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**Submission of Paper  
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**A case study from Ghana of good practice in developing OHS for informal workers<sup>1</sup>**

**Introduction**

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

No reliable survey data exists on the burden of occupational disease and injury in the informal economy. However, informal work often takes place in settings such as landfill sites, roadsides and informal market areas – places which can be unhealthy, unsafe and where basic services are lacking. Even without hard data it is clear that working in such spaces can leave workers vulnerable to environmental diseases, traffic accidents, fire hazards, crime and assault, and weather related discomfort, among other things.

Despite the fact that informal workers make up a clear majority of workers in most developing countries, and despite the clear risks involved in informal work, informal workers remain, on the whole, unprotected by Occupational Health and Safety (OHS) institutions in most countries. In ex British colonies such as Ghana, OHS institutions were developed around a definition of work, the

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worker and the workplace which bear little resemblance to how and where work takes place in reality.

It is in this context that the global research and advocacy network Women in Informal Employment: Globalizing and Organizing (WIEGO) in 2009 embarked on a four year exploratory action-research project on OHS and informal work. The aim of the project was to begin thinking about OHS in a new way – a way that prioritises the voice of informal workers and is more inclusive of informal work and informal workplaces. The study has been operating in two cities in India – Pune and Ahmedabad, and in one city each in Tanzania (Dar es Salaam), Ghana (Accra), Brazil (Salvador), and Peru (Lima). The country projects were designed to yield information that could be used for comparative work, but were also flexible to the conditions and context in each country.

This paper discusses in some depth the Ghana country project, using this to elaborate some important ideas which have emerged from the project about how OHS can be more inclusive of informal workers and their needs. Examples drawn from the India Country Project will be used in the final section to illustrate these conclusions further.

## **The OHS Project in Ghana**

### **1. Background**

Informal workers make up just over 90 percent of the workforce in Ghana, the majority of whom (53.9 percent) work in the agricultural sector (Heintz, 2005). However Ghana is undergoing a steady process of urbanisation. The urban population increased from 31 percent of the total population in 1981 to 49 percent in 2007 (African Development Indicators, 2007). This number is predicted to rise to 55.1 percent by 2015 (World Development Report, 2009). Since pre-colonial times urban trading has been an important part of the Ghanaian economy, and today contributes significantly to women's employment in the country, making up approximately 37.5 percent of total female employment (Heintz, 2005). The dominance of trading in the urban economy in Accra, as well as the fact that it contributes so heavily to women's employment, were important considerations when choosing the economic sectors in which to work in the city.

OHS legislation in Ghana does not, on the whole, reach informal workers. The core OHS legislation in Ghana is the Factories, Offices and Shops Act of 1970 which does not include within its mandate informal places of work such as markets and roadsides. The new Labour Act (2003), which includes a section on OHS, is meant to cover both formal and informal workers and intends the OHS

legislation to cover “temporary” and “casual” labourers. However, although the Act has been specifically excluded references to an employer-employee relationship, its framing implicitly assumes such a relationship exists. Furthermore, parallel legislation such as the Factories Act, which is narrower in scope, is still in operation. A national policy on OHS has been in draft form since 2000, but has yet to be passed. Resourcing of OHS is extremely low, and reliable national survey data on occupational injury and disease amongst informal workers is non-existent.

## **2. The WIEGO study: Objectives**

The WIEGO research study in Accra was carried out in collaboration with, first, market and street traders belonging to the StreetNet Ghana Alliance, which is affiliated to StreetNet International, a global umbrella organisation of trader organisations, and second with *chop bar*<sup>2</sup> owners belonging to the Indigenous Caterer’s Association. The study objectives were designed in keeping with an action-research methodology, and WIEGO’s mandate of producing research which can be used by worker associations in their own advocacy campaigns. As such the objectives were:

- i) to understand what health and safety problems informal workers themselves prioritise. Informal workers know best about the problems they face – they are the experts on their own working conditions, and it is important then to start with them in a research project which seeks to improve those conditions;
- ii) to look at what institutions, if any, could address the identified health and safety needs in the absence of relevant OHS institutions;
- iii) and to determine the costs to small businesses owners of maintaining a clean and safe working environment. This is not something that has been given much attention by research in any discipline and we felt that the results could very easily and effectively be used for advocacy purposes by both WIEGO and the worker associations.

## **3. Findings**

The results of the study showed that traders in Accra prioritised four health and safety ‘hazards’ as major issues. These were:

- i) Fire;
- ii) Poor sanitation and waste management;
- iii) Crime and theft;
- iv) Physical harassment from local government officials.

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<sup>2</sup> Chop bars are informal restaurants serving traditional Ghanaian food.

While OHS legislation could do nothing to protect the workers against these hazards, it was obvious that local government was the key institution in terms of addressing them. However, an institutional analysis (Alfers, 2010) revealed a number of problems within local government, as well as in the relationship between local government and the trader associations, which meant that this was this was not happening in an effective manner. These problems included:

- i) **Lack of horizontal coordination between local government departments:** Several departments in the Accra Metropolitan Assembly (AMA) have jurisdiction over various elements of health and safety in the markets and on roadsides. These departments include Public and Environmental Health Services, Fire Services, Security Services, the Works Department, and the Waste Management Department. Yet interviews with key officials revealed that the level of horizontal co-ordination and information sharing between these departments is low. This means they are unable to provide an integrated health and safety service to the traders.
- ii) **Problematic vertical alignments between local government and national government:** Local government public and environmental health departments have been moved out of the jurisdiction of the Ministry of Health, and into the Ministry of Local Government. This has led to the marginalisation of health officials at local government level.
- iii) **Lack of institutionalised communication between local government and traders:** In Accra, there are no easily accessible, institutionalised platforms for establishing constructive communication between traders and local government. As a consequence of this communication is poor, and this has contributed to the development of an antagonistic relationship between the two groups, and has certainly contributed to the level of harassment faced by street traders.
- iv) **Poor dissemination of public information:** Information such as laws, policies, regulations and bye-laws which should be available in the public domain and accessible to traders is extremely difficult to obtain. Without this kind of information there is little chance for the trader associations to launch well-informed, well targeted and sustained advocacy programmes to improve their working environments. For example, according to the National Building Regulations, it is the duty of local government to ensure that fire extinguishers are present in all publicly owned premises, including markets. This was not known by the trader associations during their attempt to secure fire-fighting equipment from the authorities.
- v) **Insufficient regulation of privatised services:** Local government institutions often do not

have sufficient regulatory power over subcontracted private waste removal firms and water companies to ensure that the health and safety of traders is not compromised by the activities and policies of such firms. For example, fire hydrants within the central Makola Market have been sealed off by water companies, which means that Metro Firemen have difficulty connecting to a water supply when fighting fire in the market.

The study also quantified the costs of maintaining a clean and health work environment in Accra for a group of 20 chop bar owners. One of the most pervasive perceptions about informal workers around the world is that they are wilful avoiders of state regulation in order to avoid paying tax (see for example Maloney, 2003). What this research shows, however, is that self-employed small and micro-entrepreneurs, such as the chop bar owners, do not escape taxation in Ghana. All owners who participated in the study paid at least one form of tax – a quarterly tax to the Revenue Services. The participants who worked in and around lorry parks and markets also pay an additional daily tax to the authorities who control those areas. In addition to these taxes, all chop bar owners are required to pay a yearly business licence fee to the local government authority, the Accra Metropolitan Assembly (AMA).

Chop bar operators are also required to pay for an annual AMA medical examination for each of their employees. Owners and their employees (those 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. The cost of the screening tests is borne by the owners, for themselves and their employees, and they are required to pay GH¢20 (\$15) per screening. Most operators do not comply with the legislation because of the cost. Also, their staff turnover tends to be high, which means they are investing in employees who are unlikely to be with them for a sustained period of time.

**Table 1: 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: \$
Quarterly Revenue Tax	90.78	64.85
AMA Business License	31.50	22.50
Employee Health Certificates <sup>*1</sup>	120	85.71
<b>Total</b>	<b>242.28</b>	<b>173.06</b>
Daily 'Ticket' Tax <sup>*2</sup>	28.80	20.50
<b>Total, including Daily 'Ticket' Tax</b>	<b>271</b>	<b>193.56</b>

<sup>\*1</sup>This is an average for the health licences chop bar operators are liable for, 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.

<sup>\*2</sup>Only five respondents reported paying for this tax – all of them working in lorry parks. This figure represents the average paid by those five respondents.

**Table 2: 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: \$
Water <sup>*1</sup>	400	286
Refuse removal	277	198
Toilet <sup>*2</sup>	198	141
Cleaning equipment	388	277
Employee health licenses <sup>*3</sup>	150	107
<b>Total</b>	<b>1413</b>	<b>1009</b>
Fire fighting training and/or equipment <sup>*4</sup>	187	134
<b>Total, including fire fighting training and/or equipment</b>	<b>1600</b>	<b>1143</b>

<sup>\*1</sup>Actual water costs were calculated at GH¢800. The table assumes that half of this water is used for soup preparation, and the other half for washing and cleaning. This may be an

*under estimate then, as it is quite likely the larger share of this water is used for hygiene purposes.*

*\*<sup>2</sup> Figures represent personal use by business owners, and do not include costs to employees, and assume three visits to the toilet daily.*

*\*<sup>3</sup> Calculated at GH¢20/employee, and assumes that these licenses have been paid by business owners.*

*\*<sup>4</sup> Cost of this equipment is generally a once off expense, and so is not an annual expense. Only five out of the twenty participants had acquired fire fighting equipment.*

As can be seen from the above tables, maintaining a healthy and safe work environment is also expensive for the chop bar owners. Despite the fact that they pay tax, essential services, such as water, toilets, and refuse removal all have to be paid for out of pocket. This can add up to a significant annual cost to the business (see Table 2), and it is not surprising that many operators wonder about where their tax contributions go.

#### **4. The intervention**

The findings of the research revealed several avenues for intervention. The exploratory nature of the project, as well as its scope, meant that only a few of these could be followed. On consideration of the needs of the worker organizations, as well as the resources of the project, it was decided that the 'action' stage would involve the following:

- i) The development of a partnership with the Institute for Local Government Studies (ILGS) in Accra. The ILGS is a quasi-governmental organization whose mandate it is to 'bridge the gap' between civil society and local government in Ghana. The ILGS partnership allowed us to run a series of capacity building workshops with the trader associations, in the first instance to give them better information about their rights in relation to health and safety, and secondly to develop their ability to engage with local government officials effectively and to start demanding better health and safety in their places of work. This phase of the project is almost complete, with a Multi Stakeholder dialogue between the traders and national and local government to be held in October 2011. A current evaluation of the capacity building project shows that OHS has been an important tool for the trader associations to organise around, which is hopefully something that will continue after the project's conclusion.
- ii) The packaging of the research so that it can be used by the associations in national and local policy forums. The research results on the cost of maintaining a clean and healthy work environment have been used by the StreetNet Ghana Alliance to great effect at two such events: The Realising Rights Workshop on Decent Work, and the Urban Platform. The grounded nature of the research findings was an eye opener to policy makers and other experts who have attended the events.

### **Discussion and conclusions:**

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 which most heavily impact on their ability to operate effectively and earn a decent living (see for example Lund and Skinner, 2005 in South Africa; Roeber, 2006 in Latin America). The fact 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. 'Local and Regional Economic Development' or LRED is being promoted throughout Ghana's local government structures by the Ministry of Trade and Industry with support from the ILO's Decent Work Programme and German Development Cooperation (LRED Ghana).

The research presented here has underlined the importance of local government's role in ensuring that working conditions in public areas are of an acceptable standard. It is in fact *only* local government which currently has both the institutions and mandate in Ghana to improve the health and safety conditions of informal workers operating out of public spaces, such as street vendors and chop bar operators. As pointed out earlier, national level OHS services are unable to reach these workers because of their limited mandate. Of course this could and should change, but it is also important to recognise that in a resource constrained environment such as Ghana, it is necessary to work with the institutions that currently exist while at the same time working to extend others.

The gains of the 8000 strong union of waste pickers in Pune, India, Kagad Kach Patra Kashtakari Panchayat (KKPKP) illustrate the kind of role local government can play in extending OHS to informal workers. Waste pickers are workers who pick through refuse in landfill sites or on roadsides and in municipal waste containers sorting waste material they then sell on for recycling. In India, as in many other countries, these workers are at the very bottom of the urban social and economic ladder.

KKPKP has been organising waste pickers since 1983. In 2001 the organization led an ILO funded research project which quantified the amount saved by the municipality in waste transportation costs because of the work done by waste pickers. The research showed that while the municipality was making savings, the waste pickers were having to bear the health costs of working under unsanitary conditions, suffering from high levels of occupationally related musculo-skeletal problems, respiratory and gastro-intestinal ailments (Chikarmane and Narayan, 2005). Using this data as an advocacy tool, KKPKP managed to gain the almost unbelievable concession from the Pune



Municipal Corporation to pay medical insurance premiums to all registered waste pickers in the municipality (Chikarmane and Narayan, 2005). KKP KP have maintained pressure on the municipality to make good on this commitment, and although it hasn't always been easy, the municipality continues to provide health insurance for registered waste pickers in the city. More recently, it also agreed to provide protective equipment to these workers.

The point of relating the KKP KP story is twofold. Firstly, it is to drive home the point that working with municipalities *is* important when it comes to extending OHS to informal workers. The current literature on the institutional arrangements of OHS and informal work emphasises the need to include OHS within the remit of primary health care services (Loewenson, 1998). Certainly this is also important, particularly so for certain groups of workers such as home based workers who do not necessarily fall under municipal regulation.<sup>3</sup> However, the focus also needs to include those institutions which govern urban public spaces and the people who work within those spaces. The WIEGO OHS Project in Ghana chose to support the worker associations in their advocacy around health and safety. Creating pressure for OHS services from below is an important step to moving it up government's priority list, and this is why the project focused its attention on this aspect. The institutional analysis in Ghana showed, though, that local government itself would also need support in providing anything like an effective OHS service to informal workers in Ghana – pressure from below needs to be met with support from above.

Perhaps the most obvious place to start with providing this support would be the brokering a closer relationship between national level OHS institutions and municipalities. Before this can really be meaningful though there also needs to be a fundamental rethinking of local government regulation, particularly around environmental health and sanitation. Environmental health and sanitation regulation, as it is currently framed in Ghana at local government level, does not 'see' traders and chop bar owners and their employees as workers working in public spaces. Rather it sees them as a public health threat – producers of bad food, producers of dirt and congestion – and treats them accordingly. The regulations position them as what the public must be protected from, rather than as workers who contribute significantly to the local economy, and who also need protection and support in maintaining a healthy and safe environment around them. This may seem like a subtle difference, but in reality would have far reaching implications for the framing of local level legislation. For example, it may include trying to think of ways to reduce the costs of keeping the environment clean and healthy in and around chop bars, so as to incentivise this, rather than

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<sup>3</sup> HomeNet Thailand, a WIEGO affiliate of homebased workers, has been working extensively with the Thai government on integrating OHS into the primary health care services in that country.

punishing food sellers for operating in an unhygienic environment which they may not be able to afford to change.

The second point of relating the KKP story was to highlight how effective the creative use of data can be for advocacy purposes. Worldwide there is a lack of systematic, reputable data on the burden of ill-health and injury among informal workers. Changing this should clearly be a priority, but this change is not going to happen overnight. In the meantime, it is necessary to think in different ways about what can be done with smaller scale studies. Nuwayhid (2004) argues that OHS research in developing countries has been focused narrowly on measuring the impact of working conditions on the health of the worker, which assumes effective mechanisms for the translation of this type of research into policy. Yet any review of OHS in the developing world would show that these conditions exist only rarely. There is a need to think then, within the context of each country, about what kind of research is going to have the best chance of having an impact on policymakers.

The WIEGO study on the costs of maintaining a clean and safe working environment for small businesses in Accra was an experimental attempt at producing data which would speak to policymakers in the context of Ghana's Local and Regional Economic Development Programmes, in which the promotion of small businesses is a priority. It was a very small study, and it is really too early to tell whether it will make any difference. Yet at the two public forums at which the data has been presented by worker associations, it certainly received a positive response from both civil society and government. This is not the only type of research that is needed, but it is an example of research that highlights the important point being made here – that we need to start thinking more creatively about OHS research in the developing country context, as well as starting to frame it in such a way that it takes account of existing policy priorities within each country.

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