Prevention and mitigation of COVID-19 in the informal economy through safety and health: An action-oriented tool for supporting street and market vendors
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I. Introduction

What we need to know about the COVID-19 pandemic

What is COVID-19?

COVID-19 is an infectious disease caused by a newly discovered coronavirus known as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first human cases of COVID-19 were identified in Wuhan City, China, in December 2019. Globally, as of 12 July 2021, there were 186,638,285 confirmed cases of COVID-19, including 4,035,037 deaths, reported to the World Health Organization (WHO).1

How long is the incubation period for COVID-19?

Estimates of the incubation period for COVID-19 range from one to 14 days. Most frequently this period is of around five days.

How does COVID-19 spread?

The transmission of COVID-19 occurs primarily through direct, indirect or close contact with infected people. When someone who has COVID-19 coughs, sneezes, talks or sings, they release respiratory droplets of infected secretion. The droplets can also land on surfaces or objects. People may catch COVID-19 by touching these contaminated surfaces and then touching their eyes, nose or mouth before cleaning their hands.2

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1 An update of the COVID-19 situation worldwide can be consulted at: [https://covid19.who.int/](https://covid19.who.int/)
What are the symptoms of COVID-19?

The most common symptoms of COVID-19 are fever, tiredness, and a dry cough. Some patients may have a loss of taste or smell, nasal congestion, sore throat, headache, aches and pains, nausea or vomiting, or diarrhoea.3

Symptoms are usually mild and begin gradually. The majority of people become infected but only have very mild symptoms - or none at all. However, some cases result in serious and critical illness, requiring ventilation. Those who are more likely to develop a serious illness include older people and people with underlying medical conditions.

The long-term effect of COVID-19 is still largely unknown. However, based on previous experience with other viral pulmonary infections, long-term pulmonary consequences may be expected with some patients. These include organic pulmonary sequelae and impairment in lung functional capacity.4

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There is no relation between the development of symptoms and contagiousness. People may be contagious and transmit the virus although they have no symptoms or develop only mild symptoms of the disease.⁵

Impact of the COVID-19 pandemic on street and market vendors

While the COVID-19 pandemic is first and foremost a sanitary emergency, it has also deeply impacted the economy and social environment. In 2020, there was an unprecedented total global employment loss of 114 million jobs compared to 2019. In relative terms, employment losses were higher for women (5 per cent) than for men, and for young workers (8.7 per cent) than for older workers.⁶

In 2020, the ILO estimated that about 1.6 billion informal economy workers, accounting for 76 per cent of informal employment worldwide, had been significantly impacted by the lockdown measures and/or were working in the hardest-hit sectors. Estimates showed that earnings for informal workers were expected to decline in the first month of the crisis by 60 per cent globally, reaching up to 81 per cent in Africa and Latin America. Among informal economy workers significantly impacted by the crisis, women were over-represented in high-risk sectors.⁷

Lacking social protection benefits and financial support measures, workers in the informal economy face the dilemma of either falling into poverty or risking contagion. While many economies are resuming production activities, occupational safety and health is essential to avoid new peaks in cases and to ensure a healthy economic recovery. Countries are issuing occupational safety and health (OSH) general or sector-specific guidelines on the prevention and mitigation of COVID-19 at the workplace, which are aimed at assessing occupational exposure to the virus and implementing control measures. To ensure that informal economy workers are not left behind in these efforts, OSH measures need to be adapted and applicable to their working conditions and needs, as well as to the working environments in which informal economy activities take place.

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The situation is particularly critical for those informal economy workers and enterprises involved in sectors that are at a medium to high risk of suffering a negative economic impact on account of lockdown measures - such as the retail trade. Street and market vendors are particularly affected by these measures, and they account for a very high percentage of employment in most countries, especially in developing countries where they represent 33.3 per cent of the non-agricultural informal employment, with visible differences between women (40.3 per cent) and men (26.7 per cent).

The absence of any COVID-19-related prevention and mitigation measures at work exposes this population of workers, as well as their families and their clients, to the risk of contagion. Furthermore, the lack of any OSH guidelines and protocols for this sector might delay the resumption of their activities, which, in turn, would endanger the economic opportunities of this extremely vulnerable group. In addition, many street and market vendors are engaged in informal food markets that play an essential role in ensuring food security in many countries. If these vendors are not able to operate, food insecurity and poverty will increase.

Reaching out to street and market vendors is one of the main challenges involved in attempting to improve the safety and health of this category of workers. A number of factors, such as their wide dispersion, geographical mobility (no fixed workplace), lack of registration and fear of public authorities, make it difficult to deliver OSH services. At the same time, the lack of adapted services, resources and technical capacities further restrict the implementation of existing preventive programmes in this branch of the informal economy.

GLOBAL EMPLOYMENT IMPACT 2020

**Informal employment worldwide impact**

- 1.6 billion
- 76% are significantly impacted by the lockdown measures and/or are working in the hardest-hit sectors.

**114 million job losses**

Higher for:

- Women (+5%)
- Young workers (+8.7%)

II. Target audience and objectives

Who is this tool for?

This tool is addressed to the public authorities, workers’ and employers’ organizations, informal economy organizations and other stakeholders, who are willing to help street and market vendors improve their safety and health conditions to prevent the risk of contagion and mitigate the impact of COVID-19 at work.

The public authorities include municipalities and local governments, as well as ministries of health, social development and labour. Given that the economic activities of street and market vendors are highly embedded in the community where they work and that their operations are directly under the administrative responsibility of the local authorities, municipalities and local governments play an essential part in ensuring that OSH measures are implemented among this category of workers. It is also important to involve the ministries of health, labour and social development. The first two are the cornerstone of occupational safety and health systems and play a key role in designing and implementing policy responses to the impact of the COVID-19 crisis on the world of work. For its part, the ministries health, labour and social development have to ensure that social policies are developed with a view to including the informal sector.

Employers’ and workers’ organizations can play a critical role in helping informal economy workers and economic units in implement occupational safety and health measures. During the last decade, employers’ and workers’ organizations have made great progress in affiliating those in the informal economy and/or delivering services to them8. OSH-related services might serve as an entry point for

strengthening and developing further collaboration between these organizations and workers and economic units in the informal economy, in particular street and market vendors, and help promote their transition from the informal to the formal economy.

**Informal economy workers and economic units** are the best placed to know their members’ working practices, behaviours and needs. They also have the capacity to reach out to those in the informal economy, both to convey information and to obtain their feedback. Their inclusion in this process, whenever they exist, is therefore critical to ensure a successful implementation of this tool.

Other **stakeholders** may also be considered when starting to plan and implement measures to improve OSH in the informal sector. Many civil society organizations have strong relations with informal economy workers, particularly in neighbourhood organizations or faith-based organizations in urban areas. These organizations can facilitate the outreach of informal economy workers and economic units, notably where representative member-based organizations do not exist.

What is the purpose of this tool?

This tool aims at providing public authorities, the social partners, informal economy organizations and civil society organizations with concrete and practical guidance to elaborate and implement a roadmap to prevent and control the risk of occupational exposure to COVID-19 among street and market vendors.

The characteristics of street and market vending activities vary from country to country, from city to city, and often from district to district. They also have substantial differences between them, with respect to their specific location and mobility: while the first are easily located and identifiable for a certain period of time, the second may be conducted in various locations and at different times. Moreover, street vendors and market vendors are not a heterogeneous group. There are different social (i.e., gender) and cultural (i.e., language) characteristics - and individual shortcomings - within these groups, which must be taken into account when designing and implementing preventive and protective OSH measures.
Nevertheless, these groups share many features with respect to the type of tasks they perform, and are therefore subjected to the same occupational hazards, including the exposure to COVID-19 at work. In addition, both groups of workers face similar social challenges that can undermine any attempts to improve safety and health at work and make it difficult for them to follow any sanitary restrictions. These consist of informal employment, the lack of access to occupational health services, and the absence of any form of registration that restricts the capacity of public policies to reach them.

This tool takes account of these similarities and offers common steps for planning and implementing an assessment of street and market vendors’ exposure to COVID-19, while recognizing that the heterogeneity between and among these groups requires a participatory approach to build up effective and locally-adapted preventive measures. In other words, it does not intend to offer a “one-size-fits-all” strategy but rather principles and practical guidelines for action that might help both groups find the best path forwards in accordance with the specific context.

By using this tool, those engaged in this process will follow a participatory action-oriented approach to:

- Raise awareness of the occupational risk of exposure to COVID-19 and other related risks faced by street and market vendors;
- Identify and collect the necessary information to tailor the intervention to the respective needs and characteristics of the workers and economic units concerned;
- Develop and implement a strategy to provide outreach to market and street vendors, and to inform them of prevention and mitigation actions;
- Assess street and market vendors’ risk of occupational exposure to COVID-19;
- Design prevention and mitigation workplace actions and an emergency preparedness response;
- Provide follow-up and support improvements.

The tool provides ideas about potential control measures that might be implemented given the complexity of the working environment concerned. These ideas are intended to trigger a discussion among the various stakeholders involved and inspire them to identify the most suitable actions. A set of images are provided as visual support. These may be complemented by messages in the local language and used as messages to be shared digitally or by any other means, in accordance with the local practice.
Defining street and market vending activities

In many countries, street and market vending activities are often part of the informal commerce sector. The characteristics of these economic activities, and their legal and practical definition, vary from country to country, as well as the terms used to refer to them. In general terms, variations will reflect a broad spectrum of changing situations encountered in the respective local context, in which three dimensions interact: space, mobility and formality.

For the purpose of this tool, street vending activities are considered as a variety of commercial transactions that take place in an open public space, in which the vendor is mobile or stationary; while market vending activities are understood as commercial transactions that occur within a fixed public space allocated for this purpose, on a permanent or temporary basis. In both cases, the tool mainly addresses street and market vending workers and economic units that are not covered in law or in practice, or are insufficiently covered by formal arrangements.

Street and market economic units may be owned by individuals working on their own account, either alone or with the help of contributing family workers, or they may employ hired labour and belong to cooperatives and solidarity economic units.
III. Roadmap for improving safety and health of street and market vendors in the context of the COVID-19 pandemic

This section presents five steps that should be taken to improve the OSH conditions of street and market vendors in the context of the COVID-19 pandemic and to assess the risk of exposure to the virus that causes the disease. An overview of this process is contained in the following graph.
STEP 1: Gathering information

Street and market vending activities, their workers and economic units cannot be easily classified as they are diverse and dynamic. It may therefore be necessary to start by establishing the framework of the intervention to have a better understanding of the characteristics of the working environment, including available infrastructures and any potential partners. It is also vital to compile information on the COVID-19 situation at this initial stage, especially any local regulations and public health measures that apply to this particular working environment, as well as on any sector-specific regulations.

Step 1 provides guidance on ways to identify and collect the basic information required to inform the design and implementation of workplace measures, including the outreach strategy. The following table contains a list of guiding actions, accompanied by useful hints on ways to use the information collected.

Step 1: Preparing the ground for the intervention

<table>
<thead>
<tr>
<th>A. Delimit the area of work</th>
</tr>
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<tbody>
<tr>
<td><strong>Actions</strong></td>
</tr>
<tr>
<td>Locate the geographic area of intervention including the city, village, or neighbourhood, as well as the district where the activities take place.</td>
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</tbody>
</table>
Prioritize sites with a high concentration of informal vending activities to expand the scope of potential beneficiaries. Consider the location of markets, shopping centres and places with a high concentration of people. Limiting the area will allow a better identification of existing services and stakeholders.

Pinpoint the trading sites (i.e., the name and location of market(s) and street(s)).

Consider whether the commercial transactions include goods or services, and whether any of them are considered an “essential activity” during the restriction measures; the type of structures in place (i.e., stalls, trading shelters); and the time and frequency of the activity. If possible, collect information on the type of existing working arrangements (own-account workers, employees, family workers), differentiated gender roles and age groups.

Characterize the type of activities in place in the area of operation and the working population.

Determine any regulation that applies to street and market vending activities in the area.

Through the regulation, identify the competent authority(ies) and aspects covered, especially in relation to OSH and public health.
### B. Identify potential partners and entry points to reach out to street and market vendors

<table>
<thead>
<tr>
<th>Actions</th>
<th>Useful hints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify existing membership-based organizations and associations.</td>
<td>Identify and link up with unions, employers’ and business organizations (at the national or sectoral level), street vendors, and market associations and cooperatives. For markets, consider management committees - if they exist. Identify possible tensions among these different organizations and evaluate their ability to work together.</td>
</tr>
<tr>
<td>Map community leaders.</td>
<td>Community leaders might include: senior vendors, district representatives and members of faith-based and neighbourhood organizations, among others.</td>
</tr>
<tr>
<td>Connect with commercial partners.</td>
<td>Commercial partners are often formal retailers or wholesalers that supply merchandise to informal vendors. There might also be arrangements between informal and formal vendors in the area under consideration.</td>
</tr>
</tbody>
</table>
### C. Map the existing infrastructure

<table>
<thead>
<tr>
<th>Actions</th>
<th>Useful hints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to local authorities’ registries on business operations.</td>
<td>Local authorities might have a registry of the market vendors and market economic units operating in the area. Market administrations may also keep a record of the business owners.</td>
</tr>
<tr>
<td>List existing public and private initiatives working with street and market vendors.</td>
<td>Consider projects targeting or including topics such as: enterprise development, membership-based organizations, OSH, working conditions, public health and the environment. Stakeholders implementing these projects may have an interest in preventing and mitigating the effects of COVID-19.</td>
</tr>
<tr>
<td>Identify social protection programmes available for the target population, including sickness and health benefits.</td>
<td>Social protection institutions might be key partners in supporting health service delivery and information on COVID-19.</td>
</tr>
</tbody>
</table>
Consider that local health services providers might be diverse and non-formal, especially if the population does not have access to social protection. Pharmacies or traditional healers are often the main source of information on this matter.

Locate and list public and private health services providers in the area.

With this information, create a directory of services. Include: hotlines offering assistance on COVID-19 case management; awareness and information services; provision of personal protective equipment; and protection from domestic violence during the pandemic. Take note of any technical advisory body on OSH that could provide technical advice.

Map OSH and public health institutions providing COVID-19 prevention and mitigation services in the area.

Among the existing water and sanitation installations, identify any local and low-cost sanitation facilities that might be replicated.

Check for the availability of water and sanitation facilities in the area.

Identify if there is a local labour inspection office.

Ascertain if there are labour inspectors acting in the area, and determine the focus of their activities with regard to informal vendors, if any.
D. Collect reliable information on COVID-19 and its impact

<table>
<thead>
<tr>
<th>Actions</th>
<th>Useful hints</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assess the impact</strong> of the COVID-19 pandemic in the area of work.</td>
<td>Collect information on the number of confirmed cases, deaths and recoveries in the region covered by the intervention. Monitoring the situation can help serve as a warning of any change in the situation that might affect its implementation, such as lockdowns or other public health measures.</td>
</tr>
<tr>
<td><strong>Analyze the consequences</strong> of the pandemic in the target sector.</td>
<td>Examine the impact of the measures imposed and emerging situations that might increase the vulnerability faced by the target population; for example, increased confrontation with local and enforcement authorities; violence and/or harassment from the community.</td>
</tr>
<tr>
<td><strong>List COVID-19 protocols and regulations</strong> relevant for the geographic area and sector.</td>
<td>Protocols and regulations might include restrictions of operations and hygiene protocols.</td>
</tr>
<tr>
<td><strong>Identify any measure put in place to compensate loss of income</strong> among the target population, and the organization/institution responsible for ensuring this.</td>
<td>Income support measures could be an excellent source of information. These types of initiatives often compile valuable data on the beneficiaries, which can serve as a platform for outreach.</td>
</tr>
</tbody>
</table>
STEP 2: Creating a working group

Participatory action requires the involvement of the beneficiaries during the planning, implementation and follow-up stages of the intervention.

Once the representatives of street and market vendors and their organizations - as well the other relevant stakeholders and authorities - have been identified (see Step 1), the subsequent stage will consist of creating a working group that will be in charge of assessing the risks of COVID-19 contagion and other related risks, proposing and implementing control measures, and introducing further improvements.

Before setting up this working group it is recommended to contact street and market vendors’ representatives, the governmental authorities (i.e., local government, public health, labour and social affairs’ departments), and other relevant actors, with a view to:

- Presenting the purpose of the intervention and the target population;
- Sharing updated information on the COVID-19 situation and its impact on the health, social and economic conditions of the target population;
- Showcasing the intervention by highlighting the way in which it might contribute to the national efforts to control the pandemic, protect the health of the population, and reduce the economic and social burden;
- Opening the floor for discussion in order to collect the participants’ inputs, and integrating them into the analysis to ensure that all views are taken into account.

Once the analysis has been completed and the working group has been set up, it is important to present and describe to the group the next steps to be followed (Steps 3 - 5).

STEP 3: Assessing the risk of COVID-19 exposure at work

A hazard is anything that has the potential to cause harm to the safety and health of a person. The virus responsible for COVID-19 enters into this category. To identify what might potentially cause exposure to this virus in the workplace, it is necessary to consider its patterns of transmission and characteristics, as well as the activities, processes and environments at work that might contribute to this hazard.
To map the hazard, the working group might walk around the workplace and talk with the vendors in order to identify the sources of exposure and the persons who are liable to be affected. The following table contains some pointers to facilitate the mapping exercise:

**Factors to consider**

### Environment
- Poor ventilation
- Gathering points and crowded spaces
- Distance between working stations
- Lack of water and sanitation

### Material/tools
- Collective use of surfaces and equipment
- Frequently-touched surfaces
- Poor cleaning and disinfection
- Contact with materials and tools coming from outside the workplace

### Work organization and processes
- Interaction with clients and providers
- Number of workers involved in the task
- Movement to various working sites (i.e., street vendors, delivery activities)
- Reduced workforce (because of the pandemic, for example)

**Who can be exposed?**

- Vendors
- Clients
- Providers
- Visitors
- Community
Once these factors have been identified, the working group should conduct a risk assessment to evaluate the risk of exposure and to take the appropriate measures to protect workers from it.

A risk assessment of contagion at work should consider the:

- **Probability** of a person being exposed to the virus, taking into account the characteristics of the virus, including its transmission, such as person-to-person transmission through small droplets from the nose or mouth, or transmission via objects and surfaces contaminated with droplets;
- **Severity** of the resulting health outcomes, taking into account individual factors, including age, underlying diseases and health conditions, as well as the measures available to control the impact of the virus.

A risk assessment makes it possible to determine whether appropriate precautions are in place or whether more steps should be taken to prevent harm to those at risk, including workers, contractors, customers and visitors. It should be repeated whenever there is a change to the work process and/or new risks are introduced, or if risk control measures are found to be insufficient or inadequate.
STEP 4: Defining COVID-19 prevention and mitigation actions

This step will provide the working group with a list of measures to be put in place to prevent and mitigate the effects of COVID-19 in the workplace. On the basis of the risk assessment and information collected in Step 1, the working group can prioritize the actions to be implemented and consider any need for adjustments in the light of resources and local practices.

1. Organization of work and physical structures

Ventilation:

The risk of COVID-19 transmission is increased in crowded, confined indoor spaces such as workplaces and during indoor events. In addition, the length of time that people stay in indoor settings also appears to have an impact on the rate of transmission.9

Whenever possible, the market should allow sufficient ventilation. While open space markets offer natural ventilation, indoor markets need to put in place actions to ensure proper ventilation to reduce the risk of exposure to the virus. The following actions might help to improve ventilation in markets:

- Keep windows and doors open to improve natural ventilation;
- If the market space requires artificial ventilation, avoid closed circuit ventilation and prefer natural air extraction ventilations. Filters in ventilation systems should be changed and disinfected regularly;
- Encourage clients to reduce the length of their stay in the market, for example by avoiding food consumption indoors or staying inside for social gatherings;
- Consider - in consultation with vendors and the local authorities - to temporarily change the location of the markets during the pandemic to structures that allow for better ventilation and space.

Street vendors normally operate in open spaces; however, some of them move into public settings (restaurants, buses, train stations, etc.) to attract clients. It is recommended that street vendors avoid such indoors settings and opt for outdoors areas as much as possible.

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Physical distance

Physical distancing is the main measure to prevent transmission of the virus. Scientific studies show that a distance of at least two metres can effectively reduce the risk of contamination.

In markets, physical distancing may be encouraged by:

- Separating stalls by a minimum distance of 2 metres, or any other distance required by the national regulations;
- Using markers to familiarize all users with the distance to be respected when standing in queues or in front of stalls. Colourful paints, adhesive tape or chalk may be used to mark the floor;
- When physical distance is difficult to ensure and whenever possible, installing physical barriers to separate stalls and to protect vendors from any potential exposure from interacting with clients. Barriers can be made with transparent plastic;
- Reducing the exhibition area to allow more space between costumers and in the passageways;
- Limiting the number of people authorized to access collective spaces - such as toilets or storage rooms - to provide for the required physical distance. The maximum number of authorized people must be clearly displayed at the entrance to these areas, and the queues for entering them must allow for a physical distance of two metres.

Street vendors must respect physical distances as much as possible, especially when dealing with customers. A number of actions might be promoted to help them respect social distancing during their vending activities. Street vendors could be advised to:

- Avoid gathering in places with limited space, such as street corners, stairs and exit/entrance doors;
• Mark a distance around their trading stalls with chalk or adhesive tape, if they have a permanent location;
• If they are located in a trading shelter, set up - whenever possible - a physical barrier with transparent plastic to ensure they are separated from their clients.

**Hint**

Remind customers to respect physical distancing by using visual posters or communicating the message through sound systems such as loudspeakers or the radio.

**Access and flows**

Avoiding gatherings and intersections is essential to maintain social distancing and avoid crowded spaces.
In markets, controlling access and facilitating flows may be achieved by:

- Organizing the stalls in such a way to make it possible to clear passageways and to organize a walk forward flow;
- Providing, whenever feasible, safe shortcuts to allow people to turn back;
- Controlling the access of people by limiting the number of points of entry to the stall;
- Indicating the points of entry and exit according to the established walking flow;
- Putting up readable and understandable signs to indicate the points of entry and exit to the stands, their location, the direction of traffic and the hand hygiene points (handwashing stations and/or alcohol);
- Considering limiting the capacity of people allowed in the market area and encouraging clients to designate only one member of the family to buy supplies. This family member should not belong to a group at risk, such as people above 60 years of age or with an underlying health condition. This recommendation should be disseminated by the local authorities and those responsible for the operation of the markets;
- Extending opening hours as much as possible, and informing the population of this extension. This measure would help to control the flow of customers and stagger peak hours.

Street vendors may plan their route to avoid places at high risk (hospitals, COVID-19 screening centres, bus or train stations, especially in enclosed spaces).

**Hint**

Entrances can be temporarily closed using barriers, while open entrances could be clearly marked to facilitate the access of clients and avoid confusion. The working group could identify volunteers to help control the flow of people at the entrance and exit to the market to prevent people from gathering.

**Remember:**

Never block emergency exits and routes. To avoid confusion, use different colours for signs related to COVID-19 measures to differentiate them from emergency signs.
Interacting with clients and providers

Interaction with clients and providers increases the risk of exposure to COVID-19. In order to reduce this risk, introduce certain measures:

• The supply depot areas should be clearly indicated - and preferably be outside the trading area. The same standards must apply to them as to the stalls;

• Supply activities should preferably take place before the market opens, to limit contacts as much as possible and to avoid gatherings;

• Direct contact with customers should be limited to the minimum possible: respect physical distancing and avoid kisses, hugs and handshakes;

• Payment in cash should be restricted as much as possible (mobile payment/contactless card). In the absence of another alternative, the cash exchange should be conducted on the basis of the principle of “plate-mat-bowl-tray”, which reduces direct contact. The coins can be placed in a container with a 10 per bleach dilution, which disinfects them;

• Hands must be disinfected after each contact with banknotes or coins;

• Goods must be handled as little as possible, with mandatory disinfection of the hands after each transaction;

• Customers should avoid handling goods - including agricultural products.
Use of collective tools

Being in contact with surfaces that are potentially contaminated with COVID-19 is a possible form of transmission of the virus. The control measures put in place must include a systematic cleaning and disinfection of surfaces, alongside a reduction in the number of surfaces and objects touched by many people. Specific actions in this respect include:

- Avoiding the use of collective tools (weighing, cutting, packaging equipment, etc.), and encouraging vendors to have their personal tools;
- Cleaning and disinfecting personal tools on a regular basis (before, during and at the end of the service);
- If necessary sharing tools, ensuring that they are disinfected after each use;
- Avoiding the use of tools that enable customers to serve themselves or weigh the goods;
- Regularly disinfecting surfaces that may be touched by many people, such as door handles, switches, stair handrails and any other contact surface.

Notes:
The Ten Golden Rules for Safe Food Preparation should be applied to street food vendors.
2. Hygiene and sanitizing

Hand hygiene

Hand hygiene is essential to stop the transmission of the virus. It constitutes an essential measure in the control of the chain of transmission. As expressed in the joint statement of the World leaders’ Call to Action on COVID-19: water, sanitation and hand hygiene, together with physical distancing, are central to preventing the spread of COVID-19, and a first line of defence against this serious threat to lives and health systems.

Limited access to water, sanitation and hygiene facilities in informal economy workplaces, including markets and public spaces, represents one of the major challenges to prevent the transmission of COVID-19 and other communicable diseases. Actions to promote and facilitate hand hygiene in informal trading areas, including market and public spaces, could include the following:

- Set up hand hygiene points (handwashing stations and/or alcohol) for all vendors and users in visible and accessible sites, especially at the entrance, in front of the stalls/vending sites and exits;
- Make single-use handkerchiefs available, as well as specific bins to dispose of them at the hand hygiene stations;
- Use readable and understandable signs to remind people of their obligation to keep their hands clean by properly and frequently handwashing and/or hand rubbing with an alcohol-based solution;
- Place visible and easy-to-understand posters at handwashing stations, reminding people of the correct way to wash their hands.

Hint

Hand hygiene is a public health matter. It requires the participation of community leaders, as well as public health and local authorities, in the design of hand hygiene stations.
Respiratory hygiene

Proper respiratory hygiene is important to reduce the probability of passing the virus to a third person and contaminating surfaces and the environment. Respiratory hygiene can be promoted by constantly reminding vendors and clients to:

- Cover coughs and sneezes with their elbow or disposable tissue;
- Clean their hands after using a disposable tissue;
- Avoid touching their nose, mouth and eyes;
- Whenever possible, making disposable tissues and bins available.

Hint

Use visible and easy-to-understand posters to promote respiratory hygiene. If posters are not available, use other communication mechanisms - such as a radio or loudspeakers - to transmit the message.

Cleaning and disinfection

COVID-19 can survive on surfaces that have been contaminated. People may then become infected by touching these surfaces, and then touching their eyes, noses or mouths before washing their hands. It is vital to clean and disinfect surfaces, especially those that are frequently touched such as railings, door handles, shopping carts or baskets, sanitation rooms, or any other surfaces identified during the risk assessment.

To ensure thorough cleaning and disinfecting, the following steps should be taken:

- Before starting the task, put on personal protective equipment (PPE) (rubber gloves, aprons, closed shoes, masks and eye protection, if available);
- Only use approved hard-surface disinfectant. Prepare the disinfectant as recommended by the manufacturers. If there are no recommendations, use a 1 per cent chlorine solution or other products that have the least adverse effect on health and are available on the local market at a reasonable cost.
• Carry out normal routine cleaning for outside work - as this is generally all that is required. For indoor areas, clean and disinfect all work areas before the start of activities;
• Regularly clean and disinfect frequently-touched surfaces;
• Conduct the following procedures:
  • Clean the area with detergent or soap and water to remove dirt, debris and other matter;
  • Apply disinfectant to surfaces with a cloth and allow for a contact time of at least one minute;
  • Consider applying additional disinfectant, and ensure that it remains wet for one minute;
  • Rinse the residue with clean water; and
  • Remove PPE and wash your hands immediately.

Remember:

Spraying disinfectant (fumigation or misting), either indoors or outdoors, is not recommended for COVID-19 prevention. It is ineffective in removing contaminants and can be harmful for human health.

Warning: spraying individuals with disinfectants is not recommended under any circumstances. It is harmful and would not reduce the spread of COVID-19.

Personal protective equipment (PPE)

Protective masks are part of a comprehensive package of preventive and protective measures to limit the spread of the virus at the workplace. They constitute an effective barrier to virus transmission and are therefore mandatory whenever there is a risk that physical distancing
cannot be respected. In some countries, the wearing of masks in public spaces is compulsory-irrespective of whether or not physical distancing is respected.

The use of other PPE, such as face shields and gloves, is not recommended to prevent COVID-19 infection. Nevertheless, they should be used during cleaning and disinfection. The basics of wearing a mask are\(^\text{10}\):

- Non-medical masks (fabric) are recommended at markets and for street vendors, especially in a closed setting with poor ventilation. This advice concerns both vendors and customers.
- Masks should **not** be worn by:
  - Children aged 5 years and younger.
  - Anyone who has trouble breathing.
  - Anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- Hands should be cleaned before putting on a mask, and also before and after taking it off;
- The mask must completely cover the mouth and nose, adjusted to the nose bridge, and be tied securely to minimize any gaps between the face and the mask;
- The mask should be replaced as soon as it becomes dirty, wet or damaged;
- Users should avoid touching their mask when wearing it. If they accidentally touch it, they should clean their hands;
- Disposible masks must be thrown into specific hermetically sealed bins, preferably pedal bins (to be provided at disinfection points and stands);
- Single-use masks should not be re-used;
- Fabric masks should be washed in soap or detergent at least once a day, and preferably in hot water.

3. Care and support

Case management

Cases should be managed in accordance with local health authority procedures. Information sessions for vendors or their representatives on these procedures should be organized with the health authorities.

The following prevention measures, among others, should be applied:

- Anyone who is feeling unwell should **not** continue working. Vendors with any symptoms of COVID-19 should stay at home, contact a medical centre or health service designated by the country’s authorities, and follow their guidance;
- If a vendor develops symptoms during market and vending activities, she/he should stop their activities, change their fabric mask to a medical mask whenever possible, and contact an emergency health service immediately;
- Contact with the affected vendor should be restricted to the absolute minimum. Anyone providing assistance to the vendor concerned should wear a mask and respect hand hygiene procedures;
- The areas used by the affected vendor should be cleaned and disinfected.

Learn more:

Managing work-related psychosocial risks during the COVID-19 pandemic (2020).
Violence and harassment

The restrictive measures imposed by the pandemic, income insecurity, fear of infection and the risk of stigmatization, are all factors that can increase the risk of physical and psychological violence against market workers and street vendors. The prevention of psychosocial risks must integrate both preventive measures and support measures for the victims. These measures might include:

- Engaging wider stakeholders to participate in the working group (Part III, Step 2), namely the police, civil society organizations and tribal leaders. The working group should discuss ways to establish procedures to effectively defuse hostile situations and to prohibit violence and harassment;
- Creating an open communication channel between street and market vendors, the local authorities and local communities;
- Raising awareness about the effects of violence and harassment and its relation to the pandemic;
- Providing information on the public mitigation measures available to support victims of violence and harassment.

Social support

In the context of the economic crisis generated by the pandemic, it is essential to consider specific social support measures for workers in the sector. Income replacement and other forms of assistance provide informal workers with the possibility of staying home when they are sick or need to take care of a sick relative, thus preventing the virus from spreading.

Where social protection programmes are limited, the crisis calls for immediate responses to alleviate the burden imposed on employers, workers and their families. Various countries have put in place programmes to respond to the social needs of this working population and their families, such as:

- Provision of food and care packages for vendors infected by COVID-19 to facilitate their lives during quarantine and lockdowns. During these periods, vendors may require basic supplies and services, such as food, laundry, toiletries and childcare;
- Income support (through cash transfers or coupons) for vendors who are sick, and for those who are hard hit by the crisis;
- Referral to existing employment services to facilitate occupational reintegration;
- Supply of personal protective equipment.
These initiatives are frequently financed by governmental relief and recovery funds; nevertheless, evidence suggests that the involvement of different stakeholders, including grassroots organizations, have played a key role in facilitating access to these programmes¹¹.

### **STEP 5: Implementing and following-up**

Once the measures to be taken have been identified, it is necessary to implement them. At this Step, the working group should consider the resources available, the timeline for implementing the roadmap, and the person or persons responsible for its implementation and follow-up. This information should be made available to all the members of the group, in order to improve efficiency and build trust.

The working group may design the implementation plan in line with the following table.

<table>
<thead>
<tr>
<th>Action</th>
<th>Resources needed</th>
<th>Estimate cost</th>
<th>Timeline</th>
<th>Responsible persons or bodies</th>
</tr>
</thead>
<tbody>
<tr>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set up handwashing stations in visible and accessible sites, especially at the entrance to markets, in front of the stalls/vending sites, and at exits</td>
<td>Five mobile handwashing stations</td>
<td>Cost per unit and total cost</td>
<td>Immediate</td>
<td>Municipality (name of the person and position)</td>
</tr>
</tbody>
</table>

Use the information gathered in Step 1 to identify potential partners who might support the implementation of the roadmap, such as commercial partners, pharmacies and social security institutions. These actors may facilitate the provision of human and material resources or help to disseminate information.

Once the plan has been established - and before embarking upon its implementation - train all the responsible persons involved. Training should include basic information on COVID-19, the measures to be put in place, and the follow-up. It could be provided by knowledgeable partners, such as the public health services, NGOs working on health issues, OSH services, development cooperation agencies, and members of the group with training skills.

The responsible person/s should check periodically the way in which the measures are being implemented and what adjustments might be required. This follow-up should identify any constraints that are undermining the implementation of measures taken (i.e., cultural aspects, individual behaviours, and cost). There should be an analysis of any suspected cases or outbreaks of COVID-19, and/or any unexpected outcomes of the measures applied - i.e., skin problems caused by the disinfectants - among the beneficiaries.

**IV. Communication and outreach planning for communication**

**Planning for communication**

While information on COVID-19 is extensive and easily available nowadays thanks to the traditional media and internet, providing clear and accurate messages is key to facilitating the implementation of preventative measures and promoting health. Misinformation and unreliable information can create panic and confuse people about the specific behaviours and situations than can put them at risk.
Where to look for reliable information?

Social media and technology have, to some extent, added to the complexity of the COVID-19 pandemic. On the one hand, the use of social media and technology have helped to keep people informed and safe. On the other hand, people are exposed to a huge amount of COVID-19 information, not all of which is reliable and often contradictory. The overabundance of information - or so-called “infodemic” - makes it hard for people to find trustworthy sources and reliable guidance when they need it. Tips to navigate the infodemic and decide who and what to trust are available at the WHO website Let’s flatten the infodemic curve.

There are a number of reliable sources to find information about COVID-19:

- The ILO website for technical guidelines on occupational safety and health and COVID-19, and the websites of countries’ responses to the pandemic in the world of work;

- The WHO website for technical guidelines, advice to the public, general “Questions and Answers”, and other information;

- National government websites, including those of the respective Ministry of Health (or Public Health), Ministry of Labour or Manpower, and special agencies appointed to organize a country response to the COVID-19 pandemic;

- Local public health authorities or other reliable partners (local health services, primary health care centres, local hospitals);

- Occupational health services.

Accurate and updated information is key to prevention and one of the building blocks of effective communication. Like many safety and health risks, the prevention of COVID-19 at the workplace requires not only an enabling environment (i.e., the availability of resources and organizational measures, etc.) but also a behavioural change on the part of individuals.
Behavioural change can be a challenging process, especially when the behaviour is reinforced by long-standing social and cultural norms. The COVID-19 pandemic has borne this out, as it has imposed new restrictions on social life, such as social distancing, limited gatherings and mask wearing.

In the context of workplace risk prevention, communication aims at providing informing about the existing hazards - such as the likelihood of exposure to the virus at work, the consequences of such exposure, and the measures that have been introduced to alleviate the risks. It also seeks to modify the individual perception of risk and increase a person’s ability to face it and comply with the measures in place, as these are key elements that will impact on individual safety and health behaviour.

Control measures resulting from Steps 4 and 5 should be accompanied by clear messages to create awareness, and to allow different audiences to comply with the procedures in place.

Communication can take many forms - such as word of mouth, news and stories, posters, brochures, fliers and outreach to target groups. It can be imparted through many channels, including face-to-face activities, social media, radio, television or the press. The selection of both the message and the channel are contingent upon the characteristics of the audience and the resources available.

Planning for communication requires identifying the following elements:

| Message: What do we want to communicate? | Audience: To whom do we want to communicate the message? | Channel: How do we want to communicate? | Resources: What do we need to distribute the message? |
Step 1 offers useful information on ways to increase communication to support the prevention plan. Here is an example of how this information can be consolidated:

<table>
<thead>
<tr>
<th>Message</th>
<th>Audience</th>
<th>Channel</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid shaking hands</td>
<td>Vendors</td>
<td>Posters</td>
<td>The entrance of markets and stalls. Distribution of images through the WhatsApp group of street vendors.</td>
</tr>
<tr>
<td></td>
<td>Providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain a physical distance</td>
<td>Vendors</td>
<td>“Word of mouth” from leaders and peers</td>
<td>Audio messages for distribution through Whatsapp. Internal communication system (radio, speakers).</td>
</tr>
<tr>
<td>Maintain a physical distance</td>
<td>Clients</td>
<td>Visual prompts</td>
<td>Red lines on the ground indicating where to stand in front of stalls (at the market and on the street). Posters in the market. Posters shops and public offices in areas with high concentration of street vending activities.</td>
</tr>
</tbody>
</table>

**Imagery shop**

When selecting images and words for the message to be conveyed, it is vital to take into account both the local context and form of distribution. For example, is the image going to be sent via a phone message or printed as a poster?

This section includes a series of images that might be used for promoting a certain message. Although they do not claim to be universal, they take into account the most frequently used symbols used to communicate information on COVID-19 related measures.

These images may be used as needed, or appropriated and adapted to your context.
1. Wash hands with soap and water for at least 20 seconds.
2. Lather hands.
3. Scrub hands for at least 20 seconds.
4. Rinse hands with clean water.
5. Dry hands with a clean towel.
6. Consider using hand sanitizer if soap and water are not available.
7. Scrub between fingers.
8. Scrub under nails.
9. Scrub back of hands.
10. Scrub fingers.
11. Scrub knuckles.
12. Scrub thumbs.
Labour Administration, Labour Inspection and Occupational Safety and Health Branch (LABADMIN/OSH)
Governance and Tripartism Department
T: +41 (0) 22 799 6715
E: labadmin-osh@ilo.org

Inclusive Labour Markets, Labour Relations and Working Conditions Branch (INWORK)
Conditions of Work and Equality Department
T: +41 22 799 6754
E: inwork@ilo.org

International Labour Office
Route des Morillons, 4
1211 Geneva 22
Switzerland