



COVID-19 IN LAC

HIGH FREQUENCY PHONE SURVEYS

RESULTS SECOND WAVE*

June – July 2020¹

COVID-19 continues to preoccupy the population in LAC, as do the pandemic's economic ramifications. In countries such as Chile and Costa Rica, 9 out of 10 households report being worried about becoming ill with COVID-19. The knock-on economic impacts are also causing concern, with around two-thirds of households worried that their finances are at risk. Health and economic concerns rose in half of the countries studied, while the other half showed some small improvements. In Peru, this rate stands at 8 out of 10.

The willingness and/or ability of people to follow the recommendation to stay at home began to noticeably tail off by the beginning of July. Of the 13 countries studied, most (11) saw a decline in the percentage of households where all members followed the Stay at Home guideline in Wave 2 (W2). Part of this can be explained by the lifting of certain lockdown measures during this period. Compliance rates dropped most markedly in Ecuador, Peru, Dominican Republic, and Bolivia. This is largely explained by the need to work outside their home; in most countries, respondents, especially in Bolivia, Guatemala, Honduras and Mexico, cited work as the main reason to break the quarantine.

A gradual return to work is observed across all countries, although the situation remains less dynamic than before COVID. Around 70 percent of respondents were working before lockdown measures were imposed. Despite some gradual recovery in labor market activity, all countries, except Chile, still showcase lower levels of employment and economic activity. Among the hardest-hit countries, in terms of employment, such as Peru, Guatemala, and Bolivia, the percentage of people who returned to work in July (wave 2) increased notably, especially compared to the initial drop observed at the

start of the pandemic (wave 1). Colombians have not been able to reengage in the labor market as quickly as other countries; only about 58% of individuals reported being back in work in July. This compares to over 72% prior to the COVID outbreak.

Among people re-engaged in the labor market, the majority are coming back to their pre-COVID jobs. When the pandemic hit, many individuals found themselves without a job mainly because of four reasons: their place of work closed due to COVID-19, there were not enough clients in the business, they were furloughed or there were mobility restrictions. In most countries, these reasons explain at least 7 out of 10 jobs lost. Exceptions include Costa Rica, El Salvador, and Paraguay where the reasons for not working were more varied and no clear pattern is found. In any case, the above reasons largely point to temporary and reversible phenomena and thus may help explain why, when governments' restrictions started to be relaxed around July, most people who were able to work again got back to their former jobs. In all countries, between 82% and 92% of those returning to work came back to their old job.

Food insecurity has receded but continues to be a major issue for many families in the region. Close to one third of households in Colombia, Honduras, Ecuador, and Dominican Republic (DR) ran out of food in the week prior to the latest survey. In most cases the reason for being unable to access food is lack of economic means to do so. In Peru, Guatemala, El Salvador, and Bolivia, this rate was only marginally lower, closer to one-fourth. There has been improvement in the percentage of people going without food for an entire day (around 8%) between the two waves. However, a non negligible proportion of households (10%) in Peru, Colombia, Honduras, and DR

1. The LAC HFS project successfully completed the second wave of data collection in July 2020. With an average re-contact rate of 72 percent, the second wave was able to collect information that permits the observation of changes in a series of indicators. These include: people's concerns; employment; behavioral changes; access to, and demand for, health and education services; non-labor income sources; and, food security.

*This brief was prepared by Paola Ballon, Gabriel Lara-Ibarra, Sergio Olivieri and Ana Rivadeneira, under the guidance of Ximena del Carpio, with the financial support from the Latin American and Caribbean Regional Vice Presidency.



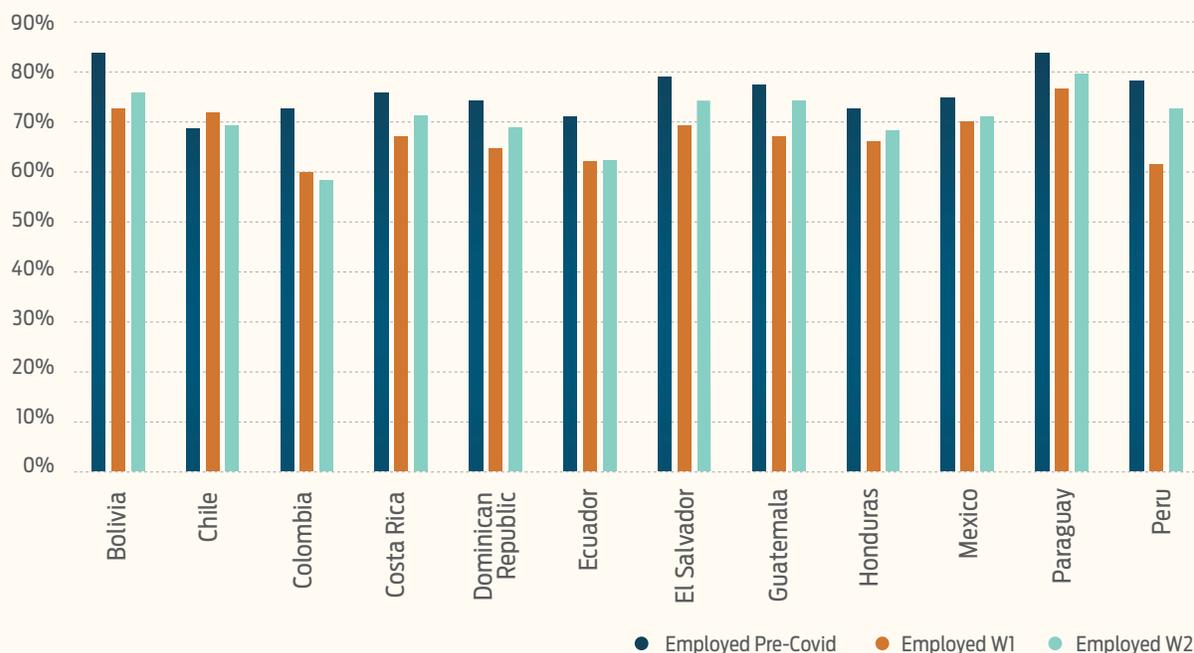
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Figure: Employment slowly improves in most countries but still below pre-COVID-19 levels



Source: World Bank, High-Frequency Phone Surveys, Wave 1 and 2, Washington DC.
Note: Percentage of people aged 18 and over.

still face dire economic conditions that prevent them from accessing food. Even though there has been some improvements since the first wave, malnutrition as a result of the pandemic remains a critical concern.²

The availability of government provided food aid varies considerably across the region. A number of countries ramped up the provision of food aid for vulnerable households in July (during W2), compared to June (W1). In Chile, for example, about two fifths of respondents reported receiving some support of this nature, most of which came from the national or municipal government. In El Salvador, this share jumps to over three-

fifths (62%), with 80% of people reporting the national government as the source. This positive trend is not observed across all countries. People surveyed in July (W2) in half of the countries experienced decreases in publicly provided food aid. Particularly notable decreases occurred in Honduras (down from 33% in W1 to 18% in W2) and in Paraguay (from 32% to 22%). In both cases, this is primarily explained by a drop in national government in-kind transfers. Bolivia and Peru report the lowest share of this type of assistance, at 6% and 5%, respectively.

The picture with respect to monetary transfers is heterogenous throughout the region. The pattern of

2. To note is that W1 food security questions had a longer reference period (30 days). In case that households' weekly income-consumption patterns vary significantly, this may also partly account for the differences observed.



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money transfers is one of peaks and troughs. Guatemala shows the largest increases in transfers –albeit from a very low starting point– between June and July; with the share of those receiving money transfers increasing almost fivefold (from 3.3% in W1 to 16% in W2). In Chile, meanwhile, the percentage nearly doubled (from 7.6% to 15%). To note is that the vast majority of respondents report the government as the source of these transfers. Thus, these results may partly reflect the implementation (*Bono Familia in Guatemala*) or expansion (*Ingreso Familiar de Emergencia in Chile*) of public programs. In contrast, respondents in El Salvador showed large decreases in this type of assistance: the share of respondents reporting monetary transfers fell from a high of 27.5% in W1 to a mere 3% in W2.³ Bolivia and Paraguay showed the highest shares of households (about 37% and 29%, respectively) reporting this type of assistance, with only small changes between waves.

Health problems are widespread across the region and many report problems accessing medicines. In El Salvador, Guatemala, DR, and Peru, over one quarter of respondents declared that they or a household member had become ill during the week prior to the survey. Peru, El Salvador, and DR show a high incidence of illnesses, with about 4 in 10 cases reporting COVID-type symptoms (e.g. difficulty breathing, dry cough, or fever). Relatedly, all countries showed a larger share of households needing medicines in the week running up to the survey. The highest increases were in Guatemala, El Salvador, and Chile, where most respondents (9 out of 10) report having the means to obtain the medicines they required. Access to medicines has remained steady in most countries.

A positive outlier here appears to be Peru, where 87% of peruvians seeking medicines in W2 report being able to purchase them, up from 72% in W1.

COVID has served to exacerbate existing disparities across the region with respect to medical care. With illness rates high, around one quarter of households required a medical consultation in W2. In some countries, this proved relatively easy. This was the case in Colombia, and Mexico, for example, where only a small share (less than 10%) of respondents were not able to access medical services. Typically, this was due to an inability to secure an appointment. In Guatemala, Honduras, and Paraguay, the proportion of those unable to access medical attention was similar (9%, 4%, and 17%, respectively). However, in these cases, a chief barrier was financial (cited by one third). In many cases, people did not seek medical care for fear of contracting COVID. This was an influential motive in Bolivia, where one third of those seeking care did not receive it. The same is true for Peru and Ecuador, where the ratio of non-recipients was one quarter and slightly over one fifth, respectively.

Education continued in most cases thanks to distance learning. On most countries, over 90% of children were able to participate in distance learning activities during W2. Exceptions include Bolivia (22.6%), Honduras (17%) and Guatemala (13.3%). In each of these cases, the two most reported reasons were lack of availability of internet and teacher-related problems (e.g. no contact with pupils or no provision of homework). Other countries with a lower share of children not exposed to distance schooling also cite these factors as being problematic.⁴

3. These results carry the caveat that the reference period in the questions across waves are not strictly comparable. In W1, the question covered a period of approximately 2 months. In W2, the reference period is closer to one month.

4. Other potential answers included: no TV/radio, no computer, parent does not make time, parent is not interested, child is not interested, lack of monetary resources, illness in the family, and stress due to new approach to learning. "Other reason" captured an important share of the answers provided but could not be further analyzed.

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FIRST WAVE

Country	Access to health services	Access to education	Coping mechanisms		Quarantine compliance	Satisfaction with government policies	
	HH member needed but was NOT able to access medical treatment	HH children have NOT been engaged in any education or learning activities since the schools closed	Reduced food consumption	Did NOT receive direct in-kind or cash transfers	NOT all household members are quarantined	NOT SATISFIED with the government's response to the coronavirus crisis (%)	Reasons for dissatisfaction: limited financial assistance OR does not enforce restrictions OR late response by government
Bolivia	37.4%	15.2%	20.2%	56.5%	9.7%	28.6%	14.0%
Chile	21.3%	4.1%	24.0%	80.4%	34.8%	45.2%	56.2%
Colombia	28.9%	3.3%	19.2%	74.3%	28.0%	18.5%	46.2%
Costa Rica	9.6%	3.1%	20.1%	61.7%	42.6%	9.8%	55.4%
Dominican Republic	27.2%	6.1%	17.9%	55.7%	32.1%	25.5%	26.1%
Ecuador	48.3%	2.6%	22.4%	81.8%	18.9%	39.2%	30.8%
El Salvador	25.8%	1.9%	20.7%	47.2%	12.2%	10.0%	28.0%
Guatemala	19.3%	9.8%	17.4%	80.8%	24.4%	10.7%	19.0%
Honduras	21.1%	7.8%	19.5%	65.4%	10.3%	25.5%	24.9%
Mexico	10.9%	2.1%	22.7%	86.9%	31.4%	29.1%	27.7%
Paraguay	28.6%	1.4%	17.1%	53.0%	39.4%	9.9%	33.0%
Peru	41.5%	2.8%	23.3%	76.1%	12.0%	20.1%	47.2%
St. Lucia	22.1% ¹	8.5% ¹	n.a.	88.1% ²	37.7% ³	n.a.	n.a.
Notes	1. Weighted average for poor and nonpoor.	1. Weighted average for poor and nonpoor.	n.a.: Non available.	2. At least one social program, total.	3. Report curfew or lockdown.	n.a.: non available.	n.a.: non available.

Country	Food security		Employment	Income loss	Concerns		
	% households where adults had to skip a meal because there was not enough money or other resources (last 30 days)	% households that ran out of food because of a lack of money or other resources (last 30 days)	% people who lost their employment during C-19 quarantine (18 years and over)	% households that report a reduction of total income during quarantine	% of people concerned about getting COVID-19 or about household economy	% of people concerned about getting COVID-19	% of people concerned about household economy
Bolivia	31.4%	43.2%	17.4%	70.0%	95.3%	86.7%	78.2%
Chile	13.2%	17.8%	6.5%	53.9%	96.1%	93.0%	76.2%
Colombia	41.6%	43.8%	26.6%	71.7%	94.2%	86.8%	78.1%
Costa Rica	19.5%	29.7%	16.4%	63.1%	93.5%	89.2%	66.6%
Dominican Republic	38.2%	43.6%	15.7%	59.2%	91.7%	85.7%	68.5%
Ecuador	42.7%	50.2%	17.5%	73.8%	92.3%	87.0%	78.8%
El Salvador	31.6%	39.5%	16.2%	68.8%	91.9%	83.4%	72.0%
Guatemala	35.9%	46.3%	18.6%	69.9%	87.3%	79.4%	68.7%
Honduras	43.5%	52.5%	16.0%	68.1%	88.8%	79.0%	69.5%
Mexico	19.7%	23.3%	12.1%	60.0%	86.9%	78.1%	64.6%
Paraguay	24.0%	27.3%	13.0%	64.5%	86.3%	76.9%	63.8%
Peru	40.0%	47.1%	28.0%	81.4%	96.4%	90.3%	84.0%
St Lucia	n.a.	31.9% ¹	28.0% ¹	71.2%	n.a.	n.a.	n.a.
Notes		1. Weighted average for poor and nonpoor.	1. Weighted average for poor and nonpoor.		n.a.: Non available	n.a.: Non available.	n.a.: Non available

Top tercile Intermediate tercile Bottom tercile Information not available or comparable

Source: World Bank, High Frequency Phone Surveys 1st Wave, Washington DC.

* Countries have been divided into 3 groups according to the values of each indicator. Darker shade indicates the 4 countries with highest values, lighter shade is for the 4 countries with the lowest values and medium shade is for countries with values in between. St. Lucia is not included in this classification because its indicators are not strictly comparable.

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SECOND WAVE

Country	Access to health services	Access to education	Coping mechanisms		Quarantine compliance	Satisfaction with government policies	
	HH member needed but was NOT able to access medical treatment	HH children have NOT been engaged in any education or learning activities since the schools closed	Reduced food consumption	Did NOT receive direct in-kind or cash transfers	NOT all household members are quarantined	NOT SATISFIED with the government's response to the coronavirus crisis (%)	Reasons for dissatisfaction: limited financial assistance OR does not enforce restrictions OR late response by government
Bolivia	32.4%	22.6%	n.a.	57.9%	20.9%	n.a.	n.a.
Chile	8.1%	8.2%	n.a.	55.8%	35.6%	n.a.	n.a.
Colombia	9.2%	9.9%	n.a.	75.7%	33.2%	n.a.	n.a.
Costa Rica	4.3%	3.6%	n.a.	56.4%	35.3%	n.a.	n.a.
Dominican Republic	11.7%	9.0%	n.a.	57.9%	43.2%	n.a.	n.a.
Ecuador	21.9%	6.4%	n.a.	81.6%	31.9%	n.a.	n.a.
El Salvador	17.2%	7.2%	n.a.	37.9%	16.9%	n.a.	n.a.
Guatemala	9.4%	13.3%	n.a.	70.2%	26.9%	n.a.	n.a.
Honduras	4.2%	17.0%	n.a.	79.4%	14.9%	n.a.	n.a.
Mexico	1.7%	9.0%	n.a.	83.7%	40.3%	n.a.	n.a.
Paraguay	16.9%	4.8%	n.a.	56.5%	46.1%	n.a.	n.a.
Peru	25.6%	8.5%	n.a.	91.0%	23.3%	n.a.	n.a.
St. Lucia	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Notes	n.a.: Non available.	n.a.: Non available.	n.a.: Non available.	n.a.: Non available.	n.a.: Non available.	n.a.: Non available.	n.a.: Non available.

Country	Food security		Employment	Income loss	Concerns		
	% households where adults had to skip a meal because there was not enough money or other resources (last 7 days)	% households that ran out of food because of a lack of money or other resources (last 7 days)	% people who lost their employment during C-19 quarantine (wave 2 v. pre covid)	% households that report a reduction of total income during quarantine	% of people concerned about getting COVID-19 or about household economy	% of people concerned about getting COVID-19	% of people concerned about household economy
Bolivia	23.9%	24.0%	16.0%	n.a.	93.6%	86.7%	77.2%
Chile	8.9%	11.0%	13.4%	n.a.	95.8%	91.9%	76.1%
Colombia	33.9%	34.8%	28.6%	n.a.	92.7%	86.9%	74.3%
Costa Rica	15.7%	19.0%	14.7%	n.a.	95.4%	92.1%	74.8%
Dominican Republic	32.0%	31.8%	15.4%	n.a.	93.4%	87.3%	74.1%
Ecuador	32.0%	35.6%	21.0%	n.a.	93.3%	84.2%	76.1%
El Salvador	24.3%	24.6%	13.1%	n.a.	93.2%	87.7%	73.2%
Guatemala	23.2%	24.7%	12.0%	n.a.	90.8%	82.4%	71.4%
Honduras	31.6%	35.9%	16.3%	n.a.	92.4%	84.7%	74.6%
Mexico	13.1%	12.1%	12.4%	n.a.	88.3%	80.7%	66.2%
Paraguay	13.9%	14.1%	11.7%	n.a.	87.1%	79.2%	63.1%
Peru	26.7%	23.6%	19.6%	n.a.	93.5%	86.4%	81.1%
St Lucia	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Notes	n.a.: Non available.	n.a.: Non available.	n.a.: Non available.	n.a.: Non available.	n.a.: Non available.	n.a.: Non available.	n.a.: Non available.

Top tercile Intermediate tercile Bottom tercile Information not available or comparable

Source: World Bank, High Frequency Phone Surveys 2nd Wave, Washington DC.

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