

Essential, but Unprotected: How Have Informal Workers Navigated the Health Risks of the Pandemic?

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Key Findings

Between February and June 2020:

1. Informal workers have delivered essential services throughout the pandemic, which directly exposed them to physical and mental health risks and threatened their welfare.
2. Despite the essential nature of their work, informal workers have been largely unprotected, with the costs of sourcing personal protective equipment (PPE) and accessing clean water and sanitation borne by workers themselves.
3. Health-related mutual aid and solidarity provided by membership-based organizations of informal workers to worker communities have proven vital in the absence of governmental support.
4. The onset of the pandemic necessitated an increased awareness of occupational health and safety among informal workers, which may have long-term benefits.

Policy Recommendations

1. Municipalities need to provide support to enhance occupational health and safety for workers and help them prevent COVID-19 infection and transmission. This should be in the form of PPE, adequate water, sanitation and hygiene (WASH) facilities, basic work infrastructure and clear guidelines for informal employers.
2. Membership-based organizations providing mutual aid to informal workers must be adequately resourced by way of funds and supplies. Supporting this complementary model is crucial, as membership-based organizations are best able to reach informal workers through long-term engagement and trust.

3. Governmental departments/ministries of health must implement inclusive public health strategies, in order to control the pandemic and protect the health of both informal workers and the general public. This should entail the provision of full access to health care for informal workers, including the roll-out of COVID-19 testing, treatment and vaccination for workers, and dissemination of clear and accurate information on COVID-19 using lay language. This must be underlined by sensitivity to informal workers' circumstances and a commitment to end stigma and discrimination against them.

Introduction

Long before the rapid spread of COVID-19 was declared a pandemic in March 2020, informal workers built their livelihoods on delivering services essential to the functioning of our national and global economies. They have included street vendors selling fresh fruit, vegetables and other items, domestic workers tasked with caring for families, waste pickers allowing for cleaner and more sustainable public spaces by collecting and managing discarded items and other forms of waste, and home-based workers using their skills to produce products for global brands. However, throughout the various waves of the pandemic, informal workers have fought to continue their vital work, while being offered little protection from the pandemic's now ubiquitous health risks.

To date, little is empirically known about the impact of COVID-19 on the health of informal workers globally. In this contribution to WIEGO's [Policy Insights](#) series, we aim to explore the findings of a recent WIEGO study through a public health lens. More specifically, we consider the physical and mental health risks faced by informal workers, barriers to COVID-19 prevention, and good practices that can lead to improved health of informal workers across the globe.



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|-----------------------------|--------------------------|
| 1- Accra (Ghana) | 7- Durban (South Africa) |
| 2- Ahmedabad (India) | 8- Lima (Peru) |
| 3- Bangkok (Thailand) | 9- Mexico City (Mexico) |
| 4- Dakar (Senegal) | 10- Pleven (Bulgaria) |
| 5- Dar es Salaam (Tanzania) | 11- New York City (USA) |
| 6- Delhi (India) | 12- Tiruppur (India) |

The Impact of COVID-19 on Workers' Health Status

Between February and June 2020, informal workers reported COVID-19 symptoms within their households. In cities such as Accra and Dakar, which had, to date, reported a relatively low incidence of COVID-19 infection, prevalence of COVID-19 symptoms among workers' households was reported to be as low as 3 per cent. However, the situation was markedly different elsewhere. In cities which experienced a much higher incidence of COVID-19 infection, such as Lima and New York City, the prevalence of COVID-19 symptoms among workers' households was as high as 22 per cent. In several high incidence cities, both live-in and live-out domestic workers reported a higher prevalence of COVID-19 symptoms as compared to other workers (25% of domestic workers in Mexico City, 20% in Lima, and 15% in Delhi). This could reflect heightened vulnerability in locations with greater transmission of COVID-19, as a result of working – and sometimes also living – in an indoor environment in which they are prone to having frequent, close contact with their employers and their employers' families.

The mental health of informal workers was broadly impacted by the onset of the pandemic. This was largely due to financial insecurity and generalized concerns about working conditions. Stress and anxiety were particularly reported by domestic workers in cities such as Bangkok, Dar es Salaam, Delhi, Ahmedabad, Lima and Mexico City. One domestic worker leader in Lima recounted the experience of a domestic worker colleague:

“Her mental health has been very affected since the lockdown was declared. She has more work [and] the situation is critical especially because they mistreat her. If before her work allowed her to rest, allowed her to go outside, now she can't, so she is stressed, she feels her rights have been violated and she feels threatened.”

Informal workers expressed a range of health-related fears at the time of this study including, in particular, their fear of being infected with—and transmitting—COVID-19. Workers also discussed fear of testing positive and being subject to quarantine/restrictions. This posed both a perceived and an actual threat to workers' ability to carry out their work and avoid further losses in income. A domestic worker in Ahmedabad shared her perspective:

“Women are afraid of going to work in the Corona affected areas. They go to work as they are helpless. They are afraid of getting affected with the virus...what will they eat if they don't work?”

Despite carrying out essential work throughout government-mandated lockdowns, many informal workers reported increased fear of stigmatization. This trend was particularly observable among waste pickers, domestic workers and street vendors, with one waste picker in Durban expressing his worry that “the public fear waste pickers. They think they are the one who will infect them with COVID-19”.

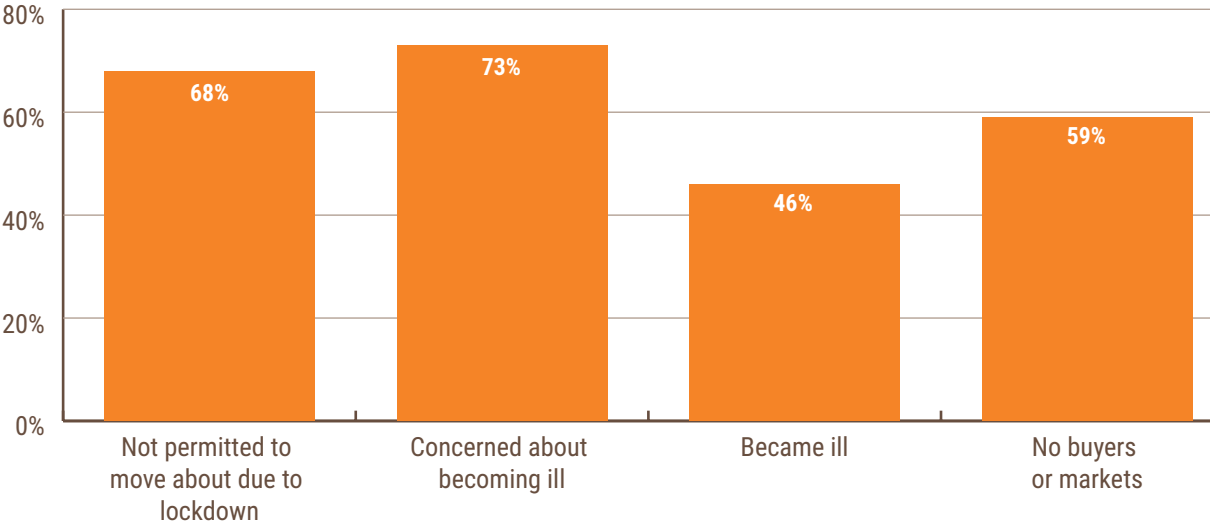
Informal workers also mentioned fear for their own health, resulting from increased occupational risks. Globally, 61 per cent of waste pickers reported increased occupational health risks. This was particularly the case in Ahmedabad (97%), Lima (92%), Mexico City (88%), Durban (81%), Bangkok (71%), and Dakar (65%). These fears were compounded by workers' poor access to adequate

health-care facilities, due to lack of service availability, quality and affordability. A waste-picker in Lima offered his insight:

“There are some comrades who have reached that level [of COVID-19], but they have had terrible care...the government is full of talk saying that the health centres are able to attend to the citizen, [but] the hospitals and even the clinics are not. But they [informal workers] get there and there are no beds, there is nothing. And if there are, the price is expensive.”

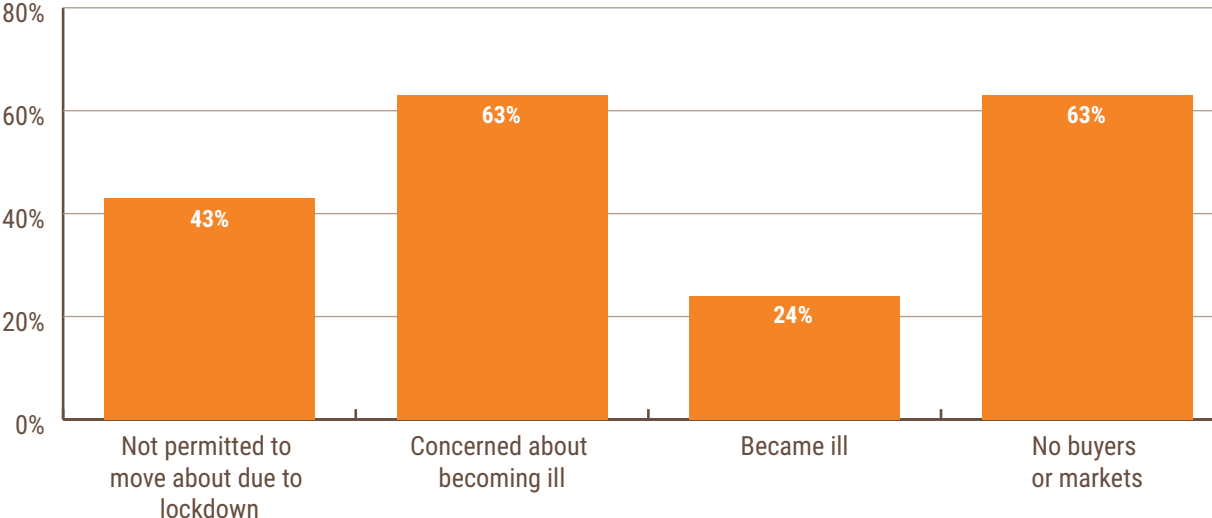
Data from this study also provided evidence that the aforementioned health-related fears did materialize for informal workers. One notable example could be the levels of absenteeism from work among surveyed street vendors in New York City. At the peak of the first wave of the pandemic in April 2020, in which state-wide restrictions were implemented against a backdrop of an exponential rise in COVID-19 cases, hospital admissions and deaths, 73 per cent of street vendors who had stopped working listed concerns about becoming ill as a main reason for their absenteeism, with 46 per cent of these street vendors specifying that they had become ill. This is illustrated below, in Figure 1. By June 2020, when restrictions had been loosened and the number of COVID-19 cases, hospital admissions and deaths had significantly decreased, a lower number of street vendors reported stopping work after having fallen ill. Despite this, many street vendors were still absent from work, with concerns about becoming ill remaining high (Figure 2).

Figure 1: Reasons offered for absenteeism among street vendors in New York City, in April 2020



Source: WIEGO COVID-19 Crisis and the Informal Economy Study (2020)

Figure 2: Reasons offered for absenteeism among street vendors in New York City, in June 2020

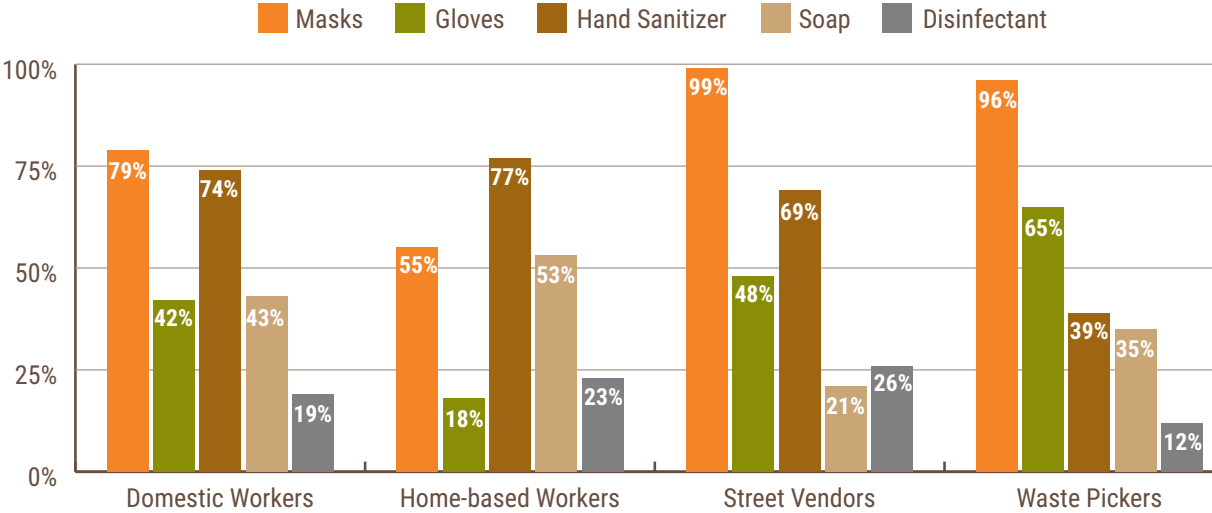


Source: WIEGO COVID-19 Crisis and the Informal Economy Study (2020)

Barriers to COVID-19 Prevention

By mid-year, the vast majority of workers in the study were using PPE, and many described implementing safety protocols at their work sites (Figure 3).

Figure 3: Frequency of PPE use across four sectors of informal workers in 12 cities



Source: WIEGO COVID-19 Crisis and the Informal Economy Study (2020)

Despite this, workers expressed that PPE was difficult to obtain, and most had to acquire it for themselves at their own expense. This led to suboptimal PPE practices, like reusing masks several times. Survey findings reveal that over 90 per cent of home-based workers and street vendors, 80 per cent of waste pickers, and 65 per cent of domestic workers bought PPE themselves. 53 per cent of domestic workers were given the PPE by their employer.

Workers often struggled to acquire PPE and improvise safety protocols. In Delhi, a street vendor spoke of how PPE needed to be used multiple times due to its cost:

“We have asked them to wear gloves. But with gloves too, how many times can you wear it and take it out? They cost 100 rupees, but even then, we are trying.”

Informal workers also faced barriers in accessing clean water, which they needed to sanitize their hands, as well as their goods and equipment. According to this study, 57 per cent of street vendors and 40 per cent of waste pickers reported not having access to water at their worksite. As with PPE, many workers in cities with poor access to clean water had no choice but to plug the gaps themselves, covering costs out-of-pocket. This was observable in Durban, where a street vendor leader described colleagues supplying their own bottles of water, as well as in Accra, where street vendors purchased water from water sellers in order to safely operate their business within the markets. In interviews, vendors in cities including Accra, Lima, and Durban described collaborating with their market associations, membership-based organizations or local municipalities to provide WASH (water, sanitation and hygiene) facilities, implement social distancing measures, and/or set up alternating market hours to reduce the number of people present at any given time. Amid the surging pandemic, and a pervasive lack of governmental support, informal workers who did not have the means to fund their own health prevention activities, therefore, faced the prospect of delivering frontline services largely unprotected from COVID-19 infection.

Mutual Aid as Both Prevention and Treatment

Since the start of the pandemic, **informal workers have organized themselves** to fight for their labour, economic and health rights to be recognized. Workers reported receiving health-related mutual aid from membership-based organizations of informal workers. This vital solidarity primarily took the form of workers’ education on preventing exposure to COVID-19 infection, as well as testing workers for COVID-19, and supplying them with basic medicines and PPE. Survey data shows that the second most prevalent source of PPE was worker organizations.

In Ahmedabad, waste pickers had their basic health and welfare needs attended to by representatives from Self Employed Women’s Association (SEWA). One waste-picker leader described the tasks she carried out:

“We served them with warm meals, provided hot water for bath and also provided medical treatment to them. Our team would regularly visit them and treat them and even test them...there were [a] few people who tested positive and so we immediately got them admitted to the hospital for further treatment. After getting treated in the hospital, they came back and stayed in our Rainbasera [night shelter].”

The provision of moral and emotional support was also key for workers reporting increased anxiety and mental health strains as a result of the disruption caused by the pandemic, with one example being support workshops operated by domestic worker organizations in Mexico City. Membership-based organizations of informal workers have been well-placed to meet workers' needs due to their reputation for being trusted advocates, providing a much-needed interface between communities of informal workers and authorities.

The Pandemic as an Opportunity for Improved Occupational Health and Safety Education

The rapid adoption of health prevention and protection protocols on a global scale may have longer-term implications for informal workers' occupational health and safety. The study has shown that new recognition of the importance of PPE and access to clean water and sanitation has broadly increased workers' awareness of occupational health and safety, and the ways in which it can be more broadly operationalized in a COVID "recovery" context. This was particularly apparent among waste pickers, who routinely faced significant occupational health risks prior to the pandemic. A woman waste picker in Accra noted that:

"COVID-19 has brought a lot of issues to the waste pickers but it also give[s] us other opportunities to improve on our health issue... COVID-19 has now given us that opportunity that now people are wearing the nose masks, they wear hand gloves and everything...we also have that opportunity to change those lifestyles that we have been living in the past."

In this way, the triple **health, economic and care crisis** triggered by the pandemic has, equally, created an opportunistic space for the importance of informal workers' occupational health and safety to be reaffirmed, through state intervention, as well as through allocation of resources to informal worker organizations whose members can capitalize on their trusting relationships with workers to offer them mutual aid.

COVID-19 Crisis and the Informal Economy is a collaboration between Women in Informal Employment: Globalizing and Organizing (WIEGO) and partner organizations representing informal workers in 12 cities: Accra, Ghana; Ahmedabad, India; Bangkok, Thailand; Dakar, Senegal; Dar es Salaam, Tanzania; Delhi, India; Durban, South Africa; Lima, Peru; Mexico City, Mexico; New York City, USA; Pleven, Bulgaria; and Tiruppur, India. The mixed methods, longitudinal study encompasses phone questionnaires of informal workers and semi-structured interviews conducted with informal worker leaders and other key informants. Round 2 will be conducted in the first half of 2021. For more information, visit [wiego.org/ COVID-19-Global-Impact-Study](https://wiego.org/COVID-19-Global-Impact-Study).

Women in Informal Employment: Globalizing and Organizing (WIEGO) is a global network focused on empowering the working poor, especially women, in the informal economy to secure their livelihoods. We believe all workers should have equal economic opportunities, rights, protection and voice. WIEGO promotes change by improving statistics and expanding knowledge on the informal economy, building networks and capacity among informal worker organizations and, jointly with the networks and organizations, influencing local, national and international policies. Visit www.wiego.org.



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