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Occupational Health & Safety for Indigenous Caterers in Accra, Ghana

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WIEGO's OHS for Informal Workers research reports seek to expand the knowledge base on occupational health and safety in informal places of work. Main thematic areas include institutional issues in extending OHS services to informal workers, regulation of OHS, as well as data collection on work related health and disease amongst the informal workforce.

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Introduction

"Chop bars" are the informal eating houses, usually run by women, that are common throughout Ghana. In true Ghanaian style, chop bars often have colourful names such as "The No Weapon Chop Bar," "The God is Great Chop Bar," and "Enemies Will Suffer Chop Bar." These establishments exist in both urban and rural areas in or near markets, transport hubs, and roadsides, and they serve traditional Ghanaian fare such as *fufu* (boiled and pounded cassava), *banku* (cooked fermented cassava dough), and *light soup* at low prices. For this reason, chop bars are popular with the Ghanaian public; during busy hours, the more established places in Accra serve up to 70 people at a time.

Photo: M. Chen, Market vendor in Accra, Ghana 2011.

Social research on the informal economy in Ghana has largely focused on one dominant sector—market trading. Very little energy has been directed toward food providers as a separate sector. In some respects, chop bars could be seen as a sub-sector of the larger market trading sector; traders and chop bar owners often share places of work, both are self-employed in micro/small enterprises, and both sell a particular product. However, chop bar owners are producers as well as sellers while most market traders sell but do not produce their wares. With production comes a whole host of additional factors to consider, one of these most certainly being occupational health and safety in the production environment—in this case, the kitchen or cooking area. In terms of occupational health and safety, a number of important hazards arise in chop bars that are not likely to be encountered by market traders. These hazards make it logical to consider indigenous catering as a separate sector.

The research presented here aimed to find out more about the daily functioning of chop bar businesses in order to better understand the sector as a whole. It also sought to discover the major health and safety risks and hazards chop bar owners and their employees face as well as discover the nature of workers' access to health facilities.

Research Methods

Between November 2009 and February 2010, researchers held structured interviews with the owners of 20 chop bars within the Accra metropolitan area. The Indigenous Caterers' Association of Ghana (ICAG) and the Ghana Trades Union Congress (GTUC), which also endorsed the study, assisted researchers to gain initial contact with the owners.

The study's sample group was stratified to include different places of work, such as homes, lorry parks and roadsides, and to include operators from different socio-economic classes. Purposive rather than random, this sampling method allowed the study to gather information on employees, types of risk, and types of interactions with authorities amongst chop bars operators from a range of situations.

The interviews focused on six key topics: the functioning of the business; the employment history of the owners; access to healthcare and membership of the Ghana National Health Insurance Scheme (NHIS); the infrastructure and services available to the chop bars; control of the workspace and interaction with authorities; and the experience of occupational ill-health and injury amongst owners and employees.

These interviews acted as WIEGO's preliminary contact with the participating chop bar owners. The occupational ill-health and injury questions required chop bar owners to self-report their own and their employees' ailments and/or injuries. Though it would have been more methodologically sound to ask employees to report their own experiences, a sense of trust between the researchers and the chop bar owners had not yet been established. The research process may thus have been jeopardized by requesting separate interviews with the employees.

Participant Profiles

Of those people interviewed, eight owned chop bars operating in or near lorry parks (transport hubs), six owned places situated at a roadside, four used their homes from which to operate their businesses, and two cooked their food at home but sold it in a public area.

The research participants were all women, and the majority (17) were between 40 and 60 years of age. Importantly, most were either the sole or the main income earners for their families—13 of the participants declared that their income was the main financial support for their households. The other seven participants declared that their husbands were the main income earners.

Participants were asked to state their highest level of education, and many answered "Form 4." The structure of Ghana's education system has changed several times since independence, so "Form 4" can mean either six or ten years of education. Therefore, the education data collected in this study does not give an actual reflection of years spent at school though it is safe to say that many participants had at least passed primary school. Five respondents had received no formal education.

Research Findings

The following section will elaborate on some of the important themes that emerged from the interviews. These themes include chop bar operators' employment histories, informal enterprises and employment creation, occupational health and safety risks, membership of the Ghana National Health Insurance Scheme, taxation of chop bar businesses, costs to chop bar owners of maintaining safe and healthy work environments, and, finally, interactions between chop bar operators and authorities.

Employment History of Chop Bar Operators

The chop bar operators' employment histories provide important insights into the dynamics of female employment in Accra. Table 1 presents information about each interviewee's history.

Table 1
Employment Histories of the Twenty Interviewees

No.	Age	Reason for starting the business?	Employment history prior to starting business
1.	42	"Someone who had a drinking spot nearby suggested I open a chop bar nearby to boost his business. Initially I started with one pot, but later things became better."	Started work at 13 as a tea and ice water vendor, then moved onto vending toffees, cooked rice and scarves, until the age of 27 when she began her current business. She has been in this business for the last 15 years.
2.	No reply	"I was selling pure water sachets and soft drinks, and then my daughter started at the University of Ghana. I had to widen my business to take care of her, so I converted the place into a chop bar."	This business had been running for 7 years. Prior to opening the chop bar, she had sold pure water and minerals from a stall for 13 years.
3.	40	"My mother used to run this business. She set up the chop bar for us, her five children, to run."	The business had been running for 15 years. She had only ever done this work, and had been introduced to it as a child by her mother.
4.	49	"I started running this business on my own initiative."	She had been running this business for 7 years. Before that she had sold pomade and powder for 2 years.
5.	59	"This business was started by my mother. She became old so we took over."	This business had been running for the last 9 years. Before she had worked as an accountant at PZ Cussons, a formal business, for 4 years.
6.	50	"I was selling *kenkey* (fermented cassava wrapped in plantain leaves), and then I decided to turn the business into a chop bar."	She had running this business for the last 12 years. Before that she had sold *kenkey* for 3 years.
7.	50	"My mother ran a chop bar and I decided it was a career I wanted too."	The business had been running for the last 21 years. She had run it through this period and never done any other kind of work.
8.	41	"My mother-in-law started this business by selling drinks, and later decided to add meals."	The business had been running for the last 10 years. Before that she had worked as a secretary at a formal company for 2 years.
9.	45	"My mother used to run this business and introduced it to us."	The business had been running for 18 years. Before this she had sold tomatoes for 10 years.
10.	70	"My mother used to run this bar, I took over from her."	She had been running the business for the last 20 years. Before that she sold children's clothes for 10 years.
11.	61	"I used to run this business with my mother, then I decided to start my own."	She had been running this business for the last 30 years. She had started working in chop bars at age 16, and had done no other type of work.

12.	56	"My husband deserted me to marry another. I had 3 children to take care of. I started selling food and realised that it would help me take care of my kids, and so later I turned it into a chop bar."	She had been running this business for the last 27 years. Before that she had sold sugar, then soup, and then *Kokonte* (a dish made of dry cassava powder). After being advised by older women that "she was too young to be selling such food" she started to sell porridge and *Koose* (fried black eye beans).
13.	40	"My sister started this business, and I joined her."	The business had been running for the last 20 years. She had never done any other work.
14.	41	"I used to sell wine and drinks, so I thought of adding food."	The business had been running for 8 years. Before that she had sold plastic bags for 5 years.
15.	45	"My aunt used to run a chop bar, and I assisted her. Then I used to sell yam, and later converted it into a chop bar."	The business had been running for 25 years. She had never done any other kind of work.
16.	54	"I started helping a friend who runs a chop bar, and later decided to start my own."	The business had been running for 9 years. She had never done any other type of work.
17.	45	"My aunt used to run this business, so I learnt from her."	This business had been running for 11 years. Before that she had sold tea for 12 years.
18.	53	"I used to live with someone who used to run a chop bar when I was a little girl. This motivated me to start my own."	This business had been running for 27 years. She had never done any other kind of work.
19.	54	"When I finished school, I had wanted to work in a government establishment, but I encountered hindrances. So I started selling food stuffs at Kaneshie station. Later, we were removed by the authorities. I later negotiated for this joint and then I started the chop bar."	The business had been running for 20 years. Before that she had been a seamstress for 8 years, and a seller of food stuffs for 4 years.
20.	46	"I used to sell cooked yam. I later turned it into chop bar. My sisters and aunties also run chop bars."	The business had been running for 14 years. She had sold cooked food her whole life.

The majority of women (12) had started their businesses because a family member, usually a mother, an aunt or a sister, was already established in the sector. The women interviewed had either taken over the business from an ageing mother or aunt, or they had joined an already established sister. The other women appear to have established their chop bars as they moved up the socio-economic ladder—usually from an initial start selling cooked food or drinks.

Interestingly, two of the women had left formal employment in private sector firms to run their chop bars. One had previously worked as a secretary and the other as an accountant. Another woman had tried to enter formal public employment but on encountering barriers to entry had gone into informal food selling.

The participants had maintained their chop bar businesses for a long time; the newest business was seven years old, the oldest 30, and several women had run their businesses for over 20 years. The degree of job stability amongst this group of women was remarkable. A contributing factor to this stability may have been that even with the range of socio-economic classes involved, participants were drawn from the ICAG membership, and they were therefore more likely to have been business owners for a longer time.

Employment Creation

The research revealed that chop bar businesses contribute in an important way to employment creation in Accra. The 20 businesses surveyed together employed 162 workers, which averages to approximately eight employees per business (table 2).

Table 2
Number of Employees per Chop Bar

Socio-economic status of chop bar*	Number of waged employees		Socio-economic status of chop bar	Number of waged employees
Well off	17		Poor	10
Well off	15		Poor	10
Well off	15		Poor	7
Well off	15		Poor	6
Well off	11		Poor	5
Well off	10		Poor	4
Well off	10		Poor	3
Well off	8		Poor	3
Well off	6		Poor	2
			Poor	2
			Very poor	3
TOTAL	**107**		**TOTAL**	**55**
AVERAGE	**12**		**AVERAGE**	**5**

*As perceived by the researcher based on visual inspection of the establishment.

The socio-economic classification of the businesses was based on the researcher's visual assessment of the establishment and was therefore impressionistic. However, the reported number of employees per business does still largely appear to correspond with the socio-economic status assigned to each business. Interestingly, table 2 reveals that "well off" chop bars were not the sole contributors to employment. Even those 11 businesses the research team classed as "poor" or

"very poor" employed a number of waged workers. They created employment for an average of five employees per business compared to an average of approximately 12 employees per "well off" business.

Nineteen of the 20 interviewees identified their employees' occupational tasks. The majority of employees (47) served and dished food and performed front-of-house duties. The next largest employee groups included those workers employed in food preparation (39), washing and cleaning (25), stirring *banku* and *fufu* (13), and *fufu* pounding (15). Those operators who prepared food in their homes also employed staff to act as roaming food vendors in busy public areas—eight employees were tasked with this duty. Some chop bar operators stated their employees had fixed roles in the business while other operators, particularly those who owned the smaller businesses with fewer employees, stated their employees rotated between different tasks.

Many of these workers are *kayayei*, women and girls who have migrated from the north to earn money in the cities of southern Ghana and who form the bottom rung of the socio-economic ladder in places like Accra and Kumasi. A lot of *kayayei* work as headload porters, transporting goods for market traders in and around the markets. Many are also employed as kitchen assistants—pounding *fufu* and preparing various types of food—in chop bars. These women also increasingly find employment in the waste recycling industry.

As is common in such research situations, asking about incomes earned and wages paid is sensitive, and it was difficult to determine the chop bar employees' salaries. However, parallel participatory research conducted by WIEGO with a group of *kayayei* who worked as headload porters in an Accra market revealed that most *kayayei* earn a wage of approximately GH ¢3 (US $2) a day. This corresponds with one chop bar interviewee's voluntary statement that the *kayayei* working for her earned between GH ¢2 (US $1.4) and GH ¢4 (US $2.85) a day.

Kayayei in Accra generally live and work in very difficult conditions. Some may be taken into the homes of their employers, but others have to fend for themselves in cities where they have no familial ties and often do not speak *Twi*, the southern *lingua franca*. Many of the women are unable to find suitable accommodation and are forced to sleep in markets or other outdoor areas. As a result, they are vulnerable to assault and unable to access basic amenities such as running water and toilets.

Because the general public often perceives the *kayayei* as non-people, these women's plight has been largely ignored in Ghana. NGOs and other interested groups have attempted to repatriate the women to their villages in the north, but this strategy has not been successful. More often than not, the women return to the cities to earn money and to gain experience of city life,

something it is difficult for them to do in the largely rural north. Any strategy aiming to assist the *kayayei* needs to take into account the fact that, although their working and living conditions in the city are miserable, many of these women and girls have chosen, for various reasons, to be in the city (Alfers 2009). Considering the large number of *kayayei* employed by chop bars, one clear way to help these women would be to improve working conditions in such businesses.

Health & Safety in Chop Bars

The interviews made clear that running a chop bar is stressful and requires long hours of work. Many of the business owners and their employees start work at 4:30 a.m. and carry on working through the day to 6:30 p.m., making for a 14 hour work day. It is not surprising, then, that many chop bar owners reported that they and their employees suffered from chronic fatigue and ill-health related to overwork and stress. Table 3 and table 4 summarize these health problems and their causes.

Photo: WIEGO, Street vendor in Makola Market, Ghana 2004.

Along with burns from working with fire and hot liquids, chop bar owners reported stress-related concerns as the most prevalent negative health and safety condition they faced. Owners also reported employees faced burns as their most prominent health and safety risk, followed by chronic fatigue and lower back pain. Over half (12) of the chop bar owners interviewed reported that one or more of their workers had suffered from burns as a result of their work. Chop bar employees were also more likely to suffer from injury, including knife cuts and *fufu* pounding accidents, which often affect the hands and fingers.

In terms of variables determining the types of occupational risks both chop bar operators and their employees encountered, the nature of the work appeared more important than the place of work. In other words, the type of production process (the use of fire, working with hot food, chopping and pounding) and the mental and physical stresses of the job factored more strongly in work-related health problems than the place in which the work was carried out (home, roadside, or transport hub). However, it should be noted that one woman had suffered injuries related to the location of her work—she had been run over by a bus while selling her food at a transport hub. Other reported hazards related to the location of work-place included the presence of exposed electrical wires in a transport hub. These wires had caused a fire that had threatened the safety of one interviewee's business.

Table 3
Self-Reported Work-Related Health Problems of Chop Bar Owners

Health Problem	Causes (according to respondents)	Numbers having suffered/ suffering from this
Chronic fatigue	Long working hours—typical day starts at 4:30 a.m.	8
"Waist pains" (lower back pain)	Sitting and standing for long periods of time	7
General bodily aches and pains	Fatigue and stress	7
Burns	From fire used to cook with or from spilling hot soup or water	7
Headaches	Fatigue and stress	5
Injuries	From knife cuts, *fufu* pounding accidents, and traffic accidents for those working in transport hubs	5
Sore legs	From standing for long periods of time	4
Back pains	From carrying heavy loads, bending frequently, and sitting for long periods	3
Menstrual problems	From stress	3
Fever/dizziness	Malaria from working in the early hours and late into the night	3
Eye problems	Blurry vision from working near fire	2
Joint pain	From bending and "too much activity"	2
Bad circulation	From working around fire	1

Table 4
Common Work-Related Health Problems of Chop Bar Employees as Reported by Chop Bar Owners

Health Problem	Causes (according to respondents)	Numbers having suffered/suffering from this
Burns	From working with fire and hot soup	12
"Waist pains" (lower back pain)	From *fufu* pounding	9
Chronic fatigue	Lack of sleep due to long working hours	8
Body pains	Fatigue and stress	7
Injuries	From knife cuts and *fufu* pounding accidents	6
Headaches	Fatigue and stress	5
Fever/dizziness	Malaria from working in the early hours, and late into the night	5
Eye problems	Blurry vision from working near fire	2
Sore fingers and hands	Fungal infections from constant exposure to moisture, and sore hands and fingers from washing bowls	2
Sore legs	From standing and walking for long periods of time	1

The majority of operators (11) reported that young children up to seven years of age were present in their places of work. The children were either owners' grandchildren or employees' young children. Four chop bar operators stated that they refused to employ pregnant women or women who had young children because of the dangers cooking areas posed to children. Four operators reported that children had been involved in incidents that threatened their health and safety. One child had sat in hot mashed pepper and "cried all day long." Another had "dipped her hand into hot food" and had to be taken to hospital for treatment. One child had "been stolen" from a chop bar located in a busy transport hub. She was returned to the mother two months later after an extensive media campaign. Another chop bar operator at a transport hub claimed that employees who brought their children to work were constantly worried about them wandering off into the busy roads nearby. Six of the operators who did have children present at the chop bars had explicit rules against them being allowed near the cooking areas.

Only three of the operators had a comprehensive first aid kit in their kitchens. One operator said that she put her first aid kit together after the Accra Metropolitan Assembly (AMA) had spoken to her about the need for it. A fourth operator said that she kept painkillers in her kitchen but nothing else.

Healthcare and Membership of the Ghana National Health Insurance Scheme (NHIS)

The chop bar operators were asked about recent visits to health facilities. Two of the 20 operators provided no response; one could not remember the last time she had visited a health facility, and the other did not, as a rule, visit western style medical facilities because she believed in traditional herbal medicine.

Of the 18 who had been to a health facility recently, nine had gone to treat a health problem they considered related to their occupation. These ailments included "waist pains," high blood pressure, chest pain, oedema in the legs, severe "body pains," and severe headaches. The majority (eight) of operators who had visited a hospital for occupationally-related health problems had done so within the six months prior to the interview.

Those who had visited a health facility for what they considered to be non-occupational issues had done so mainly to treat malaria (four). Other reasons for hospital visits included childbirth, vision problems related to poor nutrition, and "dizzy spells."

Considering that most participants had visited health facilities recently, it was useful to determine whether they had used NHIS membership to gain access to these facilities. Ghana introduced the NHIS in 2003 in an attempt to expand the provision of formal social protection mechanisms to informal workers. WIEGO conducted an NHIS case study based on focus groups with market traders in Accra in 2009 (Alfers 2009). This chop bar operator study provided an opportunity to explore the impact of the NHIS on another occupational group within the informal economy.

The large majority of the chop bar operators—17 out of 20—were *not* current NHIS members although five of these had held membership in the past. Of the three who were current members, two considered NHIS membership to be useful: one used it to get free blood pressure checks, and the other used it often but complained she still had to pay for expensive drugs not included in the benefits schedule. The third member considered the NHIS unhelpful because "most hospitals" paid no attention to NHIS members anymore. This is a common complaint about the NHIS. Lack of payment and distrust between the scheme and service providers has also meant that many accredited health facilities now reportedly give precedence to cash-paying patients (Alfers 2009).

Of the five chop bar operators who had held past NHIS membership, two had let their membership expire because they had never used it, and they saw little point in continuing to pay premiums. One had let membership expire because she found she still had to pay for expensive drugs not included in the benefits schedule, and the other had discontinued membership because she found the premiums to be too expensive. One operator had tried to renew her membership, but she had never heard back from her district scheme and said she did not have the time to follow up.

The remaining 11 interviewees, who were not NHIS members, had a variety of reasons for not taking out membership. Interestingly, none of the reasons given included the cost of the premiums, which has been cited as a common barrier to access (Asante and Aikins 2008). Four of the participants did not give any reason for their non-registration with the scheme. Two participants had not registered because they had access to alternative health insurance through their husband's employment. Another participant had heard through others that "it was not worth it because of the extra expense for drugs," while yet another participant used a private health facility not accredited by the NHIS so saw little point in registering. Finally, one participant felt it was an unnecessary expense because she was never ill.

Three of the interviewees had at some point tried to register with the scheme—they had even paid an initial premium but had not heard back from the scheme. One woman followed up only to find the district scheme offices had moved to an unknown location:

> I have done this [tried to register for the scheme] three consecutive times, yet I have not been able to get it. The last time I did it and paid I had no response. I used to visit the place, but now they are no longer in the place they used to be. I went there to do it, yet I have had no response from them.

This experience echoes similar experiences of scheme maladministration reported in the WIEGO headload porter study (Alfers 2009). This maladministration is clearly having a negative impact on the scheme's ability to reach uninsured informal workers. In other words, negative incentives that emerge through its administration practices make the NHIS of little use for many poorer working people; too little accurate information exists about the scheme's benefits, and its overall financial viability is in doubt.

Regulatory Costs

One of the most pervasive perceptions about informal workers around the world is that they wilfully avoid state regulation in order to avoid paying tax (see Maloney 2003). This paper shows, however, that self-employed small- and micro-entrepreneurs such as the chop bar owners do not escape taxation in Ghana (see table 5). All chop bar owners who participated in the study paid

at least one form of tax—the quarterly tax to Revenue Services. Participants who worked in and around lorry parks and markets also paid an additional daily tax to authorities controlling those areas. In addition to these taxes, all chop bar owners are required to pay a yearly business licence fee to the local authority, the Accra Metropolitan Assembly (AMA).

Owners and their employees who are handling food are required to undergo an annual medical screening to ensure that they are free from diseases likely to infect the food they prepare for public consumption. The screenings are carried out by local government Environmental Health Officers, who also carry out health and sanitation inspections at chop bars. The cost of the screening tests is borne by the chop bar operators, who are required to pay GH ¢20 (US $15) per employee per screening. Most chop bar operators do not comply with this legislation because of the cost. In addition, their staff turnover tends to be high, which means by they are investing in employees who are unlikely to be with them for a sustained period of time.

Table 5
Annual Regulatory Costs for which Chop Bar Owners in Accra are Liable, Averaged Across the Study Group

Tax/License	Average annual tax and license fees: GH ¢	Average annual tax and license fees: US $
Quarterly Revenue Tax	90.78	64.85
AMA Business License	31.50	22.50
Employee Health Certificates*[1]	120	85.71
Total	**242.28**	**173.06**
Daily "Ticket" Tax*[2]	28.80	20.50
Total, including Daily "Ticket" Tax	**271**	**193.56**

*[1] This is an average health license fee for which chop bar operators are liable, calculated at GH ¢ 20/employee. As stated above, it has been reported that many chop bar operators do not in fact pay for this medical screening.

*[2] Only five respondents reported paying this tax, and all of these worked in lorry parks. This figure represents the average paid by those five respondents.

Maintaining a healthy and safe work environment is also expensive for chop bar owners. Despite the fact business owners pay tax, they must also pay for essential services such as water, toilets, and refuse removal out of pocket. These essential services can add up to a significant annual cost to the business (table 6), and it is not surprising that many chop bar owners wonder where their tax contributions go.

Table 6
Annual Costs to Chop Bar Owners of Maintaining a Safe and Healthy Work Environment, Averaged Across the Study Group

Services/equipment	Annual cost to business owners, averaged across study group: GH ¢	Annual cost to business owners, averaged across study group: US $
Water*[1]	400	286
Refuse removal	277	198
Toilet*[2]	198	141
Cleaning equipment	388	277
Employee health licenses*[3]	150	107
Total	1413	1009
Fire fighting training and/or equipment*[4]	187	134
Total, including fire fighting training and/or equipment	1600	1143

*[1] Actual water costs were calculated at GH ¢800. The table assumes that half of this water is used for food preparation and the other half for washing and cleaning. As it is quite likely the larger share of this water is used for hygiene purposes, water costs may be under-estimated here.

*[2] Figures represent personal use by business owners, assume three visits to the toilet daily, and do not include costs to employees.

*[3] Calculated at GH ¢20 per employee and assumes that these licenses have been paid by business owners.

*[4] Cost of this equipment is generally a one off expense so is not an annual expense. Only five out of the 20 participants had acquired fire fighting equipment.

The fire fighting equipment essential in a business where open fires are often used to cook is expensive, and many chop bar owners cannot afford to keep fire extinguishers. As mentioned earlier, employee health licenses are another major expense, which many businesses can ill afford.

It is difficult to promote health and safety amongst informal businesses when the cost of adhering to health and safety measures is high. Therefore, when workers, researchers, and policymakers contemplate how best to extend health and safety to informal workers, it is important they consider how to offer incentives for informal businesses practicing OHS by reducing the costs involved with compliance.

Interactions with Authorities around Occupational Health and Safety

WIEGO's work in cities around the world has shown that for those informal workers who work in public urban spaces, it is the actions and approaches of local governments that most heavily impact on their ability to operate effectively and earn a decent living (see for example. Lund and Skinner 2004 in South Africa; Roever 2006 in Latin America). That local government has an important role to play in supporting small businesses is also becoming an increasingly accepted

fact in many developing countries including Ghana. For example, the Ministry of Trade and Industry, with support from the ILO's Decent Work Programme and the German Development Cooperation (LRED Ghana), is promoting "Local and Regional Economic Development" throughout Ghana's local government structures.

Part of local government's role in supporting informal economic development is to ensure that working conditions in public areas are of an acceptable occupational health and safety standard. Recent research conducted by WIEGO on OHS institutions in Accra showed in actual fact only local government has both the institutions and mandate to improve the health and safety conditions of informal workers operating in public spaces (Alfers 2010). National level OHS services are unable to reach these workers because their mandate only extends to formal places of work such as offices, factories and shops. Responsibility for maintaining healthy and safe work environments in public areas largely falls under the local environmental and public health departments, but it also involves local waste management, security, and fire services.

Taking the local government's role into consideration, the chop bar operators were asked about their relationship with the authorities: which authorities they come into contact with most frequently; the nature of the relationship between the operators and the authorities whether at national or local levels; and the extent to which they felt these authorities were helping create an environment conducive to good business and healthy work environments for informal workers.

The chop bar operators reported that they have contact with state officials from a number of departments including tax collectors and environmental health officers from the Accra Metropolitan Council (AMA) and inspectors from the Ghana Tourist Board. Those operators based in transport hubs also have to deal with station managers.

The Ghana Tourist Board (GTB) inspectors interacted with those operators who paid a subscription fee and in return were given official accreditation. The ICAG developed this association with the GTB as a way to attract more foreigners to local chop bars as opposed to the western-style restaurants and hotels this group more readily frequents. The accreditation is meant to ensure the chop bar is hygienic, so tourists are reassured that eating there will not result in illness. Only three operators were fully paid up members of the Board; all were situated in private homes, and research assistants ranked all of their businesses as "well off." All operators—whether they were located in homes, on roadsides, or in transport hubs—had to deal with health inspectors and revenue collectors from the AMA. The number of visits per business ranged from once every two weeks to once a year. Most operators stated they were visited by the AMA once a month.

The AMA health inspections largely focus on general hygiene and adherence to sanitary food handling measures rather than on any of the health and safety risks workers faced. The only exception to this general practice, as mentioned by one interviewee, appears to be AMA-delivered training on the need for first aid kits in chop bar businesses. Although overlap between the two exists, public health does not have the specific focus on worker health as does occupational health. In other words, public health is focused on the health of the public—in this case, the consumers of food from the chop bar—rather than on the people working in the chop bar.

Most of the operators had a negative view of the AMA inspectors, claiming they often tried to solicit bribes. As one woman stated, "we pay so that they leave us alone." Many others complained the AMA never listened to their problems. No operators in this study thought the AMA had done anything to help their businesses thrive. To the contrary, many owners operating from informal structures in public spaces claimed local officials continually threatened their businesses, so owners saw the AMA as an active threat to their livelihoods. This is hugely problematic considering the role in local economic development that local governments in Ghana have been tasked with through LRED initiatives.

One participant had just managed to reconstruct her business in the Tema Lorry Park after the AMA had torn it down eight months previously. According to the woman, the AMA had come "to break up a brothel nearby at one in the morning. They broke up my place as well... Look at my state now. I'm starting all over again. It is worse than Class 1. I am now in nursery school!" Other participants shared similar concerns:

> "We are sometimes scared when we see them [the AMA], we sometimes feel they are coming to sack us."

> "They [the AMA] always come to break our places up. It happens all the time everywhere. Does my voice ever matter?"

> "They only come about the taxes we pay. They threaten to arrest us and they always want money from us."

> "Now look at the place I am working. They are threatening to break the place up. I need a new place now. We pay for the license but they give us nothing."

According to the chop bar operators interviewed, none of the authorities they dealt with had actively done anything to improve health and safety conditions in and around their businesses. However, it must also be noted that although chop bar operators felt government could do a lot to improve their situation, they themselves had not lobbied for any government health and safety interventions. In addition, a few of the interviewees mentioned AMA-delivered training on environmental health and on the importance of first aid kits. In the past, the ICAG have organized such trainings for its members.

The following list includes improvements with which participants believed government should help:

- better waste removal, so roadside gutters would not clog with rubbish;
- better lighting in the transport hubs—one woman in the Tema Lorry Park complained she did not feel safe at her place of work because of the poor lighting;
- more consistent water supply—water supplies in Accra are often cut for long periods at a time. Adequate sanitation becomes impossible, and people are forced to buy water from alternative sources for raised prices; and
- development of permanent and hygienic structures from which chop bar operators could sell, so they would not have to rely on their current makeshift structures, which are more vulnerable to assault from AMA officials, and in which hygiene standards are difficult to maintain.

The ICAG, to which most interviewees belonged, has taken steps to address health issues in the chop bars. It developed a set of hygiene rules that must be followed by its members, tried to provide members with education on good sanitation and hygiene, and organized regular clean ups in some of the transport hubs in which its members operate. Once again, however, this intervention has had a public health focus largely on keeping food sanitary, and it has shown little recognition of the health and safety risks faced by the chop bar workers themselves.

Conclusion

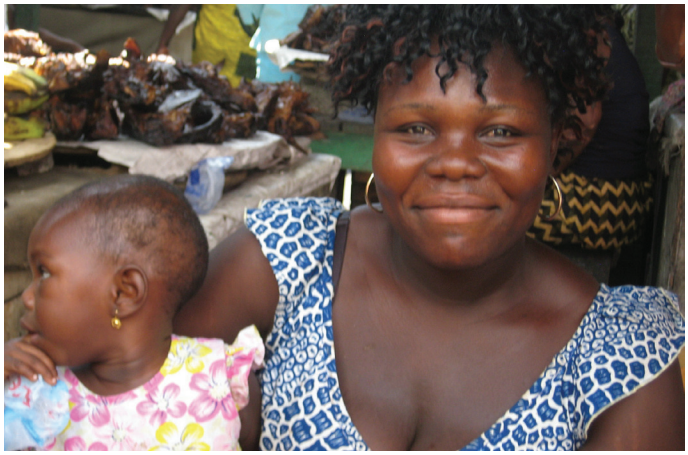

Photo: M. Chen, Market vendor in Accra, Ghana 2011.

This study has shown the important ways in which chop bars contribute to the local economy of Accra. All of the businesses surveyed paid taxes and license fees to local government as well as basic service fees for refuse removal and water. Taxes and fees from informal workers such as these chop bar owners constitute the largest share of revenue for local governments in Ghana (interview, Institute for Local Government Studies 2010), so in a very real way these businesses help maintain the city's administrative structures. Moreover, the businesses also aid local economic development by providing waged employment for large numbers of other informal workers. Overall, the contribution of chop bars to Accra's local economy is an important one. It is all the more striking, then, that their businesses are so often under threat from local authorities, who appear to view chop bars as nuisances rather than as the valid contributors to the local economy they are.

One of the main aims of this research was to discover more about occupational health and safety in relation to informal workers in Accra in terms of both the specific risks and hazards the chop bar sector faces and in terms of its current place in the institutional context. The study shows that very little in the way of occupational health and safety is being extended to these workers and business owners. Any health and safety measures taken, such as the installation of fire extinguishers and employee health certificates, are done wholly at the chop bar owners' expense. Furthermore, business owners pay for basic services such as refuse removal, clean water, and toilets over and above taxes. Therefore, a significant financial disincentive exists for chop bar operators to maintain basic safety and hygiene standards in their establishments. Implementing incentives in informal businesses like chop bars represents an important way forward in promoting OHS more effectively.

An interesting possibility for further research in this area would be to understand better how local government officials actually conceptualize the principles of LRED and how informal businesses such as chop bars fit into this understanding. Only once this framework and relationship is better understood can a programme for changing attitudes towards informal businesses be developed. Considering the number of informal businesses in urban Ghana, this understanding is clearly necessary if LRED is to have any real meaning.

Another possible area for further research, which could be conducted with organizations of informal workers such as the ICAG, includes conducting a larger-scale survey of the taxes informal workers pay to local government. Once the money arrives in local government coffers, it could be tracked to see how and where it is being spent. The research tool "Informal Economy Budget Analysis," piloted by WIEGO in five countries (Budlender 2009), could be utilized for this analysis. The information would give the informal operators a better idea of what their tax contributions are being used for, and it could also be used as a platform for advocacy around better delivery of basic services to these businesses.

The lack of concerted action from the ICAG, which organizes chop bar operators to lobby and advocate for improved working conditions for their members, proved a striking feature of this study's findings. Both ICAG members and the executive complained about their treatment from local government officials, yet nothing had been done to approach local government to address the situation.

King and Oppong's (2003) work on female market traders associations in Kumasi revealed that the associations in that city were unable to approach local government over service delivery for two main reasons. First, the local government lacked institutionalized platforms through which it could interact with the public, which meant the market women found it difficult to get the attention of people who could potentially assist them. The second reason related to the gender dynamics of Ghanaian society. According to King and Oppong, women in Ghana are culturally prohibited from showing dissent towards a male authority figure. As men dominate local government and women dominate the market trader associations, trader association executives are often uncomfortable saying anything to male authority figures in local government that could be perceived as disrespectful.

It is possible that both these dynamics are at work in the ICAG's clear reluctance to engage with local government about its concerns. However, additional reasons for this reluctance may include the internal dynamics of the ICAG as well as the particular strategies it has decided to use in terms of accessing resources and providing support to its members. Further research and action could include a participatory process with different types of women-led work-based associations, including the ICAG, which could lead to a better understanding of the nature of the organizations themselves and could deepen understanding of how these organizations relate to the power structures around them.

Ghana's NHIS represents the government's innovative attempt to extend health protection measures to previously unprotected informal workers. For this reason, the NHIS has generated much excitement both in Ghana and around the world. Still, a number of technical concerns with the scheme have been raised, and its long term financial sustainability is in question at present. In terms of ease of access for informal workers, this small study suggests, as did Alfers' (2009) earlier NHIS case study, the major problems with the NHIS for non-poor informal workers are administrative. As the stories in this study demonstrated, a number of women sought to either register with the scheme or renew registration, but they were unable to do so because the scheme's offices had moved without notice or registrants simply never heard back from the scheme after initial registration. These stories are very similar to those related by street vendors and market operators in Alfers (2009). It is imperative that the scheme's basic administrative structures see improvement. No matter how well designed the scheme is technically, it cannot work to its full potential if these basic problems are not addressed simultaneously.

In conclusion, the study has clearly shown the overall challenges of extending OHS to informal workers in Ghana and the clear need for reform of the *institutional* framework of OHS. The process of reform would need to pay particular attention to the local level of government. Currently, only local level public and environmental health services reach informal workers working in public spaces and then only from a public health—rather than from a worker health—perspective. Success hinges on a shift of perspective from public and environmental health to worker health. Consequently, new strategies addressing the reform of national and local OHS and public health institutions in terms of informal workers' health need to be developed. In this kind of institutional reform, it will be important that the process includes the voices of informal workers alongside those of other stakeholders.

References

Alfers, L. 2009. *The Ghana National Health Insurance Scheme and Informal Workers.* Cambridge, Massachusetts, USA: WIEGO.

Alfers, L. 2010. *Occupational Health & Safety for Market and Street Traders in Accra and Takoradi, Ghana.* Cambridge, Massachusetts, USA: WIEGO.

Asante, F. and M. Aikins. 2008. "Does the NHIS cover the poor?" Available online at: http://www.moh-hana.org/moh/docs/NHIS%20issue/NHIS%20pro-poor%20research.pdf (accessed December 27 2008).

Budlender, D. 2010. *How to Analyse Government Budgets from an Informal Economy Perspective. Urban Policies Technical Briefing Note No. 1.* Cambridge, Massachusetts, USA: WIEGO.

Chen, M.A, R. Jhabvala, F. Lund. 2002. *Supporting workers in the informal economy: A policy framework.* ILO Working Paper on the Informal Economy, 2002/2. Geneva: ILO.

Lund, F. and C. Skinner. 2004. "Integrating the informal economy in urban planning and governance: a case study of the process of policy development in Durban, South Africa." *International Development Planning Review*, Vol. 26, No. 4: 431-456.

Maloney, W. 2003. "Informality Revisited." World Development, Vol. 32, No. 7: 1159-1178.

Roever, S. 2006. *Street Trade in Latin America: Demographic Trends, Legal Issues, and Vending Organisations in Six Cities.* Cambridge, Massachusetts, USA: WIEGO.

About WIEGO: Women in Informal Employment: Globalizing and Organizing is a global research-policy-action network that seeks to improve the status of the working poor, especially women, in the informal economy. WIEGO builds alliances with, and draws its membership from, three constituencies: membership-based organizations of informal workers, researchers and statisticians working on the informal economy, and professionals from development agencies interested in the informal economy. WIEGO pursues its objectives by helping to build and strengthen networks of informal worker organizations; undertaking policy analysis, statistical research and data analysis on the informal economy; providing policy advice and convening policy dialogues on the informal economy; and documenting and disseminating good practice in support of the informal workforce. For more information visit: www.wiego.org.