



ISLAND INSECURITIES: COVID-19, GENDER AND THE INFORMAL FOOD ECONOMY IN JAMAICA

ISLAND INSECURITIES:
COVID-19, GENDER AND THE
INFORMAL FOOD ECONOMY
IN JAMAICA

MANEL MIAADI, SUJATA RAMACHANDRAN,
NATALIE DIETRICH JONES AND JONATHAN CRUSH

ACKNOWLEDGEMENTS

This report draws on research for the Women Feeding Cities Project: Building a Gender-Transformative, Resilient and Sustainable Informal Food Sector for COVID-19 Recovery, supported by the Government of Canada's New Frontiers in Research Fund (NFRF) (Grant no. NFRFI-2023-00324); and a Social Sciences and Humanities Research Council (SSHRC) Partnership Grant (No. 895-2021-1004). This work was also carried out with the aid of a grant (No. IDRC-110148-001) from the International Development Research Centre (IDRC), Ottawa, Canada. The views expressed herein do not necessarily represent those of IDRC or its Board of Governors.



© Authors

Suggested citation: Miaadi, M., Ramachandran, S., Dietrich Jones, N. and Crush, J. (2026). Island Insecurities: COVID-19, Gender and the Informal Food Economy in Jamaica. MiFOOD Policy Audit No. 8, Waterloo.

Cover photo: Women food vendors in Coronation Market, Kingston.
Credit: Jonathan Crush

Published by the MiFOOD Network
mifood.org

First published 2026

Production by Bronwen Dachs Muller, Cape Town

This report can be replicated for educational, organizing and policy purposes as long as the source is acknowledged.

AUTHORS

Manel Miaadi, Balsillie School of International Affairs and Wilfrid Laurier University, Waterloo, Canada.

Sujata Ramachandran, Balsillie School of International Affairs and Wilfrid Laurier University, Waterloo, Canada.

Natalie Dietrich Jones, Sir Arthur Lewis Institute of Social and Economic Studies, University of the West Indies, Kingston, Jamaica.

Jonathan Crush, Balsillie School of International Affairs and Wilfrid Laurier University, Waterloo, Canada, and University of the Western Cape, Cape Town, South Africa.

Previous Publications in the MiFOOD Policy Audit Series

No 1 *South Africa at War: Food Insecurity, Migrant Exclusion and COVID-19 Policies*

No 2 *Impacts of COVID-19 Policy Measures on Migration and Food Security in Ecuador*

No 3 *COVID-19 Impacts on Food Security of Refugees and Other Vulnerable Populations in Canada*

No 4 *Emergency Statecraft, Lockdown Vulnerability, and Food Insecurity Among Migrant Workers in Qatar During COVID-19*

No 5 *Disruptions and Daily Survival: COVID-19 Crisis, Gender, Informality and Food Security in Mexico*

No 6 *Feeding Cities in Crisis: Gender, Informal Sector and COVID-19 in Namibia*

No 7 *Balancing Survival: COVID-19, Gender, and the Informal Food Sector in Mozambique*

CONTENTS

PAGE

Executive Summary	1
Introduction	5
Pandemic Waves	6
First Wave (March–August 2020): Initial Outbreak and Early Containment	8
Second Wave (September 2020–February 2021): Relaxation and Resurgence	9
Third Wave (March–August 2021): Vaccination Drive and the Alpha Variant	10
Fourth Wave (December 2021–March 2022): The Omicron Surge	11
COVID-19 in Urban and Rural Areas	12
Pandemic Shocks	13
Gendered COVID-19 Impacts	18
Pandemic Food Insecurity	22
Food Insecurity before the Pandemic	22
Food Insecurity during the Pandemic	24
The Pandemic Informal Economy	28
Pre-Pandemic Informality	28
COVID-19 and the Urban Informal Food Sector	30
Women in the Urban Informal Food Sector	32
Pandemic Relief Measures	35
Cash Grants	35
Gender-Based Programmes	37
Policy Measures for the Informal Sector	39
General programmes and interventions	39
Interventions for the Informal Food Sector	40
Conclusion	41
References	42

TABLES

<i>Table 1:</i> COVID-19 in Jamaica (to December 2024)	6
<i>Table 2:</i> COVID-19 in the Caribbean, August 2023	6
<i>Table 3:</i> Gender Distribution of Confirmed COVID-19 Cases in 2020 in Jamaica	7
<i>Table 4:</i> Livelihood Impacts on Jamaican Households	16
<i>Table 5:</i> Changes to Household Income during the Pandemic	16
<i>Table 6:</i> Reduction in Income of Households with Children during COVID-19	17
<i>Table 7:</i> Persons Employed and Unemployed by Gender in Jamaica before and in the First Year of the Pandemic	20
<i>Table 8:</i> Market Engagement and Food Security Impacts of COVID-19	26
<i>Table 9:</i> Changes to Food Security in the Previous 30 Days	26
<i>Table 10:</i> Food-related Coping Strategies of Households with Children	27
<i>Table 11:</i> Foods Sold by Informal Food Vendors in Kingston	30
<i>Table 12:</i> Main Types of State and Non-State Support Received	36
<i>Table 13:</i> Main Types of Support Requested to Mitigate Pandemic Impacts	37
<i>Table 14:</i> Gender-Responsive Mitigation Measures	37

FIGURES

<i>Figure 1:</i> COVID-19 Pandemic Waves in Jamaica	5
<i>Figure 2:</i> COVID-19 Containment in Jamaica, 2020-2022	9
<i>Figure 3:</i> Jamaica Tourist Arrivals	13
<i>Figure 4:</i> Annual Tourism Revenue in Jamaica, 2016-2024	14
<i>Figure 5:</i> Job Loss in Jamaica by Economic Sector, 2020-2021	15
<i>Figure 6:</i> Number of Households Experiencing Income Decline by Income Source, 2020-2021	15

<i>Figure 7: Coping Strategies of Inflation-affected Households</i>	17
<i>Figure 8: MVI Scores by Deprivation</i>	18
<i>Figure 9: Job Loss in the Jamaican Economy by Sex, 2020-2021</i>	19
<i>Figure 10: Job Loss in the Tourism Industry by Sex, 2020-2021</i>	19
<i>Figure 11: Jamaican Households with Children Facing Food Insecurity during the Pandemic</i>	27
<i>Figure 12: Age Profile of Informal Vendors in Kingston by Sex</i>	29

EXECUTIVE SUMMARY

Rationale

Jamaica – a small island developing country with a substantial informal economy – has long faced challenges stemming from its dependence on tourism and imports. The COVID-19 pandemic brought its preexisting vulnerabilities into sharp relief and introduced complex public health and socioeconomic policy challenges. Early government interventions after March 2020, such as strict travel restrictions, localised lockdowns, and nationwide curfews, played a significant role in managing virus transmission. However, these containment measures triggered significant economic and social disruption, some of which have persisted beyond the pandemic. This audit situates Jamaica's pandemic response within a broader policy audit framework by examining epidemiological trends, economic repercussions, gendered impacts, food security impacts and resilience in the informal sector. It also offers actionable insights for policymakers while emphasising the need for adaptive strategies that balance public health imperatives with socioeconomic recovery.

Key Findings

1. The pandemic exposed Jamaica's specific structural vulnerabilities.

Jamaica faces risks and vulnerabilities arising from its size, dependence on imported goods, overreliance on tourism revenues and exposure to climate-related hazards. Workers in its large informal economy face increased vulnerabilities. As international travel collapsed and global supply chains faltered, the pandemic generated cascading effects across public health systems, employment and food security.

2. Public health measures helped contain transmission but produced socioeconomic shocks.

Employment losses, declining household incomes, disrupted livelihoods, constrained economic activity, and rising poverty significantly affected workers in the informal and service sectors. Survey evidence from multiple studies shows that the effects of these shocks persisted after the early waves of COVID-19.

3. Food inflation and food insecurity remained critical challenges during and after the pandemic.

Jamaica's dependence on imported food increased its exposure to global supply chain disruptions and price volatility during the pandemic. Food price inflation was a constant challenge and, combined with economic hardships, reduced

household access to food. Households adopted various coping strategies, including reducing meal sizes, skipping meals, and relying on a less diverse diet. These effects were most pronounced among lower-income households, households with children, and women-centred households.

4. COVID-19 shocks were strongly gendered.

Women experienced disproportionate employment loss because of their concentration in most affected sectors, such as service industries, tourism-related occupations and informal work. Women also assumed increased caregiving and household responsibilities, while facing increased mental health challenges and heightened risks of domestic violence. Women-headed households were especially vulnerable to economic and food insecurity, and single women were more likely to face negative economic changes.

5. COVID-19 highlighted the critical but often overlooked role of Jamaica's informal food sector.

Informal food vendors, street traders and market sellers provide the essential link between food producers and consumers and constitute a major source of livelihood, particularly for women. But many informal workers faced significant income losses due to restrictions on mobility, reduced market activity and disruptions in supply chains.

6. Existing social protection systems did not adequately address the needs of vulnerable households and groups.

Several measures were introduced to address the economic shocks, which provided temporary relief. However, vulnerable groups, including many informal workers, were unable to benefit because of registration requirements, limited awareness of these programmes, or the absence of measures specifically tailored to informal work.

Key Recommendations

1. Strengthen livelihood recovery mechanisms.

Recovery strategies should extend beyond short-term emergency relief and support longer-term income restoration through entrepreneurship programmes, skills development initiatives and increased support for sectors heavily affected by crises.

2. Mainstream gender analysis across emergency planning and response.

All crisis preparedness and recovery strategies should incorporate gender-responsive assessments to ensure that the specific needs of women, female-headed households, and informal workers are systematically addressed.

3. Expand financial inclusion for informal enterprises.

Targeted microfinance programmes, emergency credit relief, digital payment systems and financial literacy initiatives should be strengthened to improve the resilience of micro- and small-scale enterprises during emergency periods and periods of economic disruption.

4. Strengthen support for women in the informal food economy.

Targeted interventions can enhance women vendors' access to finance, training, digital technologies, childcare support, market opportunities and social protection programmes. These interventions would both support women vendors and contribute to urban food system resilience.

5. Improve the availability of gender-disaggregated data.

Government agencies should regularly publish detailed gender-disaggregated statistics on livelihoods, food security, health outcomes, social protection access, and violence against women to support evidence-based policymaking.

6. Recognise informal food vendors as essential actors in urban food systems.

Informal food vendors play a critical role in ensuring food access for low-income households. Municipal authorities should formally integrate vendors in urban food planning, market management, and emergency response frameworks while preserving the flexibility of informal food distribution.

7. Establish adaptive social protection mechanisms for informal workers.

Future emergency assistance programmes should be designed to rapidly reach workers outside formal employment systems through simplified registration procedures, digital delivery programmes, and established emergency beneficiary databases to improve programme coverage during crises.

8. Strengthen domestic food production and local supply chains.

Greater investment in local food production, climate-resilient agriculture, storage facilities, transportation infrastructure, and producer-to-market linkages would help to build resilience and inclusive food systems, improve national food security and reduce vulnerability to external shocks.

9. Invest in public health preparedness and community trust.

Enhance healthcare surge capacities, strengthen risk communication strategies, and develop community-based approaches to improve public trust in health interventions.

10. Adopt an integrated resilience approach linking food security, livelihoods, and health and well-being.

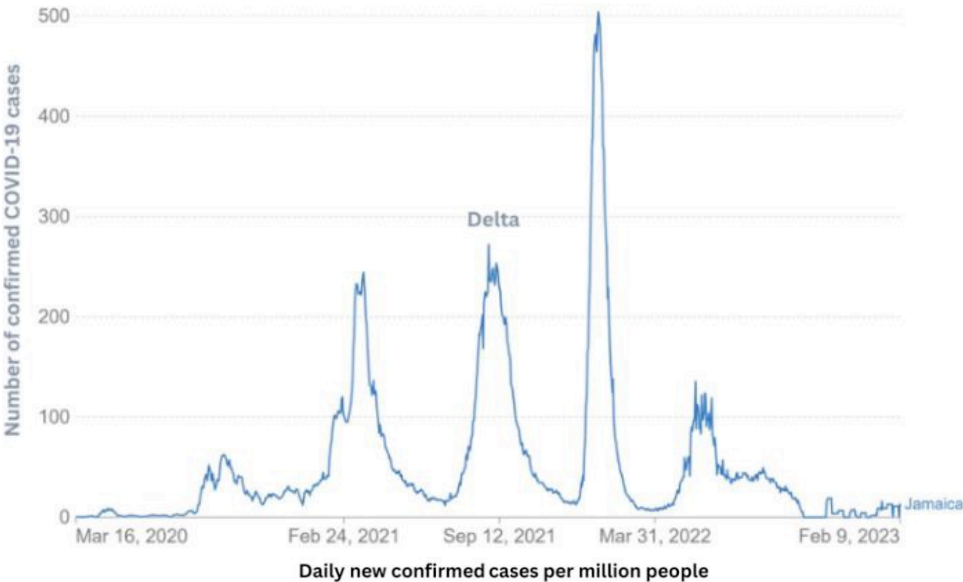
Future policy responses should extend beyond sector-specific interventions by adopting coordinated approaches that address the interlinked vulnerabilities facing urban residents, particularly those dependent on informal livelihoods.

INTRODUCTION

Jamaica’s experience with COVID-19 began on 10 March 2020, when it confirmed its first case, involving a traveller from the United Kingdom (WHO, 2020). It also marked the start of complex public health and economic challenges as the Jamaican government sought to balance containment measures with socio-economic pressures. The COVID-19 pandemic unfolded in a series of surges, each with distinct epidemiological patterns and government actions to reduce transmission (Figure 1). Jamaica’s status as a small island state added to the difficulties of managing cases, rolling out vaccines, and stabilising the economy. By June 2022, Jamaica had tested 1,129,527 samples, with a daily positivity rate of 17.7% and a cumulative positivity rate of 12.7% (PAHO, 2022a). As of 1 December, 2024, the country had recorded 157,337 total COVID-19 cases and 3,619 deaths (WHO, 2024) (Table 1).

An early comparative analysis of the Caribbean in late 2020 found that pandemic spread varied across the region, with the Dominican Republic recording the highest incidence of infection, followed by Jamaica, Haiti, and Cuba (Moonsammy et al., 2021). The highest mortality rates were recorded in the Dominican Republic, followed by Jamaica, Haiti and the Bahamas (Moonsammy et al., 2021). After the pandemic ended, Jamaica ranked fourth among Caribbean countries in total recorded coronavirus cases and deaths (Table 2).

FIGURE 1: COVID-19 Pandemic Waves in Jamaica



Source: Chambers (2025)

TABLE 1: COVID-19 in Jamaica (to December 2024)

Category	Details
Total number of cases	157,337
Total number of deaths	3,619
Population vaccinated with complete primary series (%)	26%
Population vaccinated with at least one booster (%)	2%
Source: WHO (2024)	

TABLE 2: COVID-19 in the Caribbean, August 2023

Country	Cases	Deaths
Cuba	1,115,064	8,530
Dominican Republic	667,048	4,384
Trinidad and Tobago	191,496	4,390
Jamaica	155,860	3,596
Barbados	109,503	620
Bahamas	38,084	844
Haiti	34,301	860
Saint Lucia	30,052	409
Grenada	19,693	238
Dominica	15,760	74
Saint Vincent and the Grenadines	9,361	124
Antigua and Barbados	9,106	146
Saint Kitts and Nevis	6,607	46
Source: WHO (2026)		

PANDEMIC WAVES

COVID-19 Situation Reports released by the Pan American Health Organization (PAHO) confirm a clear gender divide in coronavirus infections in Jamaica. Table 3 shows the distribution of confirmed cases by gender between 2 May 2020 and 3 December 2020. Although the share of total cases declined over time, higher infection rates among women throughout this period suggest greater exposure to the coronavirus. In early May 2020, women accounted for 62% of total cases, compared with 38% for men. By the end of the first wave, women accounted for 55% of total cases (PAHO, 2020d). In early December 2020, women accounted for 54% of all cases. As of September 2021, women accounted for more cases than men, with an male:female ratio of 1:1.3, while men accounted for more fatalities, with an M:F ratio of 1:0.8 (PAHO, 2021a). A Ministry of Health & Wellness (MoHW) report stated that women accounted for 57.5% of total cases (74,475 cases) and men for 42.5% (55,154 cases) as of

April 2022 (MoHW, 2022). Moreover, more men (1,520, 51.8%) than women (1,416, 48.2%) died due to the coronavirus infection. A COVID-19 update released by MoHW shortly after the pandemic officially ended reported that the highest number of cases were recorded in the parishes of Kingston and St Andrew (41,351), followed by St Catherine (27,813), St James (17,843), and St Ann (11,425) (MoHW, 2023).

TABLE 3: Gender Distribution of Confirmed COVID-19 Cases in 2020 in Jamaica

Dates	Numbers and % Share	
	Women	Men
2 May 2020	286 (62%)	177 (38%)
4 June 2020	340 (58%)	251 (42%)
1 July 2020	401 (57%)	306 (43%)
1 September 2020	1,472 (55%)	1,198 (45%)
1 November 2020	5,071 (55%)	4,175 (45%)
3 December 2020	5,970 (54%)	5,015 (46%)
Source: Adapted from PAHO (2020a-2020e)		

A cross-sectional analysis of national surveillance data on confirmed COVID-19 cases in Jamaica shows that women and younger individuals accounted for a higher proportion of cases, whereas men and older people accounted for a higher proportion of deaths (Webster-Kerr et al., 2024). Communities with greater socioeconomic inequalities and vulnerabilities had higher case counts and fatality rates. Residents of the South East Regional Health Authority (SERHA), which includes the parishes of Kingston, St Andrew, St Catherine and St Thomas, had the highest numbers of COVID-19 cases and deaths until the end of 2020 (Webster-Kerr et al., 2024). COVID-19 mortality was associated with age (older than 40 years), male sex, rural residence, and residence within the Southern Regional Health Authority (SRHA) and the Western Regional Health Authority (WRHA). SRHA covers the country’s rural and agricultural communities, including the parishes of Clarendon, Manchester and St. Elizabeth (Webster-Kerr et al., 2024). For example, between 9 March and 31 December 2020, 51.7% of confirmed cases were in urban areas and 31.2% in rural areas.

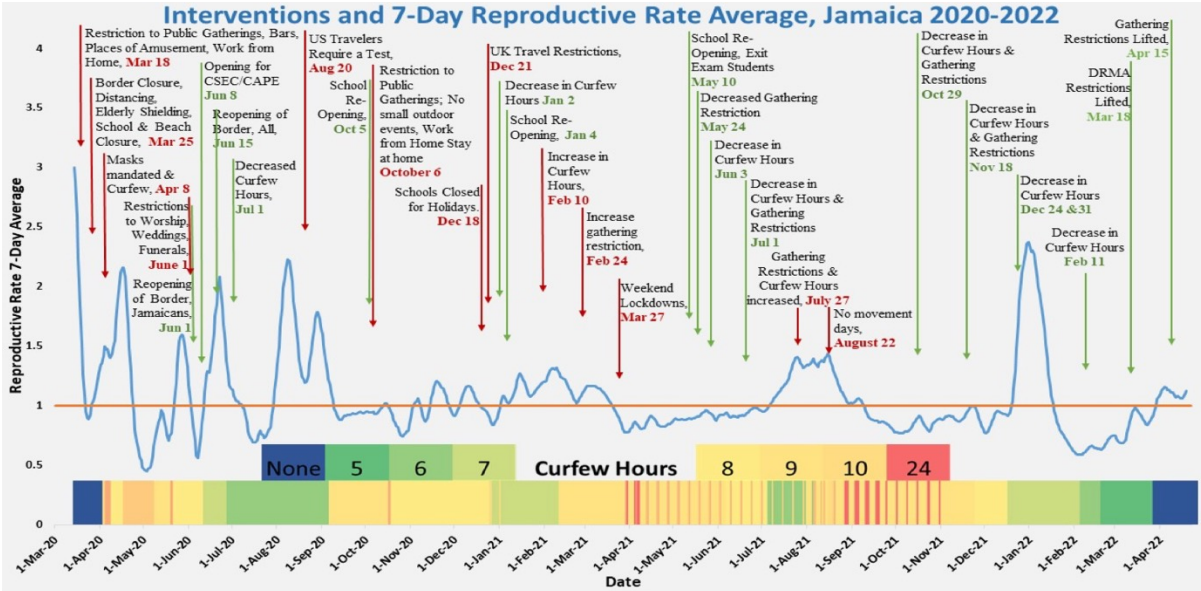
The National COVID-19 Research Agenda (NCRA) undertook a COVID-19 Knowledge, Attitudes and Practices (KAP) Survey in mid-2020 to document Jamaicans’ perceptions and activities during the pandemic (STATIN, 2020). The NCRA was a collaboration between the MoHW and the Statistical Institute of Jamaica (STATIN) to provide critical information for evidence-based decision-making. It found that several common symptoms of the novel coronavirus were unknown to much of the population in mid-2020 (STATIN, 2020b). Less than one-third (32%) recognised shortness of breath or difficulty in breathing

as a symptom, and 19% said that a cold was also a symptom. There were also gaps in understanding of how the virus spread and preventive measures. Of the three most common modes of transmission, 73% agreed that it could be spread through droplets when a person coughed or sneezed, 50% that it could be spread by touching contaminated surfaces, and only 28% that it could be contracted through droplets released when an infected person spoke. In terms of prevention practices, 66% avoided going out except for essential tasks, 64% wore masks, 55% practised social distancing and used sanitisers, and 43% washed their hands more frequently. Women respondents were more likely to stay at home and disinfect their hands and homes more often, while men were more likely to practise social distancing outside the home and avoid crowded places. The survey found that women and persons aged 30–49 years were most informed, and that knowledge was higher in the western region, likely resulting in the lower case numbers there.

First Wave (March–August 2020): Initial Outbreak and Early Containment

Early clusters of infections, including a significant outbreak at a call centre in Portmore, St Catherine, underscored the urgency of containment measures. This outbreak prompted a week-long parish lockdown in April 2020, setting the tone for a series of aggressive interventions to control the spread of the virus (Office of the Prime Minister, 2020) (Figure 2). These measures included travel restrictions on high-risk countries such as China, Italy and Iran, mandatory quarantine for travellers, and the closure of schools by 13 March 2020 (Office of the Prime Minister, 2020). The government also regulated public transportation to reduce mobility and prevent potential virus transmission. To contain the spread in St Catherine, the government imposed a seven-day lockdown starting on 14 April 2020, accompanied by nightly curfews (JIS, 2021). Nationwide curfews were also enforced from 8 p.m. to 6 a.m., and public health campaigns emphasised the importance of mask-wearing, physical distancing and frequent handwashing (MoHW, 2021). Jamaica also waived customs duties on personal protective equipment (PPE), including masks and gloves, as well as hand sanitiser and liquid soap (González, 2020).

FIGURE 2: COVID-19 Containment in Jamaica, 2020-2022



Non-pharmaceutical interventions (NPIs); Summary of Enforcement Measures in the Disaster Risk Management Act:

- General Curfew Hours/Restrictions
- Closing of Borders/Ports of Entry
- Public Gathering
- Physical Distancing
- Mask Wearing
- Elderly Shielding
- Closure of Educational Institutions
- Workplace interventions: Work from Home
- Public Transportation measures

Source: MoHW (2022)

Most effective non-pharmaceutical interventions:

A modelling consultancy which assessed the effectiveness of ten non-pharmaceutical interventions in Jamaica revealed that all the measures assessed were effective. The effectiveness ranking was as follows (rank # 1 was the most effective):

1. Gathering restrictions

2. Curfews and special geographic restrictions

3. Border closure

4. Physical distancing

5. Public transportation measures

6. Elder shielding

7. Work from home

8. Barber & Salon Closure

9. General work hour restriction

10. School restriction

Second Wave (September 2020–February 2021): Relaxation and Resurgence

The easing of restrictions during the summer of 2020 led to a surge in cases by September, signalling the start of the second wave. Daily infections exceeded 150 by December 2020, and cumulative deaths surpassed 350 in early 2021 (WHO, 2024). Jamaica relied on the Disaster Risk Management Act to manage the crisis and exercised state coercion in response to non-compliance with public health measures among a large segment of the population (Campbell & Harriott, 2021). The country’s healthcare system struggled to manage the increasing number of severe cases (Office of the Prime Minister, 2020). Hospitals experienced significant strain, with limited intensive-care capacity and shortages of PPE. In response, the government reinstated curfews, restricted public gatherings and expanded testing protocols. However, public adherence to these containment measures waned due to pandemic fatigue and misinformation. Urban centres such as Kingston faced challenges as informal economic activities made

it difficult for residents to comply with restrictions (JIS, 2021). Law enforcement efforts, including fines and patrols, were intensified but drew criticism for disproportionately affecting low-income communities. Inequitable access to vaccines was another challenge. Jamaica was unable to purchase vaccines despite the availability of funds and registering for the COVAX Facility due to the small volume required (CARICOM, 2021).

Third Wave (March–August 2021): Vaccination Drive and the Alpha Variant

The third wave began in March 2021, marked by the emergence of the Alpha variant, which significantly increased transmissibility (Figure 1). Daily cases peaked at over 500 in July 2021, placing immense pressure on Jamaica's healthcare system. Hospitals operated near capacity and healthcare workers experienced burnout as they contended with increased patient caseloads and inadequate resources, including shortages of PPE and oxygen (MoHW, 2021). This wave coincided with the launch of Jamaica's vaccination campaign, a critical milestone in the country's pandemic response. Jamaica received vaccines through the COVAX facility in March 2021, prioritising frontline healthcare workers, older people, and individuals with comorbidities (MoHW, 2021). Despite availability, logistical challenges and vaccine hesitancy slowed the rollout. Rural areas faced significant barriers due to limited access to healthcare facilities and transportation infrastructure. Misinformation about vaccine safety further eroded public trust and by August 2021 only 10% of the population had received their first dose of the two-dose vaccine, far below the government's targets (WHO, 2024).

The government reintroduced measures to address the surge, including curfews and restrictions on large gatherings. The MoHW organised vaccination blitzes in urban and high-risk areas and public health campaigns emphasised the importance of vaccination and adherence to safety protocols, such as mask-wearing and social distancing. However, adherence varied, particularly in rural areas and urban informal settlements, where economic pressures made compliance challenging (UNDP, 2021). The rapid spread of the Alpha variant underscored the importance of vaccination and public health interventions in mitigating the pandemic's impact. By late August 2021, vaccination campaigns and public health measures gradually reduced daily cases. However, the cumulative death toll reached 2,000 by the end of this wave, highlighting the severe consequences of delayed vaccine uptake and the strain on healthcare resources (WHO, 2024). This wave marked a turning point in Jamaica's pandemic trajectory, underscoring both the potential and limits of vaccination as a tool for managing the crisis. It also highlighted systemic challenges, including healthcare inequities, inefficient vaccine distribution and the role of public trust in ensuring compliance with health measures.

Fourth Wave (December 2021–March 2022): The Omicron Surge

The fourth wave began in December 2021, driven by the highly transmissible Omicron variant (Figure 1). Daily infections surpassed 1,000 cases by January 2022, the highest figures recorded during the pandemic to that point (WHO, 2024). Although the Omicron variant often caused milder clinical symptoms than previous variants, the sheer volume of cases placed immense pressure on Jamaica's healthcare system, exacerbating challenges such as bed shortages and overburdened medical staff (MoHW, 2021). Recognising the urgency, the government introduced a booster vaccination programme in December 2021, prioritising high-risk groups. Despite these efforts, uptake remained challenging, driven by persistent hesitancy and misinformation. Survey results showed high levels of vaccine hesitancy among residents (UNDP et al., 2021). Only 34% of respondents said that they were willing to receive COVID vaccines, even though over three-quarters (77%) were concerned or very concerned about becoming infected. Public health campaigns sought to counteract hesitancy, emphasising the importance of boosters in mitigating severe outcomes (JIS, 2021).

Adherence to public health measures varied significantly during this period. Pandemic fatigue, coupled with economic pressures, led to declining compliance with curfews and mask mandates in some areas. Enforcement strategies were intensified, including increased police patrols and fines for non-compliance. However, these measures faced criticism for disproportionately affecting low-income communities, where informal economic activities often conflicted with public health directives, leaving unregistered businesses excluded from government relief (Bertelsmann Stiftung, 2024). The government began to ease restrictions in early 2022 to address the economic toll. Quarantine requirements for vaccinated travellers were lifted in February 2022, facilitating a partial recovery of the tourism sector. This decision underscored the balancing act between maintaining public health and supporting economic recovery. Tourism, a vital contributor to Jamaica's economy, was severely impacted throughout the pandemic, and these adjustments marked a cautious step toward normalisation (UNDP, 2021). This wave highlighted the challenges of managing a global health crisis in a resource-constrained environment. The Omicron wave also reminded policymakers of the need for adaptive strategies that address both public health imperatives and socio-economic realities.

Localised outbreaks underscored the need for sustained public health vigilance. The government launched initiatives to improve vaccine access in rural and underserved areas, addressing persistent disparities in healthcare delivery. Public education campaigns were also intensified to combat misinformation and build trust in government-led health interventions (JIS, 2021). Nevertheless, low vaccination rates continued to hinder progress toward comprehensive immunity.

As of December 2024, only 26% of the population had been fully vaccinated and a mere 2% had received booster doses (WHO, 2024). In rural and underserved areas, vaccine hesitancy remained a significant challenge, compounded by misinformation and logistical barriers. Despite targeted campaigns and mobile vaccination units, access disparities persisted.

COVID-19 IN URBAN AND RURAL AREAS

The impact of COVID-19 varied widely across Jamaica's urban and rural areas, with cities such as Kingston and Montego Bay bearing the brunt of the pandemic because of their dense populations and economic activity. Kingston, the capital, experienced the highest infection rates during the pandemic. The dense population and high number of informal settlements made parts of the city hotspots for virus transmission. Crowded public spaces, including informal markets, further complicated the enforcement of public health measures. Compliance with curfews and mask mandates was inconsistent, largely driven by economic pressures, as many residents relied on informal economic activities for their livelihoods (MoHW, 2021). Healthcare facilities in Kingston faced immense pressure throughout the pandemic. Hospitals reported capacity constraints, particularly during the peak of the waves, as they struggled to accommodate the surge in severe cases. The government prioritised mobile vaccination units in Kingston to address low uptake in underserved neighbourhoods. These efforts targeted vulnerable populations, including those in informal settlements, to bridge gaps in healthcare access and equity (UNDP, 2021).

Montego Bay, Jamaica's tourism hub, was among the hardest-hit cities economically. The city faced widespread economic hardship from prolonged travel restrictions and the closure of hotels and tourist attractions. The sharp decline in international arrivals led to substantial job losses, disproportionately affecting women and informal-sector workers. Recovery efforts included targeted marketing campaigns and partnerships with international travel organisations to rebuild the sector. These initiatives also aimed to reassure travellers about Jamaica's safety protocols and readiness to welcome tourists back (Spotlight Initiative, 2022). Montego Bay also faced challenges with vaccine uptake, with several communities reporting low coverage due to misinformation and logistical barriers. Public health authorities launched community-based campaigns to increase awareness and accessibility, working with local leaders to address hesitancy (MoHW, 2021).

Rural communities reported fewer cases but faced limited access to healthcare and vaccines. Logistical challenges, including transportation constraints and

inadequate cold storage, delayed vaccine distribution. These issues were compounded by persistent vaccine hesitancy, misinformation, and a lack of targeted health education campaigns. Public health messaging often failed to reach these areas effectively, exacerbating disparities in vaccine coverage (WHO, 2024). Rural economies, heavily reliant on agriculture, also suffered in the pandemic. Supply chain disruptions due to lockdown measures created additional economic pressures, particularly for small-scale farmers and women, who play key roles in agricultural production. Government recovery programmes, such as grants and loans for small and medium-sized enterprises, aimed to stabilise these communities, but implementation challenges limited their reach (Hall-Hanson, 2020).

PANDEMIC SHOCKS

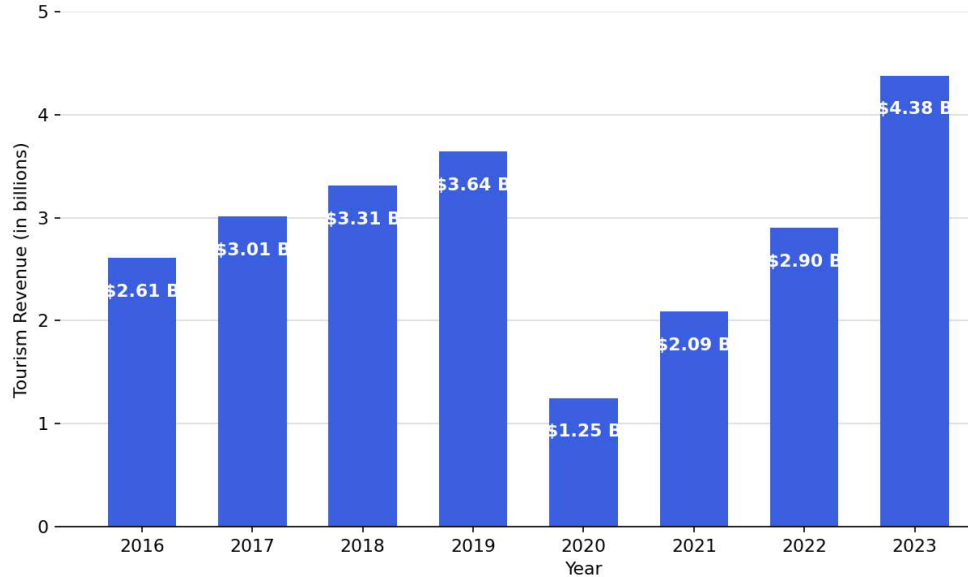
Because of their limited size, heavy reliance on trade and tourism, and limited resources, small island developing countries, including Jamaica, were overexposed to the unintended consequences of the pandemic-related restrictions and containment measures and suffered severe losses (González, 2020; Howitt et al., 2022; Murphy et al., 2020). In Jamaica, border closures and travel restrictions had devastating consequences for the tourism industry (CAPRI, 2021c). In 2019, 2.7 million tourists visited Jamaica, and travel and tourism contributed 31% to the country’s GDP, accounted for 33% of total employment, and provided 406,000 jobs (González, 2020). Monthly arrivals and tourism revenue fell sharply in 2020, and by 2022 they had not yet recovered to their January 2020 levels (Figures 3 and 4). Related industries, such as transportation, were also profoundly affected by the abrupt decline in travel and tourism (González, 2020).

FIGURE 3: Jamaica Tourist Arrivals



Source: <https://www.firstcitizensgroup.com/bb/2023/01/09/tourism-in-the-caribbean/>

FIGURE 4: Annual Tourism Revenue in Jamaica, 2016-2024

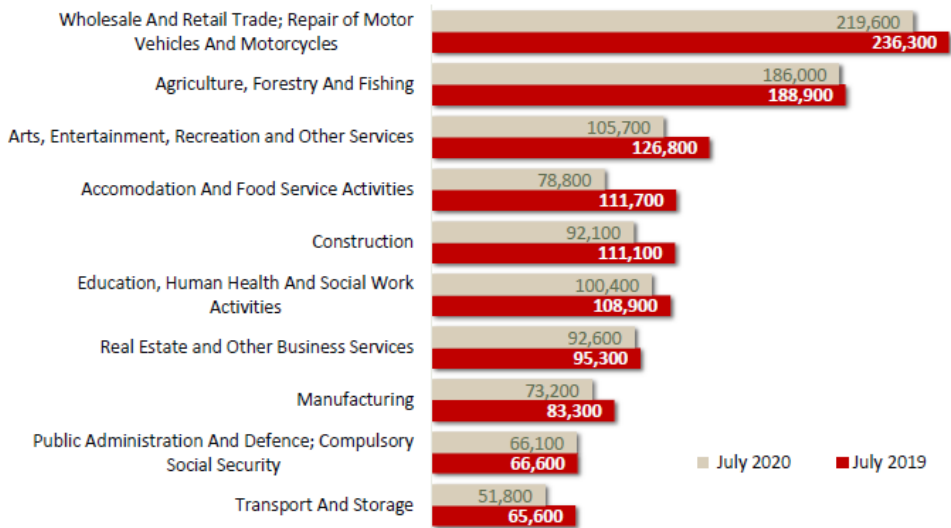


Source: <https://roadgenius.com/statistics/tourism/jamaica/montego-bay/>

Jamaica’s GDP contracted by an estimated 9% in 2020, largely due to the sharp decline in tourist arrivals (UNDP et al., 2021). The pandemic also drove a 9% spike in unemployment, and government revenues fell by 3% of GDP in fiscal year 2020/21 (OCHA, 2022; UNDP et al., 2021). Jamaica’s unemployment rate, which had been at a historic low of 7.3% in 2019, rose to 13% by July 2020 as many sectors of the economy were hit (CAPRI, 2021b). In 2022, Jamaica’s poverty headcount was 24.9%, up 4% since the pandemic began (OCHA, 2022). A STATIN report released in July 2020 noted that 135,800 jobs were lost between July 2019 and July 2020. Every sector of the Jamaican economy experienced job loss, with construction and accommodation and food services most affected (Figure 5) (Smith et al., 2022). As many as 57% of Jamaican households experienced a drop in income from March 2020 onwards (STATIN, 2020a). In absolute numbers, 263,000 households experienced a decline in income from wage employment, 166,000 from business income, 106,000 from family farming and 67,000 from remittance income (Figure 6).

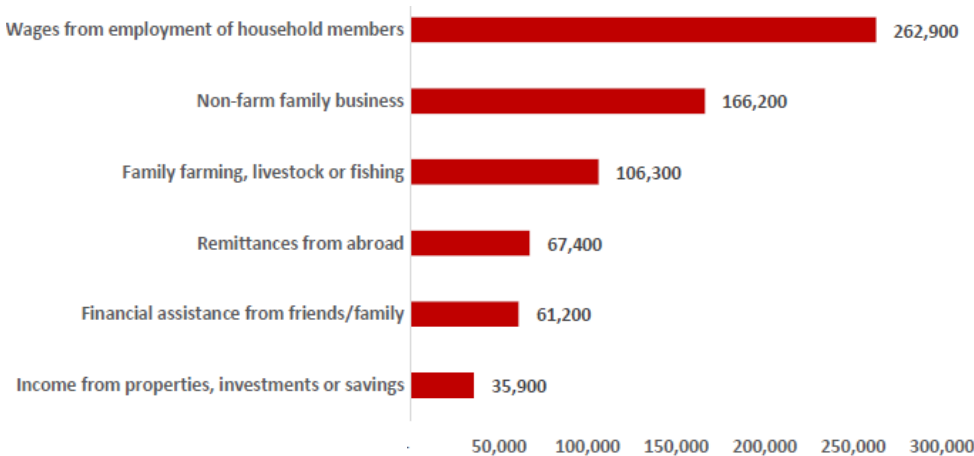
Successive rounds of the Caribbean COVID-19 Food Security & Livelihoods Impact Survey in April 2020, June 2020, February 2022 and August 2022 provide a detailed picture of the pandemic’s adverse effects on livelihoods, food security and market access across the region (CARICOM et al., 2026). Results from Jamaica indicated that the livelihood activities of well over half of respondents were compromised throughout the pandemic (Table 4). In the first survey in April 2020, nearly three-quarters of respondents reported that their livelihoods were being disrupted. This figure fell to just over half two months later. The figures remained largely unchanged until August 2022, suggesting a weak recovery. Household incomes also declined over this period.

FIGURE 5: Job Loss in Jamaica by Economic Sector, 2020-2021



Source: STATIN (2020a)

FIGURE 6: Number of Households Experiencing Income Decline by Income Source, 2020-2021



Source: STATIN (2020a)

Nearly half of the Jamaican households surveyed reported a decline or loss of income in April 2020. This share rose to 69% by June and softened to 63% by February 2021 and to 54% by August 2022. Overall, more than half of the households experienced protracted income declines across all four survey rounds. In April 2020, nearly half of the respondents reported negative changes to their employment, including job losses, salary cuts or reduced business revenues (Table 5). By June 2020, this figure had risen to nearly 70%.

TABLE 4: Livelihood Impacts on Jamaican Households

Livelihood changes	% share affected				
	April 2020	June 2020	February 2021	February 2022	August 2022
Disrupted livelihoods	74	54	51	50	55
Reduction or loss of income	48	69	63	57	54

Source: CARICOM et al. (2026)

TABLE 5: Changes to Household Income during the Pandemic

Type of change	% of affected participants			
	April 2020	June 2020	February 2021	February 2022
Loss of job or reduced salary or revenue	48	69	63	57
Resorted to secondary or alternative source of income	6	6	8	12
No change experienced	46	23	27	28
Increased employment or salary/revenue	1	1	2	4

Source: CARICOM et al. (2026)

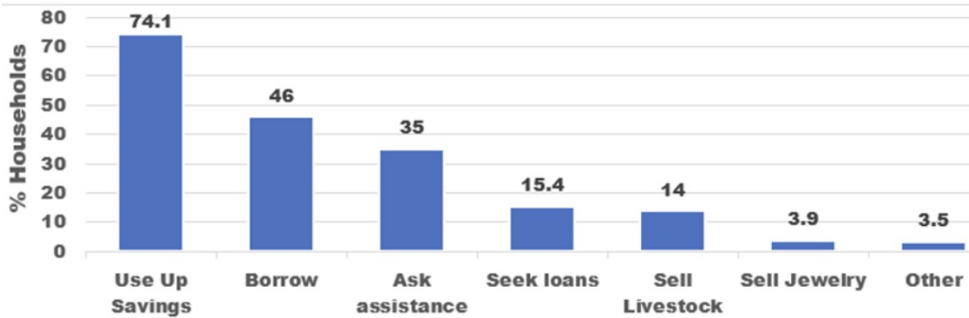
A major limitation of the CARICOM et al. (2026) study is that it relied on online sources to recruit survey participants, thereby underrepresenting the poorest, most vulnerable, and rural households (CARICOM et al., 2020a, 2020b, 2020c). Nearly half of Jamaica's population lacks internet access and was therefore excluded from the study (CARICOM et al., 2020b). Another important qualification is that the pandemic shocks were likely stronger than those documented in these surveys, as the socioeconomic cohorts most adversely affected had very limited participation.

A survey of 572 households in all 14 parishes in Jamaica in September 2022 found that the combined effects of the pandemic and inflationary pressures stemming from the Ukraine conflict produced economic hardships for many households (Henry et al., 2022). Lower-income households felt the worst effects of inflation most acutely. However, almost all households reported food price increases, and 66% reported that food had the largest increases. Only 4% of participating households were unaffected by inflation, 36% were moderately affected, and well over half (60%) were severely impacted. Figure 7 shows that nearly three-quarters of households (74%) had used up their savings as a mitigation strategy to address inflation. Many of those drawing on their savings were in lower-income households. Close to half of the households (46%) resorted to borrowing, 35% sought assistance, and 16% had taken out loans. Among the respondents who sold livestock, the majority were in low- to middle-income households.

Another study found that most households with children were highly exposed to pandemic shocks. This survey of 505 Jamaican households with at least one

child was conducted between 25 June and 13 July 2020, and reported that eight in every ten experienced a decline in income, with an average reduction of 46% (UNICEF & CAPRI, 2021). Socioeconomic groups already at risk before the pandemic, including those in rural areas, households with limited financial resources, and female-headed households, experienced higher-than-average losses (Table 6). Most households attempted to cope with these changes by drawing on their savings, although only half had enough resources to last two weeks.

FIGURE 7: Coping Strategies of Inflation-affected Households



Source: Henry et al. (2022)

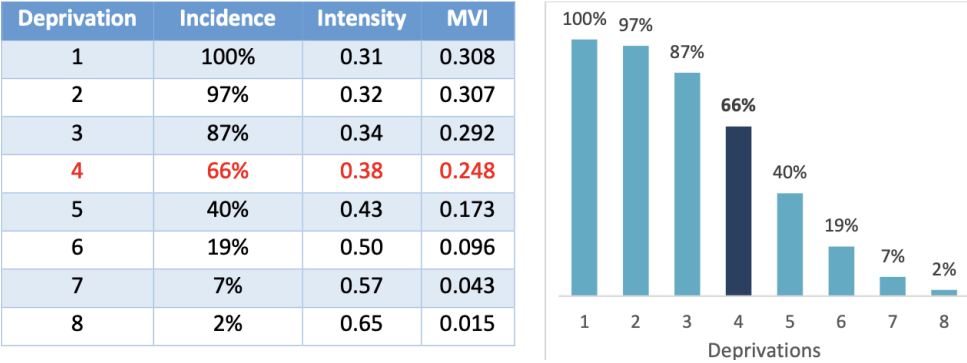
TABLE 6: Reduction in Income of Households with Children during COVID-19

Category	Decline in household income (%)	
	Yes	No
Total	79.5	20.5
Number of children		
One	75.4	24.6
2 or more	83.7	16.3
Type of household		
Female	83.2	16.8
Other	76.3	23.7

Source: UNICEF Jamaica & CAPRI (2021)

A survey of 3,194 respondents between February and April 2021 evaluated the broad socioeconomic impacts of the pandemic (UNDP Jamaica et al., 2021). The survey used the Multidimensional Vulnerability Index (MVI) to measure 12 key deprivations including food consumption, employment, income, mental health and social protection. The overall level of vulnerability to the COVID-19 crisis was very high, with two-thirds of respondents experiencing at least four deprivations (Figure 8). An intensity value of 0.38 indicates that, on average, vulnerable respondents were deprived across 4.6 of the 12 indicators. Moreover, respondents who were already vulnerable experienced 25% of all potential deprivations they could face due to this crisis.

FIGURE 8: MVI Scores by Deprivation



Source: UNDP Jamaica et al. (2021)

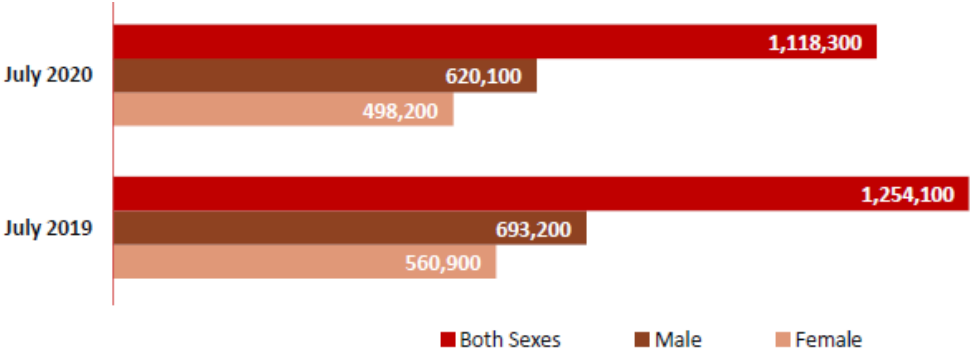
Mental health impacts, lack of pandemic relief support and absence of social protection were the top indicators contributing to the overall MVI. Mental health was the most important vulnerability, with 57% reporting that they felt more anxious, worried and depressed during the pandemic. Regarding livelihood and living standards, the two most common deprivations were social protection and assistance. Of the vulnerable respondents, 58% were excluded from Jamaica’s main social assistance programme, the Programme of Advancement Through Health and Education (PATH), and 58% had not benefitted from any pandemic relief measures, such as money or care packages, provided by the state, civil society organisations, religious groups and others. Impacts were also high for employment and income, at 33% and 34%, respectively. The results for both food insecurity indicators were lower: 18% reported consuming inferior-quality food, and 9% reported consuming smaller amounts. The right side of Figure 8 shows the relative contribution of each indicator to the overall MVI.

GENDERED COVID-19 IMPACTS

One of the most significant gendered impacts of the pandemic in Jamaica was on employment. Women, who are predominantly employed in the service sector, faced higher employment losses during the pandemic (Padmore, 2021). The Jamaican labour force contracted, with the number of employed declining from 1,254,100 in July 2019 to 1,118,300 in July 2020, a reduction of 135,800 (Figure 9). Women accounted for 46% of this decline, largely because they were concentrated in sectors most affected by lockdown measures, such as accommodation and food services. In 2019, women accounted for over 60% of workers in the accommodation and food services sector (Mulder, 2020). At the onset of the pandemic, an estimated 58,400 women were employed in this sector, compared with 36,700 men (UN Women, 2020). Between July 2019 and 2020, the sector

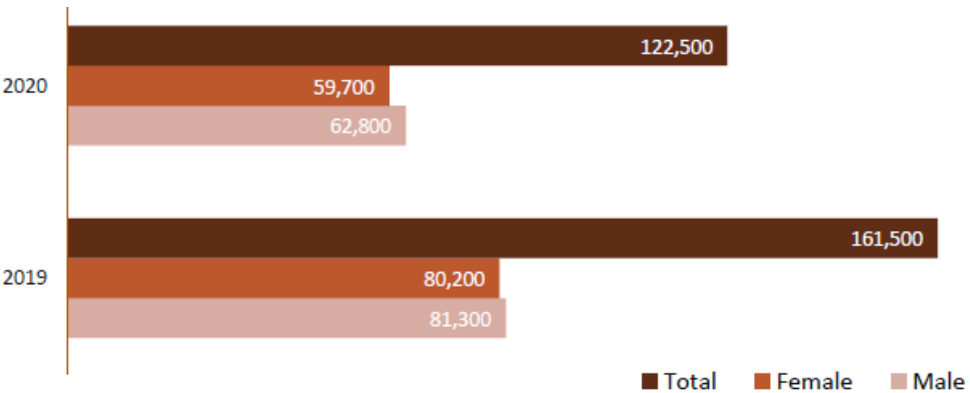
lost 39,500 jobs of which 20,500 were held by women (Figure 10). This disproportionate impact on women aligns with global trends, as women in the Caribbean are often employed in lower-wage, informal jobs with limited protections (Duncan-Price & Merusi, 2021).

FIGURE 9: Job Loss in the Jamaican Economy by Sex, 2020-2021



Source: STATIN (2020c)

FIGURE 10: Job Loss in the Tourism Industry by Sex, 2020-2021



The pandemic intensified gendered employment disparities in Jamaica. In March 2020, the first month of the pandemic, unemployment rates rose to 13.2% for women and 8.7% for men (World Bank, 2023). The disparity was even more pronounced among people aged 15 to 24, with unemployment rates reaching unprecedented levels of 33.9% for young women and 23.8% for young men. The Caribbean Policy Research Institute survey reported somewhat different gender outcomes: 26% of men experienced income reductions compared to 20% of women, although more women (17%) lost their jobs (CAPRI, 2021b). A combined study of three Caribbean countries, including Jamaica, found that women were 60% more likely to have their incomes moderately or severely disrupted by the pandemic (Howitt et al., 2022). Even before the pandemic, women’s higher rate of unemployment meant more limited access to social security (Beazley & Ciardi, 2020).

The dual burden of paid and unpaid labour intensified for women during the pandemic. With the closure of schools and childcare facilities, women in Jamaica disproportionately shouldered increased domestic responsibilities, including childcare and housework (CARICOM et al., 2022a). Nearly half of the women (45%) experienced increased domestic and care work, compared with 35% of men (World Bank, 2023). This dual burden contributed to higher rates of job losses and reduced women’s capacity to re-enter the labour force during post-pandemic recovery (Rosenblatt et al., 2023). The shift to remote learning during the pandemic posed unique challenges for both male and female students in Jamaica, with distinct impacts on each group. The need for reliable, sustained access to electronic devices and internet connectivity proved a significant barrier to continuing education (Blackman, 2022). This had a more pronounced impact on students from lower-income families and female-headed households.

Table 7 shows the gender distribution of employed persons and those outside the labour force before and during the first year of the pandemic. It indicates a 7.4% decline in the total number of employed persons between October 2019 and October 2020, and a 6.8% increase in the number of persons outside the labour force. In terms of gender distribution, there was a 6% decline in the number of men in the labour force during this period, while the decline was more pronounced for women at 9%. There was an 8% increase in the share of men outside the labour force from October 2019 to October 2020, compared with a 6% increase for women. However, by late 2020, a somewhat higher number of women (26,500) were outside the labour force than men (23,600).

TABLE 7: Persons Employed and Unemployed by Gender in Jamaica before and in the First Year of the Pandemic

Category	October 2019 (pre-pandemic)			October 2020 (during pandemic)		
	Men	Women	Total	Men	Women	Total
Employed	682,800	565,600	1,248,400	641,300 (-41,500) (-6%)	514,500 (-51,000) (-9%)	1,155,800 (-92,600) (-7.4%)
Out of the labour force	298,000	443,500	741,500	321,600 (+23,600) (7.9%)	470,000 (+26,500) (6%)	791,600 (+50,100) (6.8%)

Source: Compiled from Duncan-Price & Merusi (2021)

In April 2020, the Inter-American Bank documented high rates of business closures in Caribbean countries (Alvarez & Khadan, 2020). In Jamaica, 45% were forced to stop operating. Moreover, 49% of single women reported business closures, compared with 40% of single men, confirming that the pandemic had disproportionate negative consequences for women-owned businesses.

The pandemic affected maternal health outcomes in Jamaica, particularly maternal mortality rates and COVID-19 vaccine uptake among pregnant women. In

2021, Jamaica recorded its highest maternal mortality rate in nearly a century, 213 deaths per 100,000 live births, half of which were attributed to coronavirus infections (Pinkney et al., 2025). By early 2022, only 35% of pregnant women in Jamaica had received the COVID-19 vaccine, despite their heightened vulnerability to severe outcomes from the virus. This stemmed from medical mistrust, low vaccine confidence, and misinformation (Pinkney et al., 2023a). Pregnant women were significantly less likely to be vaccinated than other population groups (Pinkney et al., 2023b).

A 2021 CAPRI study documented the pandemic's impact on domestic and community violence (CAPRI, 2021a). It found that poor households were hardest hit by job and income losses. These changes increased stress and anxiety within these households and contributed to higher levels of violence, including various forms of domestic violence. The study also reported a decline in intimate partner violence. However, clinical and empirical assessments indicate that stay-at-home restrictions and associated socioeconomic stress led to a surge in intimate partner violence across the island (Carpenter, 2023). One study on domestic violence during the pandemic found that 32% of women respondents reported being victims, with 60% experiencing physical abuse (Gayle-Geddes et al., 2023). Likewise, the Inter-American Bank documented a 10% increase in the incidence of domestic violence in Jamaica in April 2020 (Alvarez & Khadan, 2020).

The pandemic worsened mental health issues, especially among women, who experienced more psychological distress and were more vulnerable to domestic violence. Jamaican women, particularly those facing economic struggles, reported higher levels of anxiety and depression compared to men. A 2022 study revealed that about 50% of female respondents showed significant depressive and anxiety symptoms, and those who worried about supporting their families, faced relationship troubles, or felt lonely faced a greater risk of these issues (Mullings et al., 2022). These conditions affected overall well-being and happiness, with notable gender differences. More men reported being very happy (41%) compared to women (17%). Additionally, 38% of women reported being unhappy compared with 24% of men (Bourne et al., 2023).

The gendered impacts of the pandemic in Jamaica also affected broader social dynamics and community cohesion. The pandemic challenged community cohesion and support structures, particularly as economic hardships exacerbated tensions within neighbourhoods and local groups (Seepersad, 2023). Economic challenges faced by women, compounded by increased domestic responsibilities and mental health struggles, affected households and strained community networks and support systems. Women, who traditionally play pivotal roles in organising and sustaining community support mechanisms, saw their capacities stretched to the limit, complicating efforts to foster social solidarity in these difficult times (Seepersad, 2023).

A 2022 CAPRI report argued that the Government of Jamaica did not release detailed data on the pandemic's gendered outcomes in employment, health, and domestic violence, and that no special measures were established for women and girls (CAPRI, 2022). A key recommendation was the regular release of gender-disaggregated statistics in the monthly Central Government Operations Tables.

PANDEMIC FOOD INSECURITY

Food Insecurity before the Pandemic

In small island states such as Jamaica, geographic, economic, and capacity constraints compound food security challenges (Stanberry & Fletcher-Paul, 2024). Jamaica presents a unique case in which agricultural dependence, trade vulnerabilities and socioeconomic inequalities combine to exacerbate food insecurity. An export-oriented agricultural system left the country reliant on imported food to meet local needs. Mid-20th-century economic policies further reinforced this pattern by favouring industrialisation and tourism over agricultural self-sufficiency. In Jamaica, a long-term decline in traditional export crops such as sugar and bananas was offset by growth in domestic food crops, including vegetables, fruits, spices, tubers, and legumes, cultivated by over 200,000 small farmers on small plots (Stanberry & Fletcher-Paul, 2024). Domestic food crop production more than doubled between 2008 and 2022. However, Jamaica still has sizable food import expenditure on staples such as wheat, rice, and corn; products of animal origin; fruit and vegetables; and processed foods. As a result, the country is exposed to global market fluctuations, making its food system vulnerable to external shocks.

Domestic food production has faced a series of challenges. Crops such as bananas, yams and cassava, key staples in the Jamaican diet, were frequently affected by extreme weather events, such as Hurricane Dean in 2007. Prolonged droughts significantly reduced water availability for irrigation, further exacerbating food insecurity (Rahman et al., 2016). Starting in 2014, Jamaica experienced one of the worst droughts on record, with devastating effects on rural livelihoods and the economy. Agricultural production declined by 30% in 2014 compared with 2013, resulting in a USD1-billion economic loss, a situation compounded by widespread brush fires (Rahman et al., 2016). Unpredictable rainfall patterns also make it difficult for farmers to plan planting and harvesting schedules effectively. Extreme weather events further strain domestic production. For example, in 2007, Hurricane Dean devastated over 75% of Jamaica's vegetable crops and significantly affected banana production. More recent extreme events, such as Hurricane Beryl in early July 2024, have also had significant negative impacts on food

production (Ministry of Agriculture, Fisheries and Mining, 2024) The country's reliance on monoculture farming also led to soil exhaustion and reduced biodiversity, jeopardising long-term food security and increasing vulnerability to climate shocks. As Jamaica's Third Draft Agricultural Development Plan notes, "climate change, low productivity, insecure land tenure, weak infrastructure, limited access to finance, high post-harvest losses, praedial larceny, and persistent gender and youth inequalities collectively" inhibit the sector's growth and adaptability (Ministry of Agriculture, Fisheries and Mining, 2026, p. 25).

Despite its modest contribution to GDP, the agricultural sector employed about 15% of the workforce in 2019, with employment concentrated in rural areas (IFC & World Bank Group, 2022). However, persistent infrastructural deficits constrain the sector: Jamaica's 4,000 km network of farm roads serving over 300,000 small farmers faces an annual maintenance shortfall, requiring approximately USD6 billion against typical allocations of USD500 million to USD1 billion, while operational irrigation covers only 12% to 15% of arable land (Fulton, 2024). These limitations restrict rural producers' ability to sustain productivity and supply urban markets, exacerbating income disparities. Smallholder farmers, who operate 79% of all farms, face additional precarity due to insecure land tenure, unequal farmland distribution, and limited resources to adopt climate-smart practices (Ministry of Agriculture, Fisheries and Mining, 2026). Consequently, their production remains highly climate-sensitive and vulnerable to external shocks and certain cohorts, particularly women, are at high risk (Ministry of Agriculture, Fisheries and Mining, 2026). Women are also affected indirectly as the marketing of smallholder crops occurs through "higgler arrangements" in which mostly female informal traders buy food on credit and resell it in municipal markets and towns (Ministry of Agriculture, Fisheries and Mining, 2026).

Jamaica has also been marked by a "double burden" of malnutrition. Research on children aged three to five in rural Jamaica revealed that 16% were at nutritional risk, including 9% who were moderately to severely undernourished and 7% who were overweight (Altink, 2020). Micronutrient deficiencies, including iron-deficiency anaemia, were prevalent among women and children in low-income households. Concurrently, there has been a growing reliance on processed, calorie-dense foods, particularly in urban areas. High costs of fresh produce and limited access to nutritious options in low-income neighbourhoods contributed to the coexistence of undernutrition and obesity within the same populations (Altink, 2020).

Economic factors are intertwined with these nutritional and agricultural challenges. Persistently high unemployment, especially among youth and women, widened income disparities and restricted access to adequate nutrition. In January 2019, Jamaica's overall unemployment rate was 8.0%, with female unemployment at 10.3% compared with 6.1% among males. Youth unemployment

was substantially higher at 21.8%, with the rate reaching 26.5% among female youth and 17.9% among male youth (STATIN, 2019).

In 2018, poverty rates were higher in rural areas at 15%, compared with 9% in the Greater Kingston Metropolitan Area and 13% in other urban centres (PIOJ & STATIN, 2021). Limited access to infrastructure, agricultural inputs and markets further entrenched these vulnerabilities. Moreover, rural farmers often lacked the transportation and logistics infrastructure needed to sell their produce in larger urban markets, exacerbating income disparities. Women in rural Jamaica, particularly heads of households, were disproportionately affected by food insecurity (Duncan-Price, 2016). Women farmers faced significant challenges in sustaining agricultural productivity. Despite their legal right to own land, women rarely owned it: only 11% of agricultural land was controlled by women farmers, even though they made up 30% of registered farmers (RADA, 2018). This disparity is compounded by limited access to land, credit, and extension services. While legal barriers are not the primary cause of this gap, cultural attitudes, discrimination and the lack of recognition of women's roles in food production significantly limit their access to crucial resources, such as agricultural training and new crop technologies. Studies highlight that gender-based inequities in access to land, labour, capital, and technology are key barriers for women, limiting their ability to transition from subsistence to commercial farming (FAO, 2019; Ministry of Agriculture, Fisheries and Farming, 2026).

Food Insecurity during the Pandemic

The onset of the COVID-19 pandemic in 2020 had major implications for Jamaica's food security. The contraction of the tourism industry led to job losses, layoffs, and reduced incomes, limiting many households' ability to purchase enough food (CARICOM et al., 2020a). On the other hand, a striking outcome of the tourism downturn was increased availability of locally produced food for local markets and a decline in food imports (González, 2020). There was an "abundance of produce and food for consumers" in Jamaica, largely driven by an overall collapse in demand for agricultural commodities tied to the tourism slump (Hall-Hanson, 2020, p. 3). Farmers who usually sold to hotels and restaurants were "left holding millions of dollars in local fresh produce." Jamaica's Ministry of Industry, Commerce, Agriculture and Fisheries established a Buy Back Programme to purchase this produce from farmers at market prices and sell it to consumers at lower prices (PIOJ, 2022). The Government of Jamaica organised community-based cashless farmers' markets and the distribution of fixed-price "vegetable baskets" with the assistance of civil society organisations to limit the waste of surplus perishable agricultural goods (Oni et al., 2020). It also introduced a campaign, "Say Yes to Fresh", encouraging residents to consume locally produced foods, such as certain fruits that were normally supplied

to the hotel sector (Hall-Hanson, 2020). However, it is unclear whether and how these food surpluses affected overall food security and women informal food traders. Certainly, there is ample counterevidence that the pandemic led to a significant increase in pre-pandemic precarity and food insecurity.

As early as May 2020, 71% of respondents in the Caribbean COVID-19 Food Security & Livelihoods Impact Survey reported being affected by rising food prices (CARICOM et al., 2020a, 2020b). OCHA (2021) noted that the number of food-insecure people had doubled by mid-2021, representing about 13% of the country's population, with female-headed households most affected. A year later, OCHA (2022) reported that some 400,000 Jamaican residents were food-insecure, an increase of 100,000 from the pre-pandemic period. The Survey documented the pandemic's effects on Jamaican households' market engagement and food security (Table 8). Around one-third of households reported shifts in their market engagement. A summary report in May 2020 noted that shopping practices changed significantly because of shop closures and fears of contracting the virus (CARICOM et al., 2020b). Another summary, in September 2020, found that market access remained constrained by cash shortages and fears of contracting COVID-19 while shopping (CARICOM et al., 2020c).

A larger share of the population relied on income from informal labour, petty trade, and remittances, suggesting worsening economic conditions (CARICOM et al., 2020c). Food price increases were a key factor shaping shopping behaviour. In the first round of the survey, 59% of households were affected by rising food prices; this figure rose to 78% in the second round. Although it softened slightly to 71% in the next round, nearly all households were affected by price increases in 2022 (CARICOM et al., 2022b). Food security metrics included reduced food consumption and a lack of food stock. In April 2020, 18% reported reduced consumption and 3% reported insufficient food. Both increased over time, reaching 42% and 30% respectively in August 2022.

The rise in food prices and income losses reduced household purchasing power, forcing many families to adopt negative coping mechanisms (Table 9). The proportion of respondents who were worried they would not have enough to eat increased from 45% in February 2021 to 56% in August 2022. The rates of reducing meal portions and skipping meals increased from 40% to 55% and from 33% to 47%, respectively. Those unable to eat healthy food rose from 41% to 62%, and those eating a limited variety of foods rose from 50% to 67%. By August 2022, 43% of households had run out of food in the previous month. In addition, 39% had experienced hunger and 22% had gone without eating for an entire day.

These adverse coping mechanisms were particularly pronounced among lower-income households. Nearly half (49%) of the respondents with below-average

incomes reported reducing food intake or skipping meals, and 16% went a full day without eating. In contrast, a substantially higher proportion (65%) of households with higher incomes experienced no difficulty in accessing sufficient food. This disparity underscores how the pandemic-induced economic pressures forced vulnerable groups to compromise their dietary quality and overall food security. Moreover, food stock levels differed starkly across income groups. Among respondents with incomes well below average, nearly 45% reported having no food reserves, and only 16% maintained supplies that could last more than a week. In contrast, households with average incomes were better positioned, with 55% having secured more than a week's worth of food.

TABLE 8: Market Engagement and Food Security Impacts of COVID-19

Category	% affected				
	April 2020	June 2020	February 2021	February 2022	August 2022
Market engagement					
Lack of market access	38	27	30	33	49
Changes in shopping behaviour	84	87	84	88	91
Increase in food prices	59	78	71	93	97
Food security					
Reduced food consumption	18	32	33	35	42
Lack of food stock	3	13	17	23	30
<i>Source: CARICOM et al. (2026)</i>					

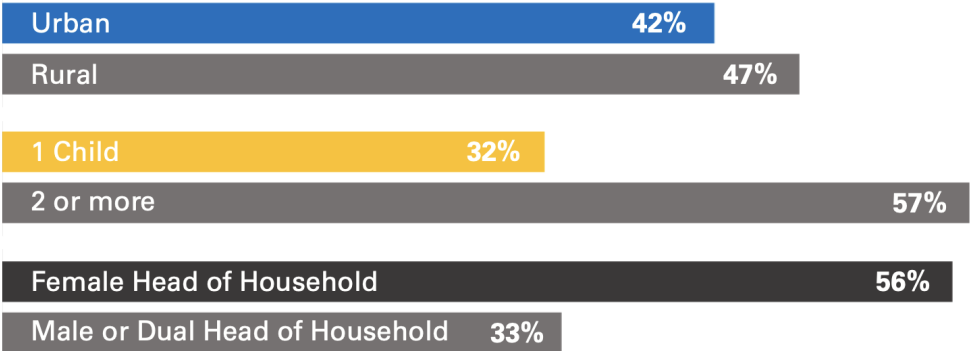
TABLE 9: Changes to Food Security in the Previous 30 Days

Changes to food consumption	Time frame (% affected)		
	February 2021	February 2022	August 2022
Went without eating for an entire day	16	20	22
Was hungry but did not eat	29	31	39
Household ran out of food	27	33	43
Ate less than they wanted	40	45	55
Skipped a meal	33	37	47
Ate only very limited kinds of foods	50	56	67
Were unable to eat healthy and nutritious food	41	48	62
Was worried that they would not have enough to eat	45	46	56
None of the above	32	28	17
<i>Source: CARICOM et al. (2026)</i>			

UNICEF Jamaica & CAPRI (2021) documented high levels of food insecurity among households with children as early as mid-2020 during the first wave of the pandemic. As shown in Figure 11, 42% of urban households and 47% of rural households with children were food insecure. Households with a higher number of children were at greater risk of food insecurity. 57% of households with two

or more children were food insecure. Female-headed households with children (56%) were also more likely to experience food insecurity than male-headed households (33%). Women were much more likely to experience moderate and severe forms of food insecurity and to reduce their consumption of nutritious foods, especially fruits and vegetables (Howitt et al., 2022).

FIGURE 11: Jamaican Households with Children Facing Food Insecurity during the Pandemic



Source: UNICEF Jamaica & CAPRI, 2021

UNICEF Jamaica & CAPRI (2021) also found that the most common food-related coping strategies among households with children were consuming smaller meals (74%) and fewer meals (66%) (Table 10). Nearly one-third of the participating households planted crops to diversify their food sources, and 10% skipped meals for an entire day or longer. A small-scale qualitative study in two low-income communities found that food security was a major concern, especially when lockdowns disrupted daily earnings and constrained the ability to procure food, thereby affecting the food supply (Chin-Bailey et al., 2025). Another challenge was that the “corner shops” from which food was generally sourced were hindered in their ability to stock and restock food. In some instances, the pandemic encouraged food-sharing practices, shaped by increased family cohesion and mutual assistance at the local scale (Brugalat-Panes et al., 2019).

TABLE 10: Food-related Coping Strategies of Households with Children

Coping strategy	Share (%)
Consumed smaller meals	74.3
Consumed fewer meals	65.8
Planted crops for consumption	22.5
Days without eating	9.9
Ate spoiled or expired foods	3.0
None	4.0

Source: UNICEF Jamaica & CAPRI, 2021

As the pandemic's immediate effects began to wane, Jamaica continued to face challenges in addressing food insecurity (Reid, 2022). The effects of persistent food-cost inflation remained evident in the daily lives of Jamaicans. As of February 2024, food inflation stood at nearly 8%, severely straining household purchasing power (CARICOM et al., 2024). This survey found that many households were forced to reduce food purchases due to increased transportation and utility costs. Approximately 22% of Jamaicans were unable to afford a healthy diet in 2025 due to high food costs (FAO et al., 2025). Despite a slight reduction in import dependence from 56% in 2021 to 49% in 2022, Jamaica remained heavily reliant on imported food, making it susceptible to international price fluctuations (CARICOM et al., 2024). Food prices remained high due to continued reliance on imports, regional supply chain disruptions, energy price fluctuations, and the food-related impacts of the Russian invasion of Ukraine (Stanberry & Fletcher-Paul, 2024). Rising energy costs continued to increase transportation and production costs, further elevating food prices.

Climate-related risks, including rising temperatures, prolonged droughts and unpredictable rainfall patterns, are another major challenge for food security in Jamaica (Thomas-Hope, 2016). Between November 2023 and January 2024, Jamaica experienced severe weather disruptions, exacerbating challenges for the agricultural sector. Reduced crop yields and potential livestock losses directly affect food availability and affordability, further deepening food insecurity.

THE PANDEMIC INFORMAL ECONOMY

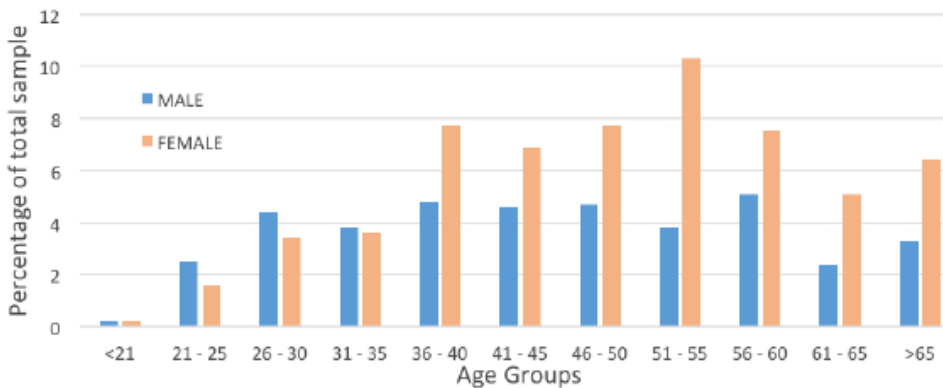
Pre-Pandemic Informality

The informal sector in Jamaica plays a pivotal role in the economy, encompassing a wide range of unregistered and unregulated economic activities. Some estimate that the informal economy accounts for about 40% of Jamaica's GDP (Medina & Schneider, 2018). This sector includes micro and small enterprises and workers engaged in informal activities such as street vending, small-scale farming, and unregistered manufacturing. The informal sector also comprises a substantial segment of retail trade, including street vendors and itinerant traders (Saha & Thorpe, 2020). Quantifying the size of Jamaica's informal sector is challenging due to its unregulated nature. Data from 2017 indicates that approximately 471,400 individuals were engaged in informal employment, while 535,900 were employed in the formal economy (OECD, 2018). A significant proportion of informal micro-enterprises operate in low-productivity, labour-intensive activities, primarily in wholesale and retail trade, agriculture and higgling, and small-scale manufacturing. These industries are crucial to many live-

lihoods yet remain vulnerable to economic shocks and fluctuations because of low savings rates, negligible capital accumulation, and a lack of legal and social protection (McIntosh, 2020).

Gender dynamics within the informal sector highlight the disproportionate participation of women, who make up a substantial share of the workforce. Women are more likely to engage in informal employment because its flexibility lets them balance work with unpaid caregiving responsibilities. However, this flexibility comes at the cost of financial stability, as informal jobs typically lack benefits such as health insurance, paid leave, or retirement security. During economic downturns, the loss of informal jobs tends to impact women more significantly than men, particularly in sectors such as tourism and domestic services, which have high rates of informality and female employment (ILO, 2021). A pre-pandemic survey of 649 informal street and market food vendors in Kingston, conducted by the Hungry Cities Partnership, found that 60% of food enterprises were operated by women (Kinlocke & Thomas Hope, 2019, 2020). The age profiles of male and female vendors differed markedly: older women dominated the female cohort, whereas the male cohort was more evenly distributed (Figure 12). Males clearly dominated among younger vendors. As Table 11 shows, the vendors sold a variety of foods, with fresh fruit and vegetables being the most important. Hence, they made a significant contribution to the availability of healthier and more affordable foods in the city

FIGURE 12: Age Profile of Informal Vendors in Kingston by Sex



Source: Kinlocke & Thomas-Hope (2020)

TABLE 11: Foods Sold by Informal Food Vendors in Kingston

Commodity	No.	% of sample
Fruits, vegetables, herbs (local)	314	35.8
Beverages (drinks, juices, water)	259	29.5
Ground provisions	181	20.6
Packaged snacks and chips	159	18.1
Confectionary (chocolates, sweets)	130	14.8
Bread, buns, pastries, biscuits	87	9.9
Legumes and nuts	46	5.2
Fruits, vegetables, herbs (imported)	38	4.3
Cooked meat	31	3.5
Rice, pasta, flour, noodles	29	3.3
Tinned meat	20	2.3
Dairy products (milk, cheese)	16	1.8
Sugar, salt, powdered seasonings	15	1.7
Raw fish and other seafood	12	1.4
Raw meat (chicken, pork, beef, goat)	11	1.3
Cooked fish	10	1.1
Tinned vegetables	10	1.1
Oils and sauces	9	1
Cereal and cornflakes	7	0.8
Dairy products (yoghurt, ice cream)	2	0.2
<i>Note: Multiple response.</i>		
<i>Source: Kinlock & Thomas-Hope (2020)</i>		

COVID-19 and the Urban Informal Food Sector

The pandemic profoundly impacted Jamaica's informal urban food sector, which plays a critical role in ensuring food accessibility, employment, and economic resilience. Because a significant portion of Jamaica's urban population relies on informal markets for daily sustenance, lockdowns, reduced consumer spending, and supply chain bottlenecks severely affected food availability and affordability (BTI Transformation Index, 2024; FAO, 2021; World Bank, 2020). Urban street vendors and market traders, who rely on direct customer interactions, experienced a sharp decline in sales because of reduced foot traffic and lower consumer purchasing power (Brooks et al., 2021; Dietrich Jones et al., 2026).

The pandemic led to widespread supply chain disruptions that severely affected informal vendors selling food in urban Jamaica. Movement restrictions, curfews, and limits on market operations disrupted the transportation and distribution of food products from rural to urban areas (Daley et al., 2022; FAO, 2021; UN Jamaica, 2020). Farmers faced difficulties transporting fresh produce to city markets, resulting in higher post-harvest losses and reduced earnings. Additionally, the closure of informal street markets, where many lower-income Jamaicans buy

food, created accessibility challenges for consumers (Brooks, 2021). Many informal vendors rely on imported goods to supplement their offerings, and these price hikes directly affected affordability for both sellers and consumers (CAPRI, 2020; Ewing-Chow, 2021; UNDP, 2021).

Jamaica's informal food vendors, who typically operate in densely populated urban areas, faced substantial income losses during the pandemic. Public health measures such as the closure of food markets, reduced hours of operation, and social distancing requirements drastically limited vendors' ability to conduct business (JIS, 2020b). A survey by the World Food Programme (WFP) (2024) found that nearly 60% of Jamaica's informal food vendors reported income losses exceeding 50% during the height of the pandemic (CARICOM et al., 2024). The economic strain forced many vendors to adopt coping strategies such as reducing their stock, shifting to credit-based transactions, or temporarily closing their businesses (CARICOM et al., 2024). These financial constraints not only affected vendors but also disrupted the broader urban food supply chain, further destabilising food access.

The informal urban food sector was also affected by COVID-19-related public health concerns, particularly in the early phase of the pandemic. Many food vendors lacked access to adequate sanitation facilities and PPE, raising legitimate concerns about food safety and virus transmission (FAO, 2021; UNDP, 2021). Market congestion made social distancing difficult, putting both vendors and consumers at heightened risk of infection (UN Jamaica, 2020). Health authorities introduced strict guidelines for informal markets, including mandatory mask-wearing, handwashing stations and regulated entry to limit crowding (MoHW, 2020). While these measures were necessary for public health, they further strained vendors' ability to operate effectively and led to reduced customer turnout (Ewing-Chow, 2021; World Bank, 2020).

In addition to operational constraints, vendors faced increased financial pressure to comply with new health regulations. Many had to invest in sanitation supplies, their own PPE, and structural modifications to their vending spaces to meet safety standards. The cost burden disproportionately affected smaller vendors who had fewer financial resources to adapt (UNDP, 2021). The pandemic's psychological impact on informal food vendors was also significant. Many workers experienced heightened anxiety over exposure to the virus, particularly given the lack of formalised health protections and access to medical care. One study found that nearly 70% of informal vendors expressed concerns about their health and financial stability during the peak of the pandemic, further underscoring the precarious nature of employment in the sector (CAPRI, 2020).

Despite these challenges, some vendors sought to continue operations safely. The rise of mobile vending, digital payment options and home delivery services

helped mitigate some of the economic losses associated with reduced market activity (World Bank, 2023). Mobile vending became an increasingly popular alternative, allowing vendors to relocate to areas with higher foot traffic or less restrictive regulations. Some food sellers operated from bicycles, motorcycles or small vehicles to reach customers in different neighbourhoods, ensuring continued sales while adhering to social distancing guidelines. Digital payment solutions, such as mobile money transfers and QR code-based transactions, also saw increased adoption by informal food vendors. These methods minimised physical contact and helped streamline transactions, reducing reliance on cash, which was perceived as a potential vector for virus transmission (UNDP, 2021). However, digital adoption was challenging for many older vendors or those without access to smartphones and stable internet connections, deepening the digital divide in the informal sector.

Home delivery emerged as another viable adaptation strategy. Some vendors partnered with motorcycle couriers or community-based delivery networks to provide doorstep food delivery, catering to customers hesitant to visit crowded markets (CARICOM et al., 2024). Others leveraged social media platforms, such as WhatsApp and Facebook, to take orders and arrange deliveries, thereby expanding their customer base beyond traditional markets. These innovations highlighted the resilience of informal vendors in navigating economic adversity but also underscored existing gaps in digital literacy and financial inclusion within Jamaica's informal food economy.

The lockdowns and travel restrictions led to widespread income loss in the informal economy. With limited access to relief programmes and economic support, many women were left in a precarious financial situation, forcing them to take on additional informal work or unpaid labour to sustain their households. Unregistered small and micro businesses could not access government COVID-19 relief programmes (BTI Transformation Index, 2024; Ricketts, 2020). One study assessed the pandemic's potential impacts on these enterprises across the Commonwealth Caribbean, providing a country-level assessment across five key areas (health and safety, welfare, finance and credit, tax and fees, and structural policies) and examining variations in policy responses using the COVID-19 Response for Informal Sector (CRIS) Index (Saha & Thorpe, 2020). Jamaica did not rank lowest on the CRIS Index but is also not among the top-ranked Caribbean countries for pandemic-focused policy responses.

Women in the Urban Informal Food Sector

COVID-19 had a major impact on the women who dominate the informal food sector as vendors, small-scale food processors, market traders and street-food sellers. Government-imposed restrictions, such as lockdowns, curfews and social distancing mandates, significantly disrupted their livelihoods. As a result, women

in the informal food sector experienced severe income losses due to reduced foot traffic, shortened market hours and disruptions to food supply chains (Brooks, 2021; JIS, 2020b; UNICEF, 2020). The closure of schools and offices had a ripple effect on women who depended on selling breakfast, lunch, and snacks to students and workers. Many vendors operating near educational institutions and business districts faced complete shutdowns or drastic reductions in daily sales, particularly during the initial phase of the pandemic (PIOJ, 2022).

The informal food system in Kingston and Montego Bay suffered a profound demand-side shock during the initial months of the COVID-19 pandemic due to curfews, mobility controls, and restricted market hours (Jones et al., 2026). Data tracking of street vendors indicates that long after the initial lockdowns, average earnings only recovered to roughly 60% of pre-pandemic levels (Orleans Reed & Skinner, 2023). Women within Jamaica's informal economy faced heightened structural precarity due to their heavy concentration in the perishable produce trade (Jones et al., 2026). Lacking cold storage infrastructure, these food vendors suffered catastrophic inventory losses as unsold goods spoiled rapidly, compounding their financial distress amid a broader collapse in consumer purchasing power (FAO et al., 2022; PIOJ, 2022).

Access to food supplies was another major challenge. Women operating informal food stalls or participating in Jamaica's urban fresh-produce markets struggled to obtain supplies when inter-parish travel restrictions were enforced. Farmers producing fruit, vegetables and ground provisions (Caribbean root vegetables and starchy foods) in rural areas faced transport difficulties, leading to price increases and supply shortages in urban centres. As food costs soared, many informal vendors could not sustain their businesses because they could not pass higher costs on to struggling consumers (Brooks, 2021).

The lack of effective social protection made women in the informal food sector particularly vulnerable during the pandemic. Although the Jamaican government introduced several emergency measures, including cash transfers and grants that were intended to reach informal and self-employed workers, access remained uneven. Many informal workers faced barriers related to registration, documentation, limited awareness of available programmes, and the contributory structure of existing social protection schemes (UNDP et al., 2021). These constraints limited the ability of many informal workers to benefit from pandemic relief. For women food vendors, these vulnerabilities were compounded by disruptions to market operations, reduced operating hours, restrictions on movement, and declining consumer demand (Brooks, 2021; JIS, 2020b; UNICEF, 2020), all of which constrained their ability to maintain their livelihoods. The pandemic therefore exposed the limitations of existing social protection mechanisms in reaching workers whose livelihoods depended on informal economic activity.

Despite the severe economic and social challenges posed by the pandemic, women in Jamaica's informal urban food sector demonstrated resilience in adapting their livelihoods to changing conditions (Jones et al., 2026). During the initial months, lockdowns, curfews, movement restrictions, school closures, and reduced economic activity sharply disrupted food vending. The Planning Institute of Jamaica (PIOJ) (2022) reported that informal food vendors in Kingston and Montego Bay saw earnings decline by more than 60% during the first six months of the pandemic, reflecting the steep drop in consumer demand and market activity. As restrictions eased and market operating hours expanded, vendors resumed and adapted their activities, though the sector continued to face economic and operational constraints (Henry, 2020; Jones et al., 2026). Some vendors diversified their income-generating activities and relied on community networks to manage continued financial pressures (UN Women, 2020; World Bank, 2023). Other adaptations included expanding product offerings, using informal delivery networks, adopting online communication and ordering through platforms such as WhatsApp and Facebook (FAO, 2020). These strategies illustrate how women vendors adapted their livelihoods as the pandemic shifted from the acute disruption of the initial lockdown period toward a more gradual reopening and recovery.

Beyond these individual adaptations, community support played a critical role in sustaining livelihoods. Many women joined informal savings groups and bartering arrangements to cover financial shortfalls. Rotating savings schemes, locally known as “partner” (or *paadna*) networks, served as vital lifelines by allowing participants to contribute small amounts regularly and access lump-sum payouts when needed (Hosseini, 2022; UNDP, 2022). In low-income urban neighbourhoods, bartering systems allowed women to exchange food items, personal care products, and household essentials, effectively offsetting cash shortages. In some cases, vendors formed small cooperatives, pooling resources to purchase food supplies in bulk, thereby reducing costs and maintaining a steady flow of products despite widespread supply chain disruptions. These collective strategies not only provided immediate economic relief but also fostered a strong sense of solidarity and mutual aid within communities (PIOJ, 2022).

Although government and non-governmental organization (NGO) assistance was relatively inaccessible, some women benefitted from emergency relief programmes initiated by public and private institutions. The Government of Jamaica, supported by local businesses and international donors, organised food distribution initiatives that supplied essential packages to vulnerable populations including single mothers, the elderly, and people with disabilities (PIOJ, 2022). However, the process of obtaining such assistance was often bureaucratic and inconsistent, leaving many women without the help they needed. Various NGOs and faith-based organisations provided emergency food baskets, small grants, and financial literacy training designed to help women navigate the economic down-

turn. Organisations such as the Jamaica Household Workers' Association and the Jamaica Network of Rural Women Producers also launched advocacy initiatives to secure greater financial support for informal female workers, while international development agencies funded microfinance programmes that provided small loans to women in need (UN & Government of Jamaica, 2022).

Women's resilience strategies in Jamaica's informal urban food sector during the crisis reveal both their ingenuity and the deep structural vulnerabilities of informal employment. While diversifying income, leveraging community networks and accessing emergency aid provided crucial short-term relief, these reactive coping mechanisms are insufficient for long-term recovery. The pandemic highlighted the urgent need for formal recognition, financial inclusion, and policy interventions that ensure access to credit, social protection, and sustainable market opportunities for women in the informal food sector. Without such systemic reforms, women will continue to face heightened economic precarity, perpetuating cycles of instability that disproportionately affect female-headed households and marginalised communities (UNDP, 2022; World Bank, 2023).

PANDEMIC RELIEF MEASURES

Cash Grants

The Government of Jamaica implemented a series of measures to address shocks. It established the COVID-19 Allocation of Resources for Employees (CARE) programme to provide immediate, short-term relief to the most vulnerable groups (UNDP et al., 2021). This initiative included provisions for temporary cash transfers to businesses and individuals, as well as USD1 billion in additional funding for micro and small entrepreneurs, including the marginally self-employed and informally employed (Saha & Thorpe, 2020). COVID-19 Compassionate Grants were provided to those identified as in need and to various social groups negatively affected by the emergency and pandemic containment measures (UNDP et al., 2021). Beneficiaries included (a) the unemployed or informally employed; (b) persons who had lost their jobs due to COVID-19, supported through the Supporting Employees with the Transfer of Cash (SET Cash) measure; (c) self-employed persons with disrupted earnings; and (d) small-business operators. They received a one-time grant of JMD10,000 (USD63). Under the COVID-19 General Grant, a one-time subsidy of JMD25,000 (USD 158) was offered to craft market vendors (UNDP et al., 2021).

The COVID-19 Small Business Grants provided a one-time subsidy of JMD100,000 to small-scale entrepreneurs with sales of JMD50 million or less and registered employees. In addition, tax credits were provided to SMMEs to

support their cash flow. Other COVID-19 support programmes aided small farmers and homeless persons. Individuals already receiving conditional cash transfers under Jamaica's main social assistance initiative, the Programme of Advancement through Health and Education (PATH), including older people, people with disabilities, adult poor, pregnant women, and new mothers, received additional support (UNDP et al., 2021). Jamaica also introduced a 1.5% reduction in value-added tax to benefit businesses, especially small businesses (Saha & Thorpe, 2020). A 2022 CAPRI study, which surveyed 1,500 residents in 23 marginalised communities across Jamaica's parishes, found that three-quarters of respondents did not receive pandemic relief aid from the CARE programme (CAPRI, 2022). Notably, 57% of those who did not apply were unaware of the programme (CAPRI, 2021b).

Table 12 shows that 60% of respondents received the COVID-19 Compassionate Grants, while a much smaller share received COVID-19 PATH Grants (20%). Other grants, such as the COVID-19 General Grants and SET Cash Best, were received by even smaller groups of residents: 8% and 6% of respondents, respectively. This study showed that other forms of on-state support were very limited. Although 14% received remittances from abroad, fewer than 10% received assistance from their social networks or their churches. Fewer than 3% said they received assistance from community organisations. Two-thirds did not receive any form of non-state aid during the pandemic.

TABLE 12: Main Types of State and Non-State Support Received

Types of support	% share
State assistance	
COVID-19 Compassionate Grants	60.1
COVID-19 PATH Grants	20.1
COVID-19 General Grants	7.8
SET Cash Best	6.3
COVID-19 Student Loan Relief	3.3
Non-state assistance	
Remittances sent by family, friends or neighbours from other countries	13.5
Support provided by family, friends or neighbours in Jamaica	8.1
Church	8.1
Workplace	3.3
Community organisations	2.6
Did not receive any non-state support	64.4
<i>Source: Adapted from UNDP Jamaica et al. (2021)</i>	

Table 13 identifies the main types of support requested by participants to mitigate pandemic shocks. Three-quarters of the respondents reported needing money and half needed food. Participants also reported needing other forms of support:

PPE (42%), health insurance (28%), internet access or assistance (27%), educational resources (24%) and medical care (24%).

TABLE 13: Main Types of Support Requested to Mitigate Pandemic Impacts

Type of support	%
Money	76.1
Food	49.9
Masks and sanitisers	41.8
Internet access/assistance with technology	26.8
Education resources	23.8
Medical care and supplies	23.7
Improved water supply	18.4
Transportation	16.5
<i>Source: UNDP Jamaica et al. (2021)</i>	

Gender-Based Programmes

The pandemic amplified pre-existing gender disparities in Jamaica, necessitating targeted interventions to address challenges faced by women and girls. An analysis of the Jamaican government’s response reveals that gender-sensitive measures accounted for one-third of all COVID-19 interventions (UNDP, 2022). Table 14 provides a breakdown of these measures, highlighting the emphasis on women’s economic security and addressing violence against women, with no interventions targeting unpaid care work.

To address the rise in gender-based violence, the Bureau of Gender Affairs took significant measures to support survivors and mitigate the impact. The national domestic violence helpline was expanded and additional safe spaces were established to provide immediate relief and refuge for those in need (UNDP, 2022).

TABLE 14: Gender-Responsive Mitigation Measures

Category	No. of measures
Total number of COVID-19 measures	24
Number of gender-sensitive measures	8
Women’s economic security	4
Women’s unpaid care	0
Violence against women	4
<i>Source: UN Women & UNDP (2022)</i>	

A key initiative during this period was the Safe Haven Initiative, which was implemented in collaboration with NGOs and offered emergency shelters and counselling services to women fleeing abuse. To enhance the capacity for effective intervention, the Pan American Health Organization conducted specialised

training for healthcare workers and hotline responders. This training emphasised survivor-centred care, focusing on maintaining confidentiality, demonstrating sensitivity, and delivering timely interventions to address the physical and psychological impacts of gender-based violence (PAHO, 2020a). In addition, the Spotlight Initiative, a programme supported by the European Union and the United Nations, bolstered Jamaica's ability to combat violence by allocating resources toward community-based interventions. This initiative also included capacity-building workshops for law enforcement and widespread awareness campaigns to promote gender equality (Spotlight Initiative, 2023).

The pandemic brought additional challenges in healthcare, social services, and education, particularly for women and underserved communities. In response, targeted programmes were implemented. Reproductive health services were a key focus, with the United Nations Population Fund partnering with the Jamaican Ministry of Health and Wellness to secure critical supplies of contraceptives, family planning products, and prenatal care materials. Mobile clinics were deployed in rural and underserved areas to deliver essential services directly to communities (UNFPA, 2020). Mental health support also became a priority. The Ministry of Health introduced mental health hotlines and online counselling services, which were widely accessed by women experiencing stress, anxiety and depression (Blackman, 2022). Furthermore, the shift to online education highlighted significant disparities in students' access to technology in Jamaica. UNICEF Jamaica collaborated with the Ministry of Education to launch initiatives such as the Virtual Instructional Leadership programme, which trained over 1,200 school leaders to improve remote learning delivery.

Despite these initiatives, significant challenges persisted in ensuring the sustainability and scalability of pandemic-related gender-based programmes. Limited funding has been a critical barrier, as many interventions rely heavily on donor contributions rather than sustainable national funding, creating vulnerabilities when international support wanes (World Bank, 2023). Logistical constraints, such as insufficient infrastructure and poor coordination between ministries and agencies, further complicated effective service delivery (UNDP, 2023). Deeply entrenched societal norms also hindered progress, as many Jamaicans still believe women should primarily manage household duties, perpetuating inequalities in labour force participation and economic opportunity (World Bank, 2023). Furthermore, inadequate training for front-line responders and a lack of integration across service providers have reduced the efficacy of interventions aimed at addressing gender-based violence (Spotlight Initiative, 2023).

POLICY MEASURES FOR THE INFORMAL SECTOR

General programmes and interventions

The pandemic's economic shocks disproportionately affected women in the informal sector and female-managed micro, small, and medium enterprises. In response, the Jamaican Government introduced the CARE Programme. While individual relief measures like the Compassionate Grant provided temporary cash transfers to informal workers and street vendors, dedicated relief grants required formal business registration (Elliott-Williams et al., 2022). To support broader recovery, UN Women conducted a gender-responsive socioeconomic assessment of female entrepreneurs, which informed new digital training workshops, mentorship programmes, and low-interest loans (Duncan-Price & Merusi, 2021). However, because access to formal credit and financial relief remained contingent on tax and regulatory registration, many informal female entrepreneurs were excluded (Duncan-Price & Merusi, 2021). Concurrently, the Ministry of Industry, Commerce, Agriculture, and Fisheries (MICAFA) partnered with international agencies to assist female farmers through seed distribution, value-added production training, and improved market access (Hall-Hanson, 2020).

In addition to the CARE Programme's other forms of assistance, the Business Employee Support and Transfer of Cash (BEST Cash) component provided temporary cash transfers to eligible registered businesses in the tourism industry to support employees retained during the pandemic, while the Supporting Employees with Transfer of Cash (SET Cash) component provided temporary cash transfers to eligible individuals who had lost their employment (Government of Jamaica, 2020c; JIS, 2020a). SET Cash payments were initially set at JMD9,000 per fortnight, equivalent to JMD18,000 per month, for eligible applicants (JIS, 2020a). Access to the CARE programme was subject to eligibility and verification requirements, including the use of Tax Registration Numbers and employment records to verify applicants' status (Auditor General of Jamaica, 2020). For SET Cash applicants, employment and termination had to be verified through statutory records and a P45 form submitted by the former employer (JIS, 2020a; Auditor General of Jamaica, 2020). Expanding the coverage of the National Insurance Scheme to informal workers was another development, providing long-term benefits such as pensions and health insurance. In January 2021, the Micro-Credit Act was passed, which provides a framework for limited lending for small-scale entrepreneurs (PIOJ, 2022).

The government further collaborated with the International Labour Organization (ILO) to implement initiatives targeting informal workers and to facilitate

their transition into the formal economy in sectors such as agriculture, fisheries, and domestic services. The partnership also provided technical assistance through capacity-building workshops to strengthen informal workers' entrepreneurial skills. These workshops aimed to improve productivity and competitiveness and enable them to integrate more effectively into the formal market (ILO, n.d.). The partnership also focused on policy development by supporting the creation of frameworks to facilitate formalisation. This included strengthening policies on income security and social protection and providing incentives for businesses and workers to transition to the formal economy (ILO, 2020).

Despite these efforts, the informal sector's high level of fragmentation posed challenges for extending social protection and emergency economic relief to informal workers. Many informal workers could not access financial relief because of insufficient documentation or limited awareness of available support. Additionally, the National Insurance Scheme's contributory structure and the absence of cross-subsidisation mechanisms deterred many informal workers from registering (Patterson et al., 2023). ILO (n.d) research to assess the impact of COVID-19 on informal workers revealed significant challenges, particularly for approximately 45,000 female domestic workers and 200,000 unregistered or informal workers in agriculture and fisheries. The findings highlighted that these workers were excluded from social security schemes and emergency economic relief programs, leaving them without income security during the pandemic.

Interventions for the Informal Food Sector

The Jamaican government, in partnership with various organisations, introduced a number of measures to stabilise the sector and maintain its critical contribution to food security. To balance public health concerns with economic activity, the government introduced revised operating hours for urban markets, although there were also restrictions imposed by municipal authorities on specific markets. Initially, markets were allowed to operate from 6 a.m. to 2 p.m., later extended to 6 a.m. to 6 p.m. on specific days (Henry, 2020). Vendors had to adhere to stringent safety protocols, including mask mandates, physical distancing, and regular sanitisation of vending spaces. The MoHW and local authorities provided targeted training programmes for urban food vendors to enhance their resilience and operational capacity. These sessions emphasised the proper use of PPE, hygiene best practices for food handling, and strategies for implementing social distancing during peak hours. By strengthening vendor preparedness, these programmes not only minimised health risks but also reinforced consumer confidence in urban markets (Henry, 2020).

Tailored financial and operational support initiatives were implemented to mitigate income disruptions. Another significant effort was the Surplus Redistribution Initiative, a component of the government's Buy-Back Programme which

targeted urban regions heavily reliant on informal food markets by purchasing surplus agricultural produce from rural farmers and redistributing it to urban vendors. This ensured that low-income households maintained consistent access to affordable and fresh produce (Hall-Hanson, 2020).

Even with these interventions, the sector continued to face structural vulnerabilities. Many vendors lacked access to financial instruments like loans or grants, limiting their ability to sustain or expand operations during crises (Brooks et al., 2021). Additionally, complex registration processes and limited resources discouraged many from transitioning to the formal economy, depriving them of long-term benefits such as social protections (ILO, n.d.). Persistent disruptions in supply chains further exacerbated these challenges, affecting the availability of goods and reducing vendor profitability (UN Jamaica, 2023).

CONCLUSION

Government public health responses to COVID-19, especially travel restrictions, localised lockdowns, and curfews, helped contain initial outbreaks (WHO, 2020). However, successive pandemic waves revealed limitations in healthcare capacity and economic resilience, especially in urban centres like Kingston and tourism-dependent areas such as Montego Bay. The crisis disrupted global supply chains and reduced market access, causing significant income losses for local food vendors while intensifying food insecurity among consumers. Jamaica's heavy reliance on imported food exacerbated these challenges, leaving communities vulnerable to price spikes and shortages when external markets were disrupted.

The pandemic exposed deep-seated vulnerabilities in Jamaica's informal urban food sector and catalysed an urgent call for integrated policy reforms. Economic fallout was unevenly distributed, with informal workers, especially women, experiencing profound disruptions. Women in the informal sector experienced significant income losses, compounded by increased unpaid caregiving responsibilities (UNICEF, 2020). This dual burden highlighted the need for gender-sensitive policies that provide targeted support, such as accessible childcare services, digital literacy programmes, and tailored financial instruments. Recent policy recommendations emphasise that enhancing social protection measures through comprehensive financial support programmes like microloans, emergency grants, and capacity-building initiatives is crucial for sustaining livelihoods during future economic shocks. The integration of these approaches into a cohesive policy framework is essential for long-term recovery. A comprehensive strategy that strengthens local food production, modernises market infrastructure, and expands social safety nets while addressing gender disparities can significantly enhance the resilience of Jamaica's informal urban food sector.

In essence, while the COVID-19 pandemic severely disrupted Jamaica's informal urban food sector, it provided an opportunity to examine and strengthen the support structures that underpin this critical component of the economy (Minto-Coy et al., 2022). By investing in local production, formalising market operations and implementing robust, gender-sensitive social protection measures, Jamaica can reduce its vulnerability to external shocks and foster a more inclusive and sustainable recovery. This integrated approach is essential for ensuring that the informal sector evolves into a resilient, stable, and equitable contributor to the nation's long-term socioeconomic development.

REFERENCES

- Altink, H. (2020). Tackling child malnutrition in Jamaica, 1962–2020. *Humanities and Social Sciences Communications*, 7(50).
- Alvarez, L., & Khadan, J. (2020). *Mind the gender gap: A picture of the socioeconomic trends surrounding COVID-19 in the Caribbean with a gender lens* (Technical Note No. IDB-TN-2094). Inter-American Development Bank.
- Auditor General of Jamaica. (2020). *Audit of the COVID-19 Allocation of Resources for Employees (CARE) Programme*.
- Beazley, R. & Ciardi, F. (2020, April). Shock-responsive social protection in the Caribbean: Jamaica case study. Oxford Policy Management and World Food Programme.
- Bertelsmann Stiftung. (2024). *BTI 2024 country report: Jamaica*. Bertelsmann Stiftung.
- Blackman, S. (2022). The impact of COVID-19 on education equity: A view from Barbados and Jamaica. *Prospects*, 51, 611–625.
- Bourne, P., Crossman, S., Francis, C., Dawkins, P., & South-Bourne, N. (2023). Gender disparity in happiness among Jamaicans during the COVID-19 pandemic. *Auctores*, 5(1), 1–15.
- Brooks, S., van Melik, R., Doucet, B., & Fillion, P. (2021). Reflections of living “hand-to-mouth” among “hustlers” during COVID-19: Insights on the realities of poverty in Jamaica. In *Community and Society* (pp. 51–60). Bristol University Press.
- Brugalat-Panes, A., Foley, L., Murphy, M., et al. (2026). Examining food-sharing practices in Caribbean Small Island Developing States and their potential for

improving health outcomes, through a systems-informed lens. *Wellbeing, Space and Society*, 11, 100421.

BTI Transformation Index. (2024). *Jamaica Country Report 2024*.

Campbell, Y., & Harriott, A. (2021). To comply or not to comply: State resistance and exceptions to COVID-19 rules & regulations in Jamaica. In *COVID-19 in the islands: A comparative perspective on the Caribbean and the Pacific* (pp. 479-493). Springer Nature.

Caribbean Community (CARICOM). (2021, February 25). Statement by the Caribbean Community on access to COVID-19 vaccines.

CARICOM, Caribbean Disaster Emergency Management Agency (CDEMA), World Food Programme (WFP), & Food and Agriculture Organization of the United Nations (FAO). (2020a, April). *Caribbean COVID-19 food security & livelihoods impact survey: Regional summary report, April 2020*. World Food Programme.

CARICOM, CDEMA, WFP, & FAO. (2020b, May). Caribbean COVID-19 food security & livelihoods impact survey, Jamaica summary report, May 2020. World Food Programme.

CARICOM, CDEMA, WFP, & FAO. (2020c, September). Caribbean COVID-19 food security & livelihoods impact survey, Jamaica summary report, September 2020. World Food Programme.

CARICOM, CDEMA, WFP, & FAO. (2022a, February). Caribbean COVID-19 Food Security & Livelihoods Impact Survey, Summary Report. World Food Programme.

CARICOM, CDEMA, WFP, & FAO. (2022b, May). Caribbean COVID-19 food security & livelihoods impact survey, Jamaica summary report, May 2022. World Food Programme.

CARICOM, CDEMA, WFP, & FAO. (2024, April). Caribbean COVID-19 food security & livelihoods impact survey, Jamaica summary report, April 2024. World Food Programme.

CARICOM, CDEMA, WFP, & FAO. (2026). Caribbean COVID-19 food security & livelihoods impact survey: Overview (Jamaica). World Food Programme.

CARICOM & WFP. (2024). Caribbean food security & livelihoods survey (April 2024). World Food Programme.

Caribbean Food Security & Livelihoods Survey. (2024). *Regional report*. World Food Programme.

Caribbean Policy Research Institute (CAPRI). (2020). *The impact of COVID-19 on food security in Jamaica*. CAPRI.

CAPRI. (2021a, April). Stress test: The impact of the pandemic on domestic and community violence. CAPRI.

CAPRI. (2021b, July). Locked down, locked out: Vulnerable communities in the pandemic. CAPRI.

CAPRI. (2021c, August). Sun, sand, and sustainability: A way forward for Caribbean tourism. CAPRI.

CAPRI. (2022). Following the money (Covid edition): Transparency and oversight in the disbursement of Covid funds. CAPRI.

Carpenter, K. (2023). A clinical analysis of intimate partner violence during COVID-19 in Jamaica. In *Interdisciplinary Perspectives on COVID-19 and the Caribbean* (pp. 31-48). Springer.

Chambers, K. H. (2025). The course of COVID-19 in Jamaica from outbreak to vaccination. *Caribbean Medical Journal* (Online).

Chin-Bailey, C., Thompson, C., Holder-Nevins, D., et al. (2025). COVID19-related community lockdowns in two low-income communities in Jamaica. *Caribbean Medical Journal*, 87(1).

Daley, O., Isaac, W., John, A., Roopnarine, R., & Forde, K. (2022). An assessment of the impact of COVID-19 on the agri-food system in Caribbean small island developing states. *Frontiers in Sustainable Food Systems*, 6, 861570.

Dietrich Jones, N., Johnson, S. and Reid, H. (2026). *Gendered pandemic impacts on informal food vending in Kingston, Jamaica* (Paper No. 61). MiFOOD Network.

Duncan-Price, I. (2016, March 13). Towards gender equality in agriculture. *The Jamaica Gleaner*.

Duncan-Price, I., & Merusi, S. (2021). *Gender-responsive socioeconomic study on the impact of COVID-19 on women in business and women entrepreneurs in Jamaica*. UN Women, International Labour Organisation and European Union.

Elliott-Williams, G., Robinson, T., Adair Morgan, K., Foreman, J., Jackson-Miller, D., & Myrie, T. (2022). Jamaica: Legal response to COVID-19. In *The*

Oxford compendium of national legal responses to COVID-19. Oxford University Press.

Ewing-Chow, D. (2021). Food insecurity in Jamaica doubled projections in 2020. *Forbes*.

Food and Agriculture Organization (FAO) (2019, January 2). FAO addresses gender inequalities in Caribbean farming. *Land Portal*.

FAO. (2020). *Impact of COVID-19 on informal workers in the food sector*. FAO.

FAO. (2021). *Food Systems Profile – Jamaica*.

FAO, European Union, & French Agricultural Research Centre for International Development (CIRAD). (2022). *Food systems profile – Jamaica: Catalysing the sustainable and inclusive transformation of food systems*. FAO.

FAO, IFAD, PAHO, UNICEF, & WFP. (2025). Latin America and the Caribbean regional overview of food security and nutrition 2024 – Building resilience to climate variability and extremes for food security and nutrition. FAO.

Fulton, L. (2024, December 18). Jamaica's agricultural development hampered by poor road network and irrigation systems. *Jamaica Observer*.

Gayle-Geddes, A., Wynter-Hoyte, K., Bhalai, K., & Bailey, A. (2023). An evaluation of domestic violence against Jamaican women during the Coronavirus Disease 19 (COVID-19) pandemic. *International Organisation of Scientific Research Journal of Humanities and Social Science*, 28(1), 41-52.

González, V. (2020). Impact of COVID-19 on transport and logistics connectivity in the Caribbean. (Project Document LC/TS.2020/157). Economic Commission for Latin America and the Caribbean (ECLAC).

Government of Jamaica (2020a, March 16). The Disaster Risk Management (Enforcement Measures) Order.

Government of Jamaica (2020b, March 24). The Disaster Risk Management (Enforcement Measures) (No. 2) Order. *The Jamaica Gazette Supplement*, 143(58).

Government of Jamaica. (2020c). *Fiscal policy paper 2020–21 interim report*. Ministry of Finance and the Public Service.

Government of Jamaica (2020a, March 16). The Disaster Risk Management (Enforcement Measures) Order.

Government of Jamaica (2020b, March 24). The Disaster Risk Management (Enforcement Measures) (No. 2) Order. *The Jamaica Gazette Supplement*, 143(58).

Government of Jamaica. (2020c). *Fiscal policy paper 2020–21 interim report*. Ministry of Finance and the Public Service.

Hall-Hanson, R. (2020). *Impact of COVID-19 on the Jamaican agriculture sector* (Report No. JM2020-003). United States Department of Agriculture Foreign Agricultural Service and Global Agricultural Information Network.

Henry, F., Campbell, A., Reid, L., Ford, K., Balachandar, B. (2022). Beyond COVID-19: Impact of inflation on Jamaican households. *Journal of Community Medicine & Public Health*, 6(3), 1–7.

Henry, C. (2020, April 1). *Vendors, market users urged to comply with operating hours*. Jamaica Information Service.

Hossein, C. S. (2022). Caribbean women's use of Susu, Partner, Sol, and Boxhand as quiet resistance. In *Community economies in the Global South: Case studies of rotating savings and credit associations and economic cooperation* (pp. 49–64). Oxford University Press.

Howitt, C., Henry, F., Rocke, K., Brown, C., et al. (2022). COVID-19 and the social distribution of hunger in three Caribbean Small Island Developing States. *Revista Panamericana de Salud Pública*, 46, e61.

International Labour Organization (ILO). (2021). *Employment and informality in Latin America and the Caribbean*.

ILO. (2020). *Support for the transition to formality in the household services, agriculture and fisheries sectors in Jamaica*.

Jamaica Information Service (JIS). (2020a, May 13). *SET Cash payments to begin shortly*.

JIS. (2020b). *Government moves to safeguard food security amid COVID-19*.

JIS. (2021, June 2). *PM announces new COVID-19 measures*.

Jones, N. D., Johnson, S., & Reid, H. (2026). *Gendered pandemic impacts on informal food vending in Kingston, Jamaica* (MiFOOD Paper No. 61). MiFOOD Network.

Kinlocke, R., & Thomas-Hope, E. (2019). Characterisation, challenges and resilience of small-scale food retailers in Kingston, Jamaica. *Urban Forum*, 30, 477–498.

Kinlocke, R., & Thomas-Hope, E. (2020). *Inclusive growth and the informal food sector in Kingston, Jamaica* (HCP Report No. 19). Hungry Cities Partnership.

McIntosh, D. (2020, October 10). JCC president says COVID-19 has highlighted vulnerability of informal economy. *Jamaica Information Service*.

Medina, L., & Schneider, F. (2018). *Shadow economies around the world: What did we learn over the last 20 years?* (IMF Working Paper No. WP/18/17). International Monetary Fund.

Ministry of Agriculture, Fisheries and Mining. (2024, July 19). Agriculture sector sustains \$4.73b in losses from Hurricane Beryl's passage.

Ministry of Agriculture, Fisheries and Mining. (2026). *Third draft National Agricultural Development Plan*.

Ministry of Health and Wellness (MoHW). (2020). *COVID-19 updates & resources*.

MoHW. (2021). COVID-19 vaccination digital platform rollout.

MoHW. (2022). COVID-19 at a glance (using data prepared as at April 24, 2022).

MoHW. (2023). COVID-19 weekly update for 9 May to 15 May 2023. Ministry of Health & Wellness.

Minto-Coy, I., Hoilett, A., Claudius, T., & Lambert, L. (2022). Sustainable futures for Jamaica: Policies and actions for socioeconomic recovery post-COVID-19. In *Regenerative and sustainable futures for Latin America and the Caribbean: Collective actions for a better tomorrow*. Emerald Publishing.

Moonsammy, S., Oyedetun, T., Renn-Moonsammy, D., & Oyedetun, T. (2021). COVID-19 modelling in the Caribbean: Spatial and statistical assessments. *Spatial and Spatio-temporal Epidemiology*, 37, 100416.

Mulder, N. (2020). The impact of the COVID-19 pandemic on the tourism sector in Latin America and the Caribbean, and options for a sustainable and resilient recovery (International Trade Series No. 157). Economic Commission for Latin America and the Caribbean.

Mullings, J. A., McCaw-Binns, A. M., Archer, C., & Wilks, R. (2022). Factors associated with depressive and anxiety symptoms among Jamaican women during the COVID-19 pandemic. *Caribbean Medical Journal*, 84(1), 41-50.

Murphy, M., Jeyaseelan, S., Howitt, C, et al. (2020). COVID-19 containment in the Caribbean: The experience of small island developing states. *Research in Globalisation*, 2, 100019.

Office of the Prime Minister (OPM). (2020). Measures under the Disaster Risk Management Act.

Oni, T., Micklefield, L.K., Wadende, P., et al. (2020). Implications of COVID-19 control measures for diet and physical activity, and lessons for addressing other pandemics facing rapidly urbanising countries. *Global Health Action*, 13(1), 1810415.

Organization for Economic Co-operation and Development (OECD). (2018). *Session I: Informal Economy in Latin America and the Caribbean*.

Padmore, T. (2021). *A gender analysis of the impact of COVID-19 on women and men in 12 Caribbean countries*. UN Women.

Pan-American Health Organization (PAHO). (2020a, July 6). *Training in gender-based violence for COVID-19 helpline responders*. Pan American Health Organisation.

PAHO. (2020b, 1 July). Jamaica COVID-19 situation report (Report No. 113).

PAHO. (2020c, 1 September). Jamaica COVID-19 situation report (Report No. 175).

PAHO. (2020d, 1 November). Jamaica COVID-19 situation report (Report No. 236).

PAHO. (2020e, 3 December). Jamaica COVID-19 situation report (Report No. 268).

PAHO. (2021a, 30 September). Jamaica COVID-19 situation report (Report No. 469).

PAHO. (2021b, 26 November). Jamaica COVID-19 situation report (Report No. 477).

PAHO. (2021c, 30 December). Jamaica COVID-19 situation report (Report No. 482).

PAHO. (2022a, 30 June). Jamaica COVID-19 situation report (Report No. 508).

PAHO. (2022b, 27 January). Jamaica COVID-19 situation report (Report No. 486).

PAHO. (2022c, 24 February). Jamaica COVID-19 situation report (Report No. 490).

PAHO. (2022d, 24 March). Jamaica COVID-19 situation report (Report No. 494).

Pinkney, J. A., Bogart, L. M., Carroll, K. N. et al. (2023a). Factors associated with coronavirus disease 2019 vaccine uptake among pregnant women and non-pregnant women of reproductive age in Jamaica. *Open Forum Infectious Diseases*, 10(5), ofad201.

Pinkney, J. A., Carroll, K. N., Rich, K. M., Hurtado, R. M. et al. (2023b). Need for open data on COVID-19 vaccine uptake among pregnant people in the Caribbean: A call to action. *Revista Panamericana de Salud Pública/Pan American Journal of Public Health*, 47, e155.

Pinkney, J., Bogart, L., Carroll, K., Bryan, L., et al. (2025). Is gravidity associated with COVID-19 vaccination among pregnant women in Jamaica? *Reproductive, Female and Child Health*, 3(3), e100.

Planning Institute of Jamaica (PIOJ). (2020). *Economic and social survey Jamaica 2020: Overview*. PIOJ.

PIOJ. (2022). *Voluntary National Review 2022: Report on the Implementation of the 2030 Agenda for Sustainable Development in Jamaica*. PIOJ.

PIOJ & Statistical Institute of Jamaica (STATIN). (2021). *Jamaica Survey of Living Conditions 2018*. Planning Institute of Jamaica.

Rahman, T., Buizer, J., & Guido, Z. (2016). *The economic impact of seasonal drought forecast information service in Jamaica, 2014-15*. Climate Program Office.

Reid, L., Balachandar, B., Campbell, A., Ford, K., & Henry, F. (2022). Post-COVID-19 household food insecurity in Jamaica. *Nutrition Research and Food Science Journal*, 6(1), 1-4.

Reed, S. O. & Skinner, C. (2021). *Street vending and market trading during the COVID-19 crisis: Pathways of impact and recovery in nine cities* (WIEGO Resource Document No. 38). Women in Informal Employment: Globalizing and Organizing.

Ricketts, H. (2020). The Government of Jamaica (GoJ) COVID-19 pandemic stimulus response: An opportunity to regulate and formalise. *International Journal of Sociology and Social Policy*, 40(9-10), 979-993.

Rosenblatt, D., Beuermann, D., Mooney, H., Clayton, K., Dohnert, S., Gauto, V., Graham, M., Teixeira, G., & Satnarine-Singh, N. (2023). Reflections on innovation and productivity as Caribbean businesses emerge from the pandemic. *Caribbean Economics Quarterly*, 12(1).

Rural Agricultural Development Authority (RADA). (2018). *Agribusiness Information System (ABIS) database*. Ministry of Agriculture and Fisheries.

Saha, A., & Thorpe, J. (2020). *An assessment of the impact of COVID-19 responses on MSMEs in the informal sector: Evidence from Commonwealth countries in the Caribbean* (Trade Competitiveness Briefing Paper No. 2020/02). The Commonwealth.

Seepersad, R., Bailey, C., & Marmolejo, L. (2023). Social solidarity and crime: The COVID-19 effect in Jamaica and Trinidad and Tobago. *Journal of Developing Societies*, 39(4), 421-444.

Smith, R. A., Mahabir, A., Kinlocke, R., & Bassan, J. L. (2022). Adaptation amidst unprecedented change: The impact of COVID-19 on accommodation workers in Negril, Jamaica. In *Pandemics, disasters, sustainability, tourism: An examination of impact on and resilience in Caribbean small island developing states*. Emerald Publishing.

Spotlight Initiative. (2023). Spotlight Initiative Jamaica Annual Report 2022. Spotlight Initiative.

Stanberry, D., & Fletcher-Paul, L. (Eds.) (2024). *Food security in the Caribbean: Historical perspectives, current challenges, and sustainable solutions*. Palgrave Macmillan.

Statistical Institute of Jamaica (STATIN). (2019). *Labour force survey: January 2019*.

STATIN. (2020, July). *Jamaican labour market: Impact of COVID-19*. STATIN.

STATIN. (2020, September). *2020 KAP survey report: Assessing the knowledge, attitudes and practices of Jamaicans regarding the novel Coronavirus and COVID-19*. STATIN.

Thame, M. (2021). Jamaica, COVID-19 and black freedom. *Cultural Dynamics*, 33(3), 220-232.

Thomas-Hope, E. (Ed.) (2016). *Climate change and food security: Africa and the Caribbean*. Routledge.

United Nations Population Fund (UNFPA) Sub-regional Office for the English and Dutch Speaking Caribbean. (2021, May 12). *COVID-19 annual report 2020 – UNFPA SROC*. UNFPA.

United Nations (UN) & Government of Jamaica. (2022). *UN and Government of Jamaica launch new effort to mitigate COVID-19 impact*. United Nations.

United Nations (UN) (2026). About Small Island Developing States.

United Nations Children's Fund (UNICEF) (2020). *Socio-economic impact of COVID-19 on children and families in Jamaica*. UNICEF.

UNICEF, Jamaica, & Caribbean Policy Research Institute (CAPRI). (2021). *Lasting impact: Educational, social and psychological effects of the COVID-19 pandemic on children*. UNICEF.

United Nations Development Program (UNDP). (2021). *Socioeconomic impact assessment of COVID-19 and policy options in Jamaica*.

UNDP. (2022, November 14). *COVID-19 global gender response tracker*.

UNDP. (2023). *Spotlight Initiative – Jamaica*. <https://www.undp.org/jamaica/projects/spotlight-initiative-jamaica>

UNDP, Sir Arthur Lewis Institute of Social and Economic Studies, and Caribbean Policy Research Institute (CAPRI). (2021). *Socio-Economic impact assessment of COVID-19 and policy options in Jamaica*. UNDP.

United Nations Jamaica. (2023). *Caribbean COVID-19 food security and livelihoods impact survey – Jamaica*.

United Nations Jamaica. (2020). *UN COVID-19 response in Jamaica*.

United Nations Office for the Coordination of Humanitarian Affairs (OCHA). (2021, June). *Jamaica: country profile (as of June 2021)*.

OCHA. (2022, June). *Jamaica: country profile (as of June 2022)*. OCHA.

UN Women. (2020). *COVID-19 and implications for inclusive economic empowerment in CARICOM: Policy and program considerations*. UN Women.

UN Women, & United Nations Development Program (UNDP). (2022). *Government responses to COVID-19: Lessons on gender equality for a world in turmoil*. UN Women and UNDP.

Vasciannie, L. A. (2021). *Jamaica and Covid-19: Issues of law and policy in the first year*. *The Round Table*, 110(4), 477–491.

Webster-Kerr, K., Grant, A., Harris, A., et al. (2024). Risk factors associated with severe COVID-19 outcomes in Jamaica: A cross-sectional study of national surveillance data. *Revista Panamericana de Salud Pública*, 48, e36.

World Bank. (2020). *Jamaica: The impact of COVID-19 on livelihoods and food security*. World Bank.

World Bank. (2021). *Jamaica overview: Development news, research, data*. World Bank.

World Bank. (2022). *Jamaica gender assessment* (Report No. P175282). World Bank.

World Bank. (2023). *Jamaica gender assessment*. World Bank.

World Health Organization (WHO). (2020). Jamaica's COVID-19 Response.

WHO. (2024). COVID-19 dashboard.

WHO. (2026). COVID-19 Americas' Regional Dashboard.

Jamaica's heavy reliance on imported food exacerbated the challenges of the COVID-19 pandemic, leaving communities vulnerable to price spikes and shortages when external markets were disrupted. The pandemic exposed deep-seated vulnerabilities in Jamaica's informal urban food sector and catalysed an urgent call for integrated policy reforms. Economic fallout was unevenly distributed, with informal workers, especially women, experiencing profound disruptions. This policy audit situates Jamaica's COVID-19 response within a broader policy audit framework by examining epidemiological trends, economic repercussions, gendered impacts, food security impacts and resilience in the informal sector. It also offers actionable insights for policymakers while emphasising the need for adaptive strategies that balance public health imperatives with socioeconomic recovery. The recommendations emphasise that enhancing social protection measures through comprehensive financial support programmes is crucial for sustaining livelihoods during economic shocks and that a cohesive policy framework is essential for long-term recovery. A comprehensive strategy that strengthens local food production, modernises market infrastructure, and expands social safety nets while addressing gender disparities can significantly enhance the resilience of Jamaica's informal urban food sector.



MiFOOD Network
GLOBAL MIGRATION & FOOD SECURITY