

Occupational Health & Safety for Informal Workers in Ghana

A case study of market and street traders in Accra

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Abstract

Globalisation has facilitated a rapid increase in informal employment, and has been associated with “the generation of employment that is often flexible, precarious and insecure” (Lund and Nicholson, 2003: 13). Africa has been no exception, with 75% of the non-agricultural workforce now working informally (ILO, 2002). Many informal jobs are not only “flexible, precarious and insecure,” but are also hazardous and take place in settings which are both unhealthy and unsafe. Such work environments can include waste dumps, informal market areas, roadsides and poorly serviced homes, all of which can expose the workers who work in them to environmental disease, traffic accidents, fire hazards, crime and assault, weather related discomfort, and musculo-skeletal injuries.

Due to the unconventional nature and location of their work, informal workers in many African countries are not protected by the institutions that officially govern occupational health and safety (OHS). These institutions have been designed to protect formal workers in formal work environments such as mines, offices and shops, and so have no bearing on the working conditions of most informal workers. Despite the abundance of health and safety risks in the large and growing informal economy, as well as the institutional mismatch highlighted above, little attention has been given to the subject of OHS in the literature on risk and social protection. Although there is a wealth of information on both informal and formal health protection mechanisms in Africa (such as *mutuelles*, and the new national health insurance schemes in Ghana and Rwanda), the focus tends to be on protection that is curative rather than preventive in nature. While such curative protection is of course hugely important, this paper argues that it is equally important to think, within the social protection paradigm, about institutions and mechanisms which work to *prevent* illness and injury from occurring. This is particularly so when it comes to the workplace because this is where most adults spend a significant proportion of their time.

With this context in mind, the research conducted during this study aimed to determine what mechanisms and institutions, in the absence of relevant OHS institutions, exist to protect urban market and street traders in Ghana from unhealthy or unsafe working conditions. Participatory

focus group methods were used to discuss risks and hazards faced at work with five groups of market and street traders from various centres in Accra. The discussions also focused on the traders' interactions with state institutions, as well as a number of other institutions which have a bearing on their work environment – such as subcontracted private waste management and water companies. This data was supplemented by a series of interviews with key informants in various departments of the Accra Metropolitan Assembly (AMA) as well as representatives from relevant national government departments.

Market and street traders were exposed to a number of health and safety hazards – with fire, and diseases related to poor environmental health ranking prominently. It was also discovered that it is at the level of local government where the institutions exist which are most likely to be able to provide protection against these risks. However, despite the potential of these institutions to provide preventive social health protection to traders, it was found that they have been largely unable to fulfil this role. The reasons for this are complex, but it is at the institutional level where some of the greatest problems lie and, conversely, where the greatest scope for positive intervention exists.

This paper identifies some of the major institutional obstacles which currently limit the ability of Accra's local government to institute effective health and safety mechanisms in markets and other trading areas in Accra. The findings presented here form part of a larger three year study of occupational health and safety and informal workers in Ghana, which is currently in its second year. They therefore form part of a work in progress. The paper thus makes only tentative suggestions about possible ways forward in terms of interventions to address the current situation.

Introduction

Globalisation has facilitated a rapid increase in informal employment, and has been associated with “the generation of employment that is often flexible, precarious and insecure” (Lund and Nicholson, 2003: 13). Current estimates show that informal employment comprises one half to three-quarters of non-agricultural employment in developing countries: 48 per cent in North Africa; 51 per cent in Latin America; 65 per cent in Asia, and 72 percent in sub-Saharan Africa (Chen, 2002). With the exclusion of South Africa, the share of informal employment in non-agriculture employment in sub-Saharan Africa rises to 78 per cent (Chen, 2002), making this region the leader in the growing global trend towards the informalisation of labour.

Many informal jobs are not only “flexible, precarious and insecure,” but are also hazardous and take place in settings which are both unhealthy and unsafe. Such work environments can include waste dumps, informal market areas, roadsides and homes, all of which can expose the workers who work in them to environmental disease, traffic accidents, fire hazards, crime and assault, weather related discomfort, and musculo-skeletal injuries. Despite the clear risks involved in informal work, due to its unconventional nature and location, informal workers in most African countries are not protected by the institutions that officially govern occupational health and safety (OHS). Conventional OHS institutions have been designed to protect formal workers in formal work environments such as mines, factories, offices and shops, and so have no bearing on the working conditions of those who work in more unconventional settings. Part of the reason for this is that these institutions often take on narrowly focussed, inflexible forms that are based on industrialised country models (Nuwayhid, 2004; Lund and Marriot, 2005). As a result, they bear little meaningful relation to the “complex, category-crossing” processes that characterise work in most African countries (Cooper, 1996: 5).

Despite the abundance of health and safety risks in the large and growing informal economy, as well as the institutional mismatch highlighted above, little attention has been paid to the subject of OHS in the literature on risk and social protection. Although there is a wealth of information on both informal and formal health protection mechanisms in Africa (such as *mutuelles*, and the new national health insurance schemes in Ghana and Rwanda), the focus tends to be on

protection that is curative rather than preventive in nature. While such curative protection is of course important, it is equally important to think about, within the social protection paradigm, institutions and mechanisms which work to *prevent* illness and injury from occurring. This is particularly so when it comes to the workplace because this is where most adults spend a significant proportion of their daily lives.

In order to do so, however, more research in the area of OHS and informal workers is needed. Technical research from within the OHS discipline itself has been conducted in a number of small scale evaluations of workers in the informal economy (see for example, Mock *et al.*, 2005). However these small scale surveys do not address two of the most important information gaps in this area: 1) the lack of large scale reliable data, at both national and international level, on work related injury and ill health in the informal economy, and 2) the lack of research into and analysis of the institutional challenges involved in extending effective and well regulated OHS services to informal workers (Lund and Marriott, 2005).

In order to work towards addressing these gaps in information, the global research and advocacy network, Women in Informal Employment, Globalising and Organising (WIEGO) has begun a three year, six country study on OHS and informal workers. The project is being undertaken in Ghana (Accra), Tanzania (Dar es Salaam), Brazil (Salvador), India (Ahmedabad and Pune), and Cambodia (Phnom Penh), and Peru (Lima).

This paper will discuss the results of the first round of research conducted in Accra, Ghana. The aim of this research was firstly to determine the key health and safety risks faced by one sector of informal workers – market and street traders – in an urban setting, and secondly to better understand and analyse the institutional context of OHS in Ghana from the perspective of the informal economy.

The following section will provide contextual information on the shape and size of the informal economy in Ghana, as well as on formal and informal social protection mechanisms available to informal workers. A brief section on research methods will follow, which will in turn be followed by a discussion of the results of this preliminary research. The paper will identify some

of the major institutional obstacles which currently limit the ability of Accra's local government to institute effective health and safety mechanisms in markets and other trading areas in Accra, and will then make some tentative suggestions about interventions to address the current situation.

The Context: The Informal Economy and Social Protection in Ghana

Ghana is classed as a low income country by the World Bank, with 2007 GNI per capita standing at US\$590 (World Development Report, 2009). The incidence of poverty was estimated to be 45% at the \$1 a day mark in 1998/1999 (World Health Organisation, 2008). However, the principle trend throughout the 1990s has indicated an overall improvement in poverty levels. The 2005/6 5th round of the Ghana Living Standards Survey (GLSS5) reported that the proportion of Ghanaians described as 'poor' had fallen from 39.5% in 1998/99 to 28.5% in 2005/6 and the proportion of people described as 'very poor' decreased from 26.8% to 18.2% between those same years.

The country has a population of 23 million, and is undergoing a steady process of urbanisation (World Development Report, 2009). The urban population increased from 31% of the total population in 1981 to 49% in 2007 (African Development Indicators, 2007). This number is predicted to rise to 55.1% by 2015 (World Development Report, 2009). Over one-third of Ghanaians now live in the two most urbanised regions: Ashanti (19.1%) and Greater Accra (15.4%) (Gyapong *et al.*, 2007).

Levels of formal employment are very low, with only 8.7% of the total labour force formally employed (Heintz, 2005). Correspondingly, informal employment makes up 91.3% of total employment, with 53.9% of the total labour force working in the informal agricultural sector and 37.4% working in the non-agricultural informal sector (Heintz, 2005). In the non-agricultural sector, self-employment, including own-account¹ work, makes up a higher percentage of total female informal employment (37.5%, of which own account workers make up 35.9%), than male informal

¹ According to the 15th International Conference of Labour Statisticians, own account workers are defined as "those workers who, working on their own account or with one or more partners, hold the type of job defined as 'self employment job' and have not engaged on a continuous basis any 'employees' to work for them during the reference period."

employment (15.8%, of which own account workers make up 14.1%) (Heintz, 2005). This type of employment also makes up the largest share of female employment, which is consistent with the fact that informal market trading is largely a female profession in Ghana.

Table 1: Percent of total employment in selected employment statuses by sex 1998/9. Employed Population, 15 years and older.

	Women	Men	Total
Formal employment, non-agricultural			
Formal private wage employees	0.2	0.6	0.8
Formal public wage employees	1.1	3.0	4.1
Formal, self-employed	1.9	1.7	3.6
Formal employment, agricultural			
Formal wage employees	<0.1*	0.2	0.2
Informal employment, non-agricultural			
Informal self-employed	20.0	7.4	27.4
...of which: own account workers	19.2	6.6	25.8
Informal wage workers	2.2	5.9	8.1
...of which: informal public wage workers	0.7	1.8	2.5
Unpaid family workers	1.3	0.6	1.9
Informal employment, agricultural			
Self-employed	16.3	22.2	38.5
Informal wage workers	0.2	1.0	1.2
Unpaid farm workers	10.0	3.8	13.8
Other (unclassified)	0.1	0.3	0.4
TOTAL	53.3%	46.7%	100%

**not significantly different from zero*

Source: Heintz, J. 2005. 'Employment, Poverty, and Gender in Ghana'. PERI Working Paper Series No. 92. Amherst: University of Massachusetts.

It is commonly acknowledged that informal work carries with it a high level of risk – and informal work in Ghana is no exception to this rule. Despite this fact, and despite the fact that

informal work so clearly dominates the labour force, informal workers have more often than not been ignored in the design of national social protection schemes in Ghana (Atim *et al.*, 2009). The major Ghanaian retirement insurance body, the Social Security and National Insurance Trust (SSNIT), was for many years accessible only to formal workers and work medicare schemes in the formal sector tended to be the only large scale health insurance available. Informal workers have therefore had to rely solely on informal social protection mechanisms such as *susu* collection (informal small scale savings schemes) and market trader association networks.

Nevertheless, this situation has recently started to change in Ghana. In 2008 SSNIT introduced a savings and retirement scheme for informal workers, and a new National Health Insurance Scheme (NHIS) was introduced in 2003. As with the SSNIT scheme, the Ghana NHIS has been designed specifically to incorporate informal workers. This has been achieved by fusing a network of voluntary community based health insurance schemes with a centralised authority and source of funds (as in the social health insurance model) to both ensure the inclusion of informal workers, and to facilitate nationwide coverage and guarantee the financial sustainability of the community based schemes.²

Although the NHIS represents a major step forward in acknowledging the health needs of informal workers in Ghana in terms of access to curative care, much less time or attention has been given to the preventive health needs of informal workers in the design of social protection schemes or in national policy. This is perhaps unsurprising considering the lack of data on work related ill-health and injuries in the country. Although some official government data on formal sector work related injuries exists, it is clear that this data is unreliable and unrepresentative even of formal workers. For informal workers, there is simply no national data whatsoever.

Nevertheless some data on occupational injuries and disease in Ghana is available from research studies which have been conducted privately, although few of these appear to have focused explicitly or exclusively on informal workers. One of the largest of these studies was conducted by Mock *et al.*, (2005), who carried out a household survey of occupational injuries amongst 21,

² For more details on the NHIS and informal workers, refer to Alfars, L.2009. WIEGO Social Protection Case Study: The Ghana National Health Insurance Scheme. Available to download at: http://www.wiego.org/program_areas/social_protect/index.php

105 individuals in both urban and rural areas of Ghana. This showed that occupational injuries had greater fatality rates than non-occupational injuries, and also led to a much longer disability period and time off work. Furthermore, the mean expense for treatment of occupational injuries was found to be \$35 in urban areas and \$14 in rural areas, which is high considering that the average Ghanaian earns less than GH¢1.10 (\$0.8) a day (Ghana LSS5).

It is clear from the results of the above study that occupational injuries can cause major financial problems for many poorer workers – not only do they lead to more days off, but they cost more to treat. Unfortunately, no similar large scale study on occupational ill-health in Ghana could be found. However, two studies on women’s health in Ghana suggest that occupational factors play a large role in female ill health. Avotri and Walters’s (1999) study in the Volta region suggested that a significant number of women suffer from psycho-social health problems described by the study participants as “thinking too much” or “worrying too much.” The source of much of this worry appears to be their working roles. Heavy workloads and financial insecurity were found to contribute to the women’s anxiety, which in turn was linked to the tiredness, lack of sleep and bodily aches and pain that many of them experienced as chronic health difficulties (Avotri and Walters, 1999). These findings are confirmed by the Women’s Health Study of Accra conducted by Hill *et al.*, (2007). The study found ‘pain’ to be prevalent amongst women reporting at hospital outpatient departments. Various types of frequently reported pain included joint pain, chronic back pain, muscle pain and stiff joints. The authors attribute the high incidence of pain to heavy workloads, suggesting once again that occupational factors play a significant role in women’s ill-health.

Although none of the above studies focused explicitly on informal workers, the fact that over 90% of Ghana’s workers work informally means that a large proportion of the general population surveyed were likely to be informal workers. With this context in mind, the current study sought to a) find out more about the types of occupational ill-health and injuries experienced by one large occupational group within the informal economy in Ghana – that of market and street traders, and b) consider what existing institutions, if any, could help to address the OHS needs of these workers.

Research Methods

Participatory qualitative research methods were used over a two month period in late 2009 in Accra and Takoradi. Six focus group discussions were held with traders from various markets in these cities. Focus group participants included representatives from Makola Market, the Pedestrian Shopping Mall, and Zongo Junction, all in Accra, and Takoradi Market. The trader associations from these four markets make up a federation known as the StreetNet Ghana Alliance (SGA), an affiliate of the Ghana Trades Union Congress (GTUC). The GTUC and SGA helped with access to the individual trader associations.

Thirty-seven traders were interviewed during the research. The participants included market traders, street traders, and traders who move between the market and the street so as to take advantage of passing trade. In Accra the participants came from Makola Market in central Accra, the Pedestrian Shopping Mall located at Kwame Nkrumah Circle also in central Accra, and Zongo Junction – a trading site located between a railway junction and a major road in Madina, on the north-eastern fringes of the city. The participants from Takoradi came from the central market in Takoradi, which is the largest city in Ghana's Western Region.

Just over half (twenty) of the participants were women. Female traders occupied a variety of different sectors within the economies of each market. These included: textiles wholesaling; trading in textiles; shoe selling; general garment trading (textiles, clothes and shoes); selling of meat, fish and Kenkey (fermented maize or cassava cooked in a corn husk or plantain leaves); as well as linen and household goods trading. The male participants were involved in the selling of shoes; second hand men's clothing; jewellery; and electrical appliances.

Male traders who were involved in the selling of second hand men's clothes, jewellery and electrical appliances were amongst the highest earners across all groups. However, the wholesaling of textiles has historically been one of the most lucrative sectors of the Ghanaian informal economy (Robertson, 1983), and this continues today – the female textiles wholesalers were significantly better off than a number of the male participants. This was particularly so in the case of the male shoe sellers from Zongo Junction, who as street traders have been unable to

access market stalls in the nearby Madina Market. Nevertheless, it was female traders who were also the poorest participants – the food sellers and those who traded in basic household goods such as dishcloths, towels and napkins earned noticeably less than the other participants.

Four out of the six focus groups were held in the markets themselves – two in traders’ stalls, and two in market offices. The first two focus groups were held in the GTUC meeting room in central Accra. During these initial discussions it was discovered that female traders were less likely than men to travel to attend the sessions and, as a consequence, both these early groups were dominated by men. In an attempt to include more women, the decision was taken to hold the groups in the markets, making it easier for women to attend.

This decision turned out to be an important one. Not only did more women attend, but it allowed the traders to lead the researchers around the market after the discussion and point out the health and safety hazards brought up during the session. This was an extremely useful information gathering technique - in some instances participants were more willing to show problems to the researchers than to talk about them in any detail, and in this way the team gathered a significant amount of additional data.

Two key techniques that were used during the focus group discussions were ‘hazard cards’ and the ‘health checklist.’ ‘Hazard cards’ are flashcards onto which pictures and words describing common health and safety hazards in trading areas are pasted. These cards were laid out and participants were asked if there were any flashcards they would like to add to the collection. Once any extra cards were added, participants were then asked to rank the cards according to the magnitude of the problem caused by each of the hazards. The aim of this technique was to stimulate free flowing discussion – the final ranking of the cards being less important than the information obtained during the often heated debates that arose through the process of ranking.

The ‘health checklist’ was developed as a method to draw out information on the workplace related physical ailments of the participants. It became apparent early on in the research process that the traders, particularly in a group setting, were hesitant to talk about matters they considered too personal, particularly those related to their bodies. The health checklist enabled a

more impersonal way of talking about the bodily experiences of ill-health and injury. The concept of a workplace health checklist was explained to the participants, who were then asked to create such a checklist, the difference being that it would represent the common diseases and injuries of informal market and street traders, rather than formal factory and office workers. This simple technique allowed the participants to talk about the physical problems they experienced in a more indirect way – the focus was shifted from their individual bodies and individual experiences of ill health to a general discussion of the injuries and ill-health encountered by traders as a group. The less personal orientation resulted in a much more comfortable and open discussion about workplace related injury and ill-health in the markets.

In addition to the participatory focus group research, an institutional mapping and analysis exercise was carried out in order to better understand the position of existing OHS institutions and their potential in terms of reaching informal workers. Institutional mapping is a process through which an inventory and analysis of relevant institutions, key actors, potential strategic partners and important institutional linkages at international, national and local levels is produced. This exercise was also used to identify other institutions outside of those specifically related to OHS, which could have a bearing on the occupational health and safety of informal workers.

Important Health and Safety Risks faced by Market and Street Traders

1. Fire

Market fires are one of the most prominent health and safety hazards faced by traders in Ghana. During the focus groups sessions, the fire risk card was placed at the top or very near the top in every ranking exercise. In May 2009 Ghana's biggest market, Kumasi Central Market, was gutted by a fire which was estimated to have destroyed over 400 market stalls, as well as a significant amount of goods and cash. The Takoradi Market has also suffered a number of devastating fires. The fires are often blamed on food sellers using open flames to cook on, or smoked fish sellers who leave smouldering ashes under their fish overnight. Sometimes electrical faults appear to be the cause.

While some fires start out small, their severity is often exacerbated by a number of factors to do with the infrastructure, planning and design of the market. Many market stalls are constructed from wood, which makes them highly flammable. The Metro Fire Services also complain that access routes to the market are often blocked by the ad hoc placement of stalls and goods, which means that it can take a long time for firemen to reach the fire. Once at the fire, the firemen then have the problem of trying to access water. According to the Accra Metro Fire Services, there are no easily accessible fire hydrants in most of Accra's public markets. They have either been covered up by rubble, stalls and goods, or they have been sealed off by the private water companies who control Accra's water supply. The public markets also lack fire extinguishers, despite the fact that Ghana's National Building Regulations require local government to provide these in all official public markets.

2. Poor sanitation

Problems with sanitation very visibly affect most of the markets. Plastic 'pure water' bags, off cuts from fish and meat, fruit peels, and debris clog many of the drainage gutters which run through the markets. These clogged gutters become a breeding place for disease vectors, and the smell emanating from them can be intolerable. Cloth traders in Makola Market are positioned next to a large and particularly clogged gutter. They complain that

“the gutter is choked with pure water rubbers [small plastic bags which contain purified water] and others. So anytime if we come here and flies from the dirt come here and we eat, we get sick...and we often get malaria...Since January the rubbish in the gutter has not been cleared.”

The smell from the gutter is so bad that prior to the research team's visit to one of the trader's stalls, she claimed that she had had to “*sprinkle Dettol [disinfectant] around my stall to reduce the scent,*” otherwise she feared that the team would not be able to stay long at her stall.

A large part of the sanitation problem relates to the inadequate provision of refuse removal points within the markets. Refuse collection in Ghana works on the central container system whereby large waste containers are placed at central points throughout the city. These waste containers are never actually placed within market areas, and it is the responsibility of traders to move their refuse from within the market to the container. Once the refuse is in the container, it

is removed by private waste removal companies contracted to the local government waste management department.

Because the waste removal points are often a long distance from the trader's stalls, many traders hire young men, known as *kayabola* to carry their waste for them. Officials working within the market claim that the *kayabola* often do not carry the waste all the way to the central container, and instead dump the refuse into more conveniently positioned gutters. It is difficult to ascertain whether this story is true. However, the fact that official refuse removal points are so sparse certainly means that many people, including traders, customers, as well as *kayabola* are far more likely to dispose of their waste in a gutter, rather than carry it to a far less accessible central container.

Another factor that makes sanitation a problem is the lack of cleaning personnel working in the markets, and a lack of adequate cleaning equipment. In Takoradi Market, for example, the local council employs only three sweepers to clean the large market area, and these sweepers do not work on weekends when the market is busiest. In Makola Market, the market Environmental Health Officers (EHOs) complain that they are unable to dredge large clogged gutters in a sustained and effective manner, because the waste management departments do not have the equipment or the human resources to do this. The market women on the other hand feel that it is more a case of inefficiency and lack of concern for the trader's wellbeing on the part of Accra's local government – the Accra Metropolitan Assembly (AMA). Whatever the case may be, the result is that if the market women want the gutters cleared, they generally have to pay for it themselves. According to one of the traders:

“We used to collect monies from the market women to clear the gutter, but now you go to someone to collect money for this purpose, the person will not mind you [pay any attention to you]. We pay taxes to the AMA everyday to maintain our markets, but they do not do it for us, so we are suffering.”

For the street traders at Zongo Junction, the sanitation situation is dire. The trading area is not an official public market, so there are no government cleaners employed to maintain the area. Waste management is the responsibility of one of the private waste management companies contracted

to the local council (the traders were not entirely clear which waste management company this was). However, the traders complain that the employees from this waste management company do not do their job properly – they clear the waste from the gutters, but instead of removing it, dump it by the roadside near where the traders sell their goods. According to the traders this tends to happen on days when the market is busiest, and they claim that the environmental pollution and smell emanating from the dumped waste drives their customers away.

“One thing that is particularly important to me is the bad air we breathe around here. This bad air affects our money too. Our market days are Wednesday and Saturday. They [the waste management company employees] don’t come on ordinary days, they come on those days. They will wait until when our marketing activity is going to be brisk, then they will remove the rubbish from the gutters and place it right by us.”

The Zongo Junction traders also worry about the effect of this dirty environment on their children, who spend a lot of time in the market after school.

“When our children come back from school they stay with us in the market until we close in the evening, so they are also affected...The untidy environment can be managed by older people like us, but when our children return from school they play on the ground and eat near it and this can cause them to be sick. There is malaria and cholera to worry about.”

According to the traders, the waste management company employees will only move the dumped refuse from the trading area if the traders pay them extra money to do so [GHc8 (\$6) in one example the traders gave]. In this way the waste management company employees are able to supplement their salaries, with the traders bearing the cost. According to one trader:

“If you go where we sell, there is someone who has been employed by [a well-known waste management company], who has been sweeping our place. After sweeping he puts it in a sack and places it close to us. Then he comes for extra money so that he can clear the rubbish. If I show you the rubbish that has been heaped under the table I sell from, a Kia truck couldn’t contain it. They [the waste management company employees] do it for extra money.”

Sanitation problems in markets are also exacerbated by the lack of accessible running water, as well as inadequate toilet facilities. Many of the traders complain that the public toilets located in or near markets are unusable. As a consequence they are forced to pay to use private toilets, which even then, are often unsanitary. Lack of freely accessible running water makes this situation even worse – traders have to pay to access water tanks from which they can collect water, or they have to buy ‘pure water’ bags from vendors. All the traders interviewed complained that they suffered from almost constant diarrhoea which they blamed on the unhealthy condition of the market, its toilets, and on the food prepared in this unsanitary environment.

3. Insecurity of people and goods

The lack of adequate lighting in many market areas and the presence of criminal elements decrease the sense of physical security felt by traders in their place of work. In the Takoradi Market, fire has destroyed much of the electrical infrastructure of the market, which means that there is no power and no light for the traders. The female traders from Takoradi said that the lack of light was a problem for them because it made them feel unsafe in the market before sunrise or after sunset.

A lack of safe and sufficient storage facilities can also mean that the safety of trader’s wares are also threatened. In the Pedestrian Shopping Mall for example, the AMA promised that a storage warehouse would be erected near to the market. The warehouse has been built, but the AMA has instead sold it to a private interest, which means the traders are unable to use it. The traders have to store their goods in their stalls at night, and this causes them much worry, particularly because of the presence of criminals in the market. *“We are the most sleepless men in Ghana...with all your stuff stored in the market without security how can you sleep?”*

4. Harassment from local officials

Harassment from local government officials is something that the street traders from Zongo Junction experience on a regular basis. Although many of these traders pay an annual license fee to local government which gives them the right to trade from unofficial market areas, this often does not prevent the destruction of their goods during government ‘decongestion’ exercises –

where ‘hawkers’ and their goods are removed from roadsides. According to the Zongo Junction traders, local officials often do not differentiate between those street traders who have paid their licenses, and those who do not, the result being that the ‘official’ street traders are treated in the same way as ‘hawkers’ and are subject to the same physical harassment from local officials. This physical harassment can range from goods being destroyed, to physical abuse and imprisonment.

5. Physical and Psychological Effects

Throughout the above discussion on the hazards faced by traders, a variety of physical effects of unhealthy and unsafe work environments have emerged. Box 1 on the following page details some of the most prominent physical effects of the traders’ work. They include diseases related to poor sanitation, such as malaria and diarrhoea, musculo-skeletal pain, dehydration, and headaches. Interesting to note is the way in which certain physical conditions are described in a uniquely local manner. For example, lower back pain is known as “waist pain,” dehydration is referred to as “reduced water,” and stress related mental problems are often referred to as “disorganised mind.”

It is also important to note that working conditions do not only have a physical effect on the traders, there are psychological repercussions too. Stress and worry, known in Ghana as ‘thinking too much,’ are major concerns for many traders who face a constant struggle to survive in a context where the bureaucracy is often unsupportive, where credit is difficult and expensive to access, where basic essential services must all be paid for in addition to high tolls and taxes already paid, and where the economic environment is generally poor. As one market woman from Makola Market put it:

“Yes, now, when I walk I become dizzy, because you have to come to the market and you have bought goods on credit from someone to sell...they will come for their money at the end of the day. Maybe you carry some things around to sell and nobody patronized. You pay for lorry fare, you pay for the ticket [market tax], and there are children at home who must eat. In Accra here, nothing is for free – even when you want to visit the urinary it is GHp10. If you happen to have an upset stomach and you want to visit the toilet, you pay GHp20, and if you go five times it is GHc1! Your lorry fare, feeding, and almost everything...all these cause us to worry a lot.”

Box 1: Results of Health Checklist exercise³

Health Checklist for Traders

- a. 'Reduced water in the system' (dehydration from sitting in the sun)
- b. Headaches (from car fumes, dust, heat and thinking too much)
- c. 'Waist pain' (lower back pain resulting from sitting for long periods during the day and carrying heavy loads)
- d. Back pain (upper back pain)
- e. Neck pain (from bending over goods to clean them and/or sort them)
- f. 'Disorganised mind' (depression/stress)
- g. Diarrhoea (from eating food prepared in market areas where there is poor sanitation)
- h. Vomiting (from food poisoning)
- i. High blood pressure and heart palpitations (from 'thinking too much')
- j. Malaria (mosquitoes breed in the stacked sacks of rubbish, the blocked gutters and stagnant puddles)
- k. Fever and dizziness (from too much heat)
- l. Vaginal infections (from dirty toilets)
- m. Skin and nail infections on hands (from handling second hand shoes which may have been worn by people with 'foot rot')
- n. Sore ribs and chest (from shouting for long periods in order to sell wares)
- o. Neck and upper back pain (from carrying heavy loads)
- p. Arm pain (from carrying head loads – this was a particular problem for the fish seller who often carried a head load of fish out into the street to sell)
- q. Blurry vision (from working with fire)
- r. Breathing problems (from working with fire)
- s. Knee problems (from having to sit and stand often during the course of the day)

The resulting checklist is a combination of the checklists from both of these groups.

Addressing health and safety risks for informal traders: The institutional context

The institutional analysis carried out in Ghana revealed that official OHS institutions, which operate largely at national level, are limited in scope and are also severely under resourced. Although Ghana's latest labour legislation – the Labour Act of 2003 – includes some groups of informal workers⁴ (although not all) in its Occupational Health and Safety clauses, it is clear that national OHS institutions, as they exist at present can do little in terms of implementing these commitments.

The Department of Factories Inspectorate (DFI) is the lead OHS agency in the country, and still operates under the outdated Factories, Offices and Shops Act of 1970 which limits its mandate to covering workers in those workplaces. The DFI also has limited financial and human resource capacity. It has offices in only 5 of the 10 regions of Ghana which means that each office has to cover approximately 2 regions. In 2003 there were only 25 technical staff to serve the whole country, with 10 staff members serving Accra alone. Inspectors are limited in their ability to inspect work premises by a lack of transport – the DFI owned only 3 vehicles in 2003 (Tettey, 2003). The entire Department has only one fax machine and one computer – both of which are located in Accra.

Under the current circumstances it is clear that the DFI would largely be unable to incorporate informal workers into its mandate without major changes in legislation and resourcing. While advocates in Ghana have been working towards a change in legislation, a lack of political will on the part of the government appears to be a major stumbling block. This is not to say that OHS for informal workers in Ghana is not institutionally possible, however. The results of both the institutional mapping exercise and the focus group discussions clearly show that there are institutions at the level of local government which have the mandate and ability to improve the working conditions of informal market and street traders. These include:

⁴ The Labour Act of 2003 includes protections for temporary and casual labour, and is meant to apply to all workers and all employers in Ghana irrespective of their status as formal/informal workers. However, piece workers, part-time workers, sharecroppers, apprentices, and people who work less than an average of 24 hours a week are explicitly excluded from the protections of the Act.

- public and environmental health departments which are responsible for sanitation and cleanliness in markets and at roadsides
- waste management departments which are responsible for waste removal in conjunction with subcontracted waste removal companies
- metro fire services which provide fire fighting services, fire safety education workshops to market traders, and carry out fire inspections of the markets before closing to ensure that no open flames are left burning
- security departments which provide security personnel to official markets
- works departments which are responsible for the maintenance of local government owned infrastructure, such as markets and public toilets, and for the provision of appropriate fire safety equipment such as fire extinguishers in the markets.
- planning departments which are tasked with monitoring, managing and determining policy towards land use and all physical developments – they control construction work, drainage and sanitation, the provision of electricity and lighting and have the power to remove or “force the abatement of obstructions and nuisance” in public areas.

Yet it was clear from the focus group discussions that these institutions are not being effective in maintaining an acceptable work environment for many traders – sanitation and waste removal in markets and roadsides is poor, infrastructure in the markets is insufficient and/or inappropriate, fire fighting equipment is unavailable, there is a general lack of security in many market areas, and licensed street traders are subject to physical harassment from local government officials. While some of this may certainly have to do with a general lack of resources in local government departments, there are additional institutional problems which exacerbate the situation.

1. Lack of horizontal coordination between local government departments

As noted above, several local government departments in Accra have jurisdiction over various elements of health and safety in the markets and on roadsides, including Public and Environmental Health, Fire Services, Security Services, the Works Department, and the Waste Management Department. Yet interviews with key officials revealed that the level of horizontal co-ordination and information sharing between these departments is fairly low. The Fire Services, for example, knew that they were not responsible for the provision of fire extinguishers

in the markets, but were unable to say which department was in fact responsible for this. This lack of coordination prevents the AMA from performing a more integrated health and safety function.

2. Problematic vertical alignments between local government and national government

A problem with the vertical alignment of local government departments with national government departments is also evident. This is particularly so in terms of the AMA's Public and Environmental Health Department, which has been removed from the Ministry of Health (MoH) and placed under the Ministry of Local Government. The result has been the marginalization of EHOs, who cannot access the training, equipment and services that other health professionals have access to under the jurisdiction of the MoH. According to one EHO working for the AMA, the AMA EHOs have not attended an environmental health training workshop in over 3 years. These types of workshops are provided by the MoH for their staff, but because the EHOs are now employed by a ministry which does not offer this type of training, they are unable to access this resource. Another problem is that EHOs are generally trained at the various Schools of Hygiene in Ghana. The Schools fall under the jurisdiction of the MoH. Due to the fact that the MoH does not ultimately employ the graduates of these Schools (who go on to be employed by the Ministry of Local Government), it has tended to focus its energy and resources elsewhere. As a consequence the Schools of Hygiene have been neglected in terms of resources and improved and updated curricula.

Other problems exist with regard to the relationship between the Ministry of Local Government and local government public and environmental health departments. The most significant of these is the lack of policy guidelines for the national Environmental Sanitation Policy, and the lack of environmental sanitation bye-laws. The Environmental Sanitation Policy of 1999 was revised in 2008, but no guidelines have been produced for the implementation of the policy. This has meant that local governments have been unable to apply it. Perhaps of even greater concern is the lack of environmental sanitation bye-laws. Although the Ministry of Local Government and Rural Development produced a template set of environmental sanitation bye-laws in 2003 which were distributed to local governments to be adapted according to local circumstance, this has still not been done by most assemblies (interview, Ministry of Local Government). Even the

AMA, which is probably the most established local government in the country, has not developed a specific or comprehensive set of environmental sanitation bye-laws, although provision for environmental health is at least made in the existing bye-laws of 1995. However, the fact remains that many other less established local governments in Ghana simply do not have bye-laws governing environmental health. This means that many EHOs are operating without clear guidelines on what they are meant to be regulating and enforcing.

3. Lack of institutionalised communication between local government and traders

In Accra, there are no easily accessible, institutionalised platforms for establishing constructive communication between traders and local government. As a consequence of this communication is poor, and this has contributed to the development of an antagonistic relationship between the two groups. On the one hand the traders view local government as a largely oppressive and unresponsive institution. On the other hand local government officials view traders either as nuisances or as a hostile section of the public intent on ‘sabotaging’ the image of local government. This feeling has certainly contributed to the level of harassment faced by street traders. There appears to be little idea that working in cooperation with one another may lead to gains for both sides.

In terms of OHS specifically, a lack of adequate consultation with traders has resulted in inappropriate health and safety rules and regulations which have actually served to increase workplace hazards for traders. For instance, during the construction of the Pedestrian Shopping Mall in downtown Accra, the AMA decided that electricity would not be provided to the traders in their individual stalls, the rationale being that electricity in wooden stalls would pose a fire hazard. The traders were not consulted on this on this decision, and they complained bitterly about it during the focus group discussions. They argue that the lack of power increases the risk of crime, and makes them feel personally insecure when it gets dark. *“We have no light here – there is no power. Just imagine, you leave your goods here at night and there is no light. Everywhere there is darkness there is crime.”* Moreover, several traders are now reportedly illegally tapping into power sources – something which is likely to increase rather than decrease the risk of fire in the marketplace.

4. Poor dissemination of public information

Information such as laws, policies, regulations and bye-laws which should be available in the public domain and accessible to traders is often extremely difficult to obtain. Poor dissemination of information has real implications for the trader associations in their attempts to advocate for improved working conditions. It became clear during the focus group discussions that most of the trader associations had little idea about what regulations governed their places of work, and what their rights were in relation to local and national government. Moreover, the trader associations were not well informed about the structure and functions of local government itself. The traders tended to view the AMA as an uncooperative and monolithic entity, when in fact it is made up of many different departments and divisions, some of which may be more responsive to the traders' needs than others.

Without this information there is little chance for the associations to launch well-informed, well targeted and sustained advocacy programmes. The Makola Market Traders, for example, have been trying to lobby the Metro Fire Services to provide fire extinguishers in the market, which is owned by the AMA. Their campaign has so far been unsuccessful, and the women have blamed this on the unresponsiveness of local government. However, on closer examination it became clear that the Makola traders had run their campaign without access to two vital pieces of information: 1) That the AMA is *by law* required to provide fire extinguishers in all its public buildings under the National Building Regulations, and 2) That it is the responsibility of the Metro Works Department to provide these fire extinguishers, not the Metro Fire Department. Having had no access to this information, the Makola traders were unable to insist on what is their right by law to the fire extinguishers, and neither were they able to target their campaign effectively – concentrating their advocacy on the Metro Fire Department, instead of the Works Department. While having this information would not necessarily guarantee a positive response, it certainly would have strengthened the market traders' campaign.

5. Insufficient regulation of privatised services

Local government institutions often do not have sufficient regulatory power over subcontracted private firms to ensure that the health and safety of traders is not compromised by the activities

and policies of such firms. For example, private water companies in Accra have sealed off fire hydrants located in public markets in order to prevent the ‘theft’ of water. The lack of access to fire hydrants in the markets is one of the key reasons why many small market fires turn into much larger and more destructive ones, according to Metro Fire Officers.

Waste removal is another urban service which has been privatised in Accra. Waste Management Departments are in theory required to regulate and monitor the performance of these companies. However, as stated earlier these departments are under resourced and are in practice unable to perform this function effectively. As described earlier, for the street traders at Zongo Junction, the privatisation of waste removal has led to traders having to bear unanticipated costs – with the employees of the waste management company using their position to extract additional resources from the traders.

While the traders have tried to complain about this matter to officials, it seems once again, that lack of information has hampered the process. Firstly, traders were unsure even about which waste management company was in charge of cleansing in their area. Secondly, they appeared to be unaware that their complaints should have been directed at the Waste Management Department, which is legally mandated to discipline the waste management companies. In this case it becomes doubtful as to whether the Waste Management Department is aware of this practice taking place, as it certainly does not have the human resources to monitor the company’s performance at this level.

Conclusion

The research has shown that informal market and street traders in Accra are faced with a number of important occupational health and safety risks, which can have significant physical and psychological impact on the traders. It has also suggested that local government institutions are the key to improving the working conditions of traders, yet the way in which they function at present is preventing them from doing so in an effective manner.

Sustained institutional change is not something that can occur instantly. Rather it is a long term process which involves within it a number of sub-processes, such as better understanding the

history, politics, and micro-functioning of the institutions themselves, engaging stakeholders at different levels, effecting policy dialogues, harnessing political will and so on. In this case, there is no short term solution to the institutional problems inherent in the provision of OHS for informal worker in Ghana – this can only come with sustained effort and time.

Nonetheless, this small study has, through talking in depth with traders, given insights into potential ways forward for catalysing a process of institutional change. It has identified both major health and safety risks faced by traders, as well as some of the major institutional problems in extending OHS to this occupational group. It therefore represents one of the first stages in the process of institutional change – that of understanding what the actual institutional problems are. This information will hopefully be built on with further qualitative and quantitative studies of both health risks and hazards, and the institutional issues involved.

Secondly, the study has identified an area in which direct intervention is currently possible – that of improving the dissemination of information to the trader associations. As a consequence of this findings of this research WIEGO, in conjunction with the Institute for Local Government Studies in Accra, is currently running a series of workshops to equip the traders with necessary information about laws, bye-laws and policies, as well negotiation and advocacy skills so that they may be better able to campaign for better health and safety conditions in their places of work. In terms of institutional change, pressure from below is as important as pressure from above – but without adequate information, pressure from below cannot be effective.

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