falling ill. Most people followed the community quarantine rules and protocols. The closure of schools brought additional financial and other stresses to parents. Children at home were eating more and consuming more utilities, causing household expenses to increase. Over one-fifth of respondents’ children (22 percent) did not attend any remote schooling at all after school closure. For the most part this was because they did not have a device on which to do online school, and/or lack of access to the internet. The pandemic affected men and women differently, though not in obvious and in sometimes contradictory ways. More women lost jobs, but more men found their income decrease.

The government’s efforts to support people with cash transfers were not widely accessed by the people in the inner city and poor rural communities. The undocumented, for which the national figure is 20 percent, could not apply. Under half of the respondents (43 percent) applied. Of these, over one third (37 percent) were unsuccessful. The disabled respondents had greater success: 12, just over one third, applied and only one was unsuccessful. The consensus was that the one-off compassionate grants, which were what the overwhelming majority received, were inadequate to meet people’s needs, more so if they had children.

Less than half the sample (43 percent) from these low-income communities received remittances; among PATH beneficiaries it was even less, only 36 percent. Among those who did receive remittances, some received less than prior to COVID-19 and one-fifth (21 percent) had not received any remittance since the pandemic, although remittances into Jamaica as a whole increased. Most were also in the category of those who stated they were unemployed since the pandemic, so this would have pushed them further into poverty and possibly some into severe poverty. This could also apply to the near one in five (18 percent) of the disabled whose remittances stopped.

The disbursement of the grants, as well as the regular forms of financial support (pensions, remittances, and PATH) was problematic in the context of a contagious virus. The crowding was not only inconvenient, but dangerous. For those on pensions, the stay-at-home order, which many elderly took literally,
not understanding that going out for essentials was permitted, countered the means of getting their cheques, which for many was to collect them at the post office. This points to the need for more targeted communication strategies.

The distribution of care packages was welcomed by the recipients. However, some noted that the packages were insufficient for large households (consisting of three or more people).

The government's efforts to communicate information about the pandemic were most effectively done via television, radio, and social media. Newspapers, for people in low-income communities, are largely irrelevant. The fact that 25 percent of the respondents in the survey indicated that they were doubtful about COVID-19, and a few even deliberately avoided receiving information about COVID-19, suggests that there is more work to be done in communicating in situations such as this pandemic.

**Recommendations**

Respondents were asked how the government could enhance its response to COVID-19 in their respective communities:

1. The government should offer more benefits - 28 percent.
2. The government did a good job, and there was no improvement needed - 27 percent.
3. The government should ensure the neediest receive the assistance by going into the communities - 17 percent.
4. The government needed to be stricter in its enforcement of lockdown and curfew - 10 percent.
5. The government should improve water supply to the community - 3 percent. It is noted that restricted water flow or its complete absence is a common feature of the low-income communities in this sample.
6. Three percent of respondents felt that "government does not care about our community."
7. Twelve percent indicated that they did not know what to recommend.

What the study brings to the fore is that many instances of friction that were identified with regard to state support for the poor, and the cost to the individual of financial exclusion, pertain regardless of a deadly global pandemic. The pandemic merely exacerbated them. Among these is the logistics of disbursing PATH payments. Whether a debit or other type of smartcard that can hold value, or a mobile money mechanism, these payments are in urgent need of modernization. Getting more people banked, and getting those who have bank accounts to do business online would also increase efficiency and reduce inconvenience. Another noteworthy issue is the extra attention that needs to be given to communicating with the disabled, who are especially in need of support.

Specifically, for at-risk communities in a national crisis situation such as the COVID-19 pandemic, many recommendations are related to already-recognized problems and, in several instances, are in the process of being acted on, such as increasing students' access to the internet.

**CAPRI's recommendations are:**

1. Use those with knowledge of the community, coordinated by the Social Development Commission (SDC), to improve targeting of the undocumented and hidden poor in

2. Successful transmission of information, through evidence-informed analysis of the most popular sources and engaging modes for poor communities, is critical to prevent panic and to provide correct information to counter the inevitable spread of false rumours and theories.
   
   a. Simplify the information communicated, both content and format, for specific target audiences, and disseminate using various multimedia and community influencers. Use patois where appropriate to frame information.
   
   b. Use town criers with properly timed and clear messages. This mode is widely used in rural areas to communicate civic and entertainment events.
   
   c. Use the Community Development Committees (CDCs), Youth Clubs, and Senior Citizens Clubs which exist in many communities, and are known to the Social Development Commission, to take information to the community level. Small grants can be provided as these tasks take time, effort and transportation. Proper documentation must be a condition.

3. Provide a safe and reliable corridor for community shops to remain stocked with supplies and provisions.
Community shops are a key mechanism for serving the community during quarantines and lockdowns, once they adhere to strict health protocols including social distancing. Access to small community shops, not large retail outfits, is what is required by people in restricted communities to do their shopping during quarantine periods. An additional advantage is that this adds to the community economy, helping to prevent shop closures.

4. **Encourage financial inclusion among PATH beneficiaries.**
   a. Deposit PATH cheques in a beneficiary account where available or use a mobile money mechanism.
   b. Encourage PATH beneficiaries to join the financial system by assisting them to open credit union, building society or commercial bank accounts. This can be one contribution to their empowerment.

5. **Establish and maintain a national registry of the disabled in poor communities**, conducted in conjunction with the Jamaica Council for Persons with Disabilities. This information will be the basis for those who will require special attention during pandemics and disasters.

6. **Expand the cadre of social workers going into communities to monitor children’s safety** and school attendance, and provide support for parents to protect their children, learn what is available from government agencies, and generally to cope with their own stress issues. Support school personnel to be more engaged with families to ensure children are engaged and not left unattended.


Appendix 1: Methodology

Understanding the experiences of vulnerable people in a disaster or crisis can be difficult. It was decided, therefore, to use experienced interviewers to physically visit the community to facilitate clarification and probing of any information during discussions with respondents to ensure maximum insights. As such, the study was conducted through a survey of 1,500 persons, 18 and over, from 24 communities in 9 parishes over a period of eight weeks in July and August 2020.

The communities that were selected for this investigation were listed by official sources as having a high incidence of poverty. The focus was on communities who had experienced specific restrictions. Five communities had experienced a “lockdown”. Under a lockdown not only are borders sealed, restricting travel in and out of the area, but businesses are closed and even essential businesses may only be open to persons at certain times of the day on specific days. Everyone in a public space is required to carry an ID and the only people allowed out at all times are essential workers. The entire parish of St. Catherine was put under lockdown for a week in April 2020. Three of the communities were located in this parish.

A “community quarantine” is where a particularly high rate of transmission is detected in a particular community, and as a result an entire community is sealed off and people are not allowed to enter or leave. Food packages, and if necessary medication, are delivered by government and COVID-19 testing is rigorously carried out. Seven communities had experienced this restriction.

“Curfew” is the imposition of hours when members of the public are not allowed to be out of their home premises, unless exempted by an order of the government. Violators can be prosecuted. All the communities experienced national curfews.

Quota sampling by community was used to select respondents, the basic inclusion criteria being a resident of the community, and over the age of 18 years. Interviewers, led by influential community members, were directed to maintain as even gender and age sampling as possible. The gender distribution of the sample was 51 percent males and 49 percent females. The distribution among age ranges is depicted in Table 1 below.

There were 53 questions, of which seven were open-ended allowing some qualitative material to be collected on the social impact of COVID-19-19. Probed was people’s access to amenities, access to information about COVID-19-19 disseminated by the government, the closing of schools, grant and aid distribution, and their day-to-day existence.

To gain access to the community, the researcher made contact with influential people in communities and explained the research to them. These influential people accompanied the research team to the area and asked the residents if they wanted to participate. Residents who wanted to participate in the research were informed of their rights as participants before the face-to-face personal interviews were conducted. All respondents consented before and after participation. The participants were asked to talk about their personal experiences since the beginning of the pandemic in Jamaica. Ethical considerations meant that anonymity was upheld and no identifying feature of the respondents was captured in the questionnaires.

### TABLE 1: Distribution of Respondents by Age

<table>
<thead>
<tr>
<th>Age group</th>
<th>18-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65 &amp; over</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage in sample</td>
<td>12%</td>
<td>22%</td>
<td>20%</td>
<td>19%</td>
<td>19%</td>
<td>10%</td>
</tr>
</tbody>
</table>

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63 This classification of the communities was given by the Planning Institute of Jamaica (PIOJ) and the Statistical Institute of Jamaica (STATIN) in the 2019 Poverty Mapping Report, and triangulated with the Social Development Commission Community Profile.
The data was processed through univariate and bivariate analysis, using Statistical Package for Social Sciences (SPSS). Secondary data was collected from the Ministry of Finance, Ministry of Labour and Social Security, Ministry of Housing, Red Cross Jamaica and relevant articles.

All the mandated health protocols were observed: masks properly worn, social distancing, and frequent hand sanitizing.

**Limitations**

The quota of respondents allocated by size of population was not even. In some small communities like Steer Town, with a 2011 census population of 2,202, 90 respondents were interviewed while in Denham Town, with a census population of 8,894, only 37 persons were interviewed; in Greenvale in Manchester, with a population of 7,932, 73 persons were interviewed, while in Banana Ground 75 were interviewed although it is a tiny community of 527 residents. In some instances, this was due to the problem of ongoing violence, but it was due more to the rapid pace at which the fieldwork was done with such a large sample. This limitation introduces a level of bias.

The age ranges covered suggest that the youngest age group in particular was insufficiently captured, and also the eldest.
### Appendix 2

**TABLE 2: COVID-19 Experiences of Communities Surveyed**

<table>
<thead>
<tr>
<th>Community</th>
<th>Popn. 2011 Census (N.B. Dated)</th>
<th>No. of Households Surveyed</th>
<th>No. of Persons per Household</th>
<th>Curfew, Quarantine, Lockdown</th>
<th>Parish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hannah Town</td>
<td>3,399</td>
<td>63</td>
<td>3.6</td>
<td>Curfew</td>
<td>West Kingston</td>
</tr>
<tr>
<td>Jones Town</td>
<td>11,290</td>
<td>13</td>
<td>2.1</td>
<td>Curfew</td>
<td>West Kingston</td>
</tr>
<tr>
<td>Fletchers Land</td>
<td>3,973</td>
<td>75</td>
<td>2.2</td>
<td>Curfew</td>
<td>Central Kingston</td>
</tr>
<tr>
<td>Denham Town</td>
<td>8,894</td>
<td>37</td>
<td>3.4</td>
<td>Curfew</td>
<td>Central Kingston</td>
</tr>
<tr>
<td>Rae Town</td>
<td>3,133</td>
<td>33</td>
<td>2.7</td>
<td>Curfew</td>
<td>Central Kingston</td>
</tr>
<tr>
<td>Allman Town</td>
<td>4,153</td>
<td>34</td>
<td>3.0</td>
<td>Curfew</td>
<td>Central Kingston</td>
</tr>
<tr>
<td>August Town</td>
<td>5,960</td>
<td>91</td>
<td>3.0</td>
<td>Curfew</td>
<td>East St. Andrew</td>
</tr>
<tr>
<td>Bull Bay/ Seven Miles</td>
<td>18,592</td>
<td>133</td>
<td>3.6</td>
<td>Quarantine</td>
<td>East Rural St. Andrew</td>
</tr>
<tr>
<td>Hillside</td>
<td>235</td>
<td>80</td>
<td>2.9</td>
<td>Quarantine</td>
<td>West St. Thomas</td>
</tr>
<tr>
<td>Seaforth</td>
<td>5,287</td>
<td>15</td>
<td>2.9</td>
<td>Quarantine</td>
<td>South East St. Mary</td>
</tr>
<tr>
<td>Annotto Bay</td>
<td>6,017</td>
<td>61</td>
<td>3.5</td>
<td>Quarantine</td>
<td>South East St. Mary</td>
</tr>
<tr>
<td>Dover</td>
<td>564</td>
<td>54</td>
<td>3.2</td>
<td>Quarantine</td>
<td>South East St. Mary</td>
</tr>
<tr>
<td>Enfield</td>
<td>2,734</td>
<td>42</td>
<td>3.1</td>
<td>Quarantine</td>
<td>South East St. Mary</td>
</tr>
<tr>
<td>St. Ann's Bay</td>
<td>11,173</td>
<td>83</td>
<td>2.8</td>
<td>Lockdown</td>
<td>North East St. Ann</td>
</tr>
<tr>
<td>Steer Town</td>
<td>2,202</td>
<td>90</td>
<td>2.9</td>
<td>Curfew</td>
<td>North West St. James</td>
</tr>
<tr>
<td>Norwood</td>
<td>1,134</td>
<td>56</td>
<td>3.2</td>
<td>Lockdown</td>
<td>North West St. James</td>
</tr>
<tr>
<td>Bogue Hill</td>
<td>1,799</td>
<td>45</td>
<td>3.2</td>
<td>Curfew</td>
<td>West Central St. James</td>
</tr>
<tr>
<td>Greenvale</td>
<td>7,932</td>
<td>73</td>
<td>2.7</td>
<td>Curfew</td>
<td>North West Manchester</td>
</tr>
<tr>
<td>Community</td>
<td>Popn. 2011 Census (N.B. Dated)</td>
<td>No. of Households Surveyed</td>
<td>No. of Persons per Household</td>
<td>Curfew, Quarantine, Lockdown</td>
<td>Parish</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------</td>
<td>-----------------------------</td>
<td>------------------------------</td>
<td>-------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Banana Ground 1</td>
<td>527</td>
<td>75</td>
<td>2.9</td>
<td>Curfew</td>
<td>Central Manchester</td>
</tr>
<tr>
<td>Pleasant Valley</td>
<td>412</td>
<td>103</td>
<td>3.5</td>
<td>Curfew</td>
<td>Central Clarendon</td>
</tr>
<tr>
<td>Con Piece Settlement</td>
<td>564</td>
<td>109</td>
<td>3.3</td>
<td>Quarantine</td>
<td>South East Clarendon</td>
</tr>
<tr>
<td>Old Harbour Bay</td>
<td>5,872</td>
<td>16</td>
<td>3.2</td>
<td>Lockdown</td>
<td>South West St. Catherine</td>
</tr>
<tr>
<td>Succaba Gardens</td>
<td>414</td>
<td>55</td>
<td>4.1</td>
<td>Lockdown</td>
<td></td>
</tr>
<tr>
<td>Gregory Park</td>
<td>556</td>
<td>64</td>
<td>2.9</td>
<td>Lockdown</td>
<td></td>
</tr>
</tbody>
</table>

*(Sources: Survey, MLSS and STATIN)*
Locked Down, Locked Out
Vulnerable Communities in the Pandemic

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