



Women in Informal Employment  
Globalizing and Organizing

# Occupational Health & Safety for Market and Street Traders in Accra and Takoradi, 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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# Acknowledgements

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# Introduction

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Globalization 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-agricultural employment in sub-Saharan Africa rises to 78 per cent (Chen 2002), making this region the leader in the growing global trend towards the informalization of labour.

Many informal jobs are not only “flexible, precarious and insecure,” but are also hazardous and take place in settings that



Photo: L. Alfors, Health hazards found in markets in Accra, Ghana 2010.

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 musculoskeletal 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, so have no bearing on the working conditions of those who work in more unconventional settings. Part of the reason for this mismatch is that these institutions often take on narrowly focused, inflexible forms that are based on industrialized country models (Nuwayhid 2004; Lund and Marriot 2005). As a result, they bear little meaningful relation to the “complex, category-crossing” processes that characterize 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 that work to *prevent* illness and injury from occurring. This focus is particularly needed when it comes to the workplace because this is where most adults spend a significant proportion of their daily lives.

In order to think about preventative OHS within the social protection paradigm, 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: first, the lack of large-scale reliable data, at both national and international levels, on work-related injury and ill health in the informal economy; and second, 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: Globalizing and Organizing (WIEGO) is conducting a three-year, five-country study on OHS and informal workers. The project is being undertaken in Ghana (Accra), Tanzania (Dar es Salaam and Zanzibar), Brazil (Salvador), India (Ahmedabad and Pune), and Peru (Lima).

This paper will discuss the results of the first round of research conducted in Accra and Takoradi, 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 analyze 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 that 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 it will then make some tentative suggestions about interventions to address the current situation.

# The Context: The Informal Economy and Social Protection in Ghana

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Ghana is classified 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 per cent at the \$1 a day mark in 1998/1999 (World Health Organization 2008). However, the principle trend throughout the 1990s has indicated an overall improvement in poverty levels. The 2005/6 5<sup>th</sup> round of the Ghana Living Standards Survey (GLSS5) reported that the proportion of Ghanaians described as “poor” had fallen from 39.5 per cent in 1998/99 to 28.5 per cent in 2005/6, and the proportion of people described as “very poor” decreased from 26.8 per cent to 18.2 per cent between those same years.

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

Levels of formal employment are very low with only 8.7 per cent of the total labour force formally employed (Heintz 2005). Correspondingly, informal employment makes up 91.3 per cent of total employment with 53.9 per cent of the total labour force working in the informal agricultural sector and 37.4 per cent working in the non-agricultural informal sector (Heintz 2005). In the non-agricultural sector, self-employment, including own-account<sup>1</sup> work, makes up a higher percentage of total female informal employment (37.5 per cent, of which own-account workers make up 35.9 per cent) than it does of male informal employment (15.8 per cent, of which own-account workers make up 14.1 per cent) (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.

<sup>1</sup> According to the 15<sup>th</sup> 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.”



**Table 1**  
**Percentage of Total Employment in Selected Employment Statuses by Sex 1998/9,**  
**Employed Population, 15 years and Older**

	Women	Men	Total
<b>Formal employment, non-agricultural</b>			
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
<b>Formal employment, agricultural</b>			
Formal wage employees	<0.1*	0.2	0.2
<b>Informal employment, non-agricultural</b>			
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
<b>Informal employment, agricultural</b>			
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
<b>TOTAL</b>	<b>53.3%</b>	<b>46.7%</b>	<b>100%</b>

\* 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 medi-care schemes in the formal sector tended to be the only large-scale health insurance available. Informal workers therefore have 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 centralized 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.<sup>2</sup>

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 that 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 21,105 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 US \$35 in urban areas and US \$14 in rural areas, which is high considering that the average Ghanaian earns less than GH ₵1.10 (US \$0.8) a day.

<sup>2</sup> For more details on the NHIS and informal workers, refer to Alferts, L.2009. WIEGO Social Protection Case Study: The Ghana National Health Insurance Scheme. Available to download at: <http://wiego.org/publications/wiego-social-protection-case-study-ghana-national-health-insurance-scheme>



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 occupational injuries 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 psychosocial 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 the women’s 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 per cent 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 (20) of the participants were women. Female traders occupied a variety of different sectors within the economies of each market. These sectors included the following: 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); and 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 did 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 the location change 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



Photo: L. Alfery, Hazard cards developed during a focus group exercise with street and market traders in Accra, Ghana.

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 those of 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 that produces an inventory and analysis of relevant institutions, key actors, potential strategic partners and important institutional linkages at international, national and local levels. This exercise was also used to identify other institutions outside of those specifically related to OHS that could have a bearing on the occupational health and safety of informal workers.



# Important Health and Safety Risks Faced by Market and Street Traders

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## 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, a fire gutted Ghana's biggest market, Kumasi Central Market and 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 on 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 firefighters to reach the fire. Once at the fire, the firefighters 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 that 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 that 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, and they complain of the following:

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, the trader 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 traders' 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, they 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.

Other factors that make sanitation a problem is the lack of cleaning personnel working in the markets and the 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, which is when the market is busiest. In Makola Market, the 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 so. The market women, on the other hand, feel that it is more a case of inefficiency and lack of concern for the traders' 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. One of the traders stated the following:

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, and 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—GH¢ 8 (US \$6)—in one example the traders gave]. In this way, according to one trader, the waste management company employees are able to supplement their salaries with the traders bearing the cost:

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 and by inadequate toilet facilities. Many of the traders complain that the public toilets located in or near markets are unusable. As a consequence, traders 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 traders’ wares is also threatened. In the Pedestrian Shopping Mall, for example, the AMA promised that a storage warehouse would be erected near 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 markets. As one trader said, “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 the local government, which gives them the right to trade from unofficial market areas, this license 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 have not—the result being that the “official” street traders are treated in the same way as the unlicensed “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 details some of the most prominent physical effects of the traders' work. These effects include diseases related to poor sanitation such as malaria and diarrhoea, musculoskeletal 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 having a “disorganized mind.”

It is important to note that working conditions do not only have a physical effect on the traders as 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. One market woman from Makola Market put it this way:

Yes, now, when I walk I become dizzy, because you have to come to the market and you 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 [your goods]. 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 [will cost] GH p10. If you happen to have an upset stomach and you want to visit the toilet, you pay GH p20, and if you go five times it is GH c1! Your lorry fare, feeding, and almost everything...all of these [issues] cause us to worry a lot.

**Box 1:**  
**Results of Health Checklist Exercise<sup>3</sup>**

**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. “Disorganized 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 that 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)

<sup>3</sup> The Health Checklist exercise was carried out in two of the focus group discussions, one group consisting mainly of male shoe sellers, and the other group consisting of a group of female traders, many of whom worked with food. 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

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The institutional analysis carried out in Ghana revealed that official OHS institutions that operate largely at the 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 workers<sup>4</sup> (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 five of the ten regions of Ghana, which means that each office has to cover approximately two regions. In 2003, there were only 25 technical staff members to serve the whole country, with ten staff members serving Accra alone. Inspectors are limited in their ability to inspect work premises by a lack of transport—the DFI owned only three 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, however, to say that OHS for informal workers in Ghana is not institutionally possible. 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 that have the mandate and ability to improve the working conditions of informal market and street traders:

- public and environmental health departments that are responsible for sanitation and cleanliness in markets and at roadsides;
- waste management departments that are responsible for waste removal in conjunction with subcontracted waste removal companies;

<sup>4</sup> 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.

- metro fire services that provide firefighting services and 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 that provide security personnel to official markets;
- works departments that 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; and
- planning departments that 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; firefighting equipment is unavailable; a general lack of security exists 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 that 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 coordination and information sharing between these departments is fairly low. The Fire Services, for example, knew that it was not responsible for the provision of fire extinguishers in the markets, but it was unable to say which department was in fact responsible for this provision. This lack of coordination prevents the AMA from performing a more integrated health and safety function.



## 2. Problematic Vertical Alignments Between the Local and the 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 of this move 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 its staff, but because the EHOs are now employed by a ministry that 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), the MoH 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 problems are the lack of policy guidelines for the national Environmental Sanitation Policy and the lack of environmental sanitation by-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 by-laws. Although the Ministry of Local Government and Rural Development produced a template set of environmental sanitation by-laws in 2003 that were distributed to local governments to be adapted according to local circumstance, the adaptation 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 by-laws although provision for environmental health is at least made in the existing by-laws of 1995. However, the fact remains that many other less established local governments in Ghana simply do not have by-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 Institutionalized Communication Between Local Government and Traders**

In Accra, there are no easily-accessible, institutionalized platforms for establishing constructive communication between traders and local government. As a consequence of this lack of platforms, 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 the local government. This feeling has certainly contributed to the level of harassment faced by street traders. There appears to be little understanding 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 that 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 decision, and they complained bitterly about it during the focus group discussions. They argued that the lack of power increases the risk of crime, and makes them feel personally insecure when it gets dark. As they said, “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 that 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 by-laws that 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 about what their rights were in relation to the local and national governments. 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 are few opportunities for the associations to launch well-informed, well-targeted and sustained advocacy programmes. The Makola Market Traders, for example, has been trying to lobby the Metro Fire Services to provide fire extinguishers in the market, which is owned by the AMA. The campaign has so far been unsuccessful, and the women have blamed this on the unresponsiveness of the local government. However, on closer examination, it became clear that the Makola Traders had run its campaign without access to two vital pieces of information: first, the AMA is *by law* required to provide fire extinguishers in all its public buildings under the National Building Regulations; and second, it is the responsibility of the Metro Works Department to provide these fire extinguishers, not that of the Metro Fire Department. Having had no access to this information, the Makola Traders were unable to insist on traders' legal right to the fire extinguishers, and neither was it able to target its campaign effectively by concentrating advocacy on the Works Department—not on the Metro Fire 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 Privatized 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. According to Metro Fire Officers, 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.

Waste removal is another urban service that has been privatized 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 privatization 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 companies' performances at this level.

# Conclusion

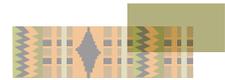
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The research has shown that informal market and street traders in Accra are faced with a number of occupational health and safety risks, which can have significant physical and psychological impact on the traders. It has also suggested that local government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

Sustained institutional change is not something that can occur instantly. Rather, it is a long-term process that 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 workers 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 catalyzing a process of institutional change. It has identified 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 be built upon with further qualitative and quantitative studies of 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 the 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, by-laws and policies as well as the negotiation and advocacy skills necessary to campaign more effectively 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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**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](http://www.wiego.org).