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Ghana”**

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LIST OF ACRONYMS

AMA	Accra Metropolitan Assembly
FCUBE	Free Compulsory Universal Basic Education
GSS	Ghana Statistical Survey
ILO	International Labour Organisation
LEAP	Livelihood Empowerment Against Poverty
MoGCSP	Ministry of Gender, Children and Social Protection
NHIS	National Health Insurance Scheme
NGO	Non-Governmental Organisation
SWD	Social Welfare Department
UNICEF	United Nations Children's Fund
UNFPA	United Nations Populations Fund
SDGs	Sustainable Development Goals
SPPs	Social Protection Programmes

ABSTRACT

Popularly known as Kayayei, female porters in the Greater Accra of Ghana come from the impoverished Northern regions of Ghana to carry goods and offer services in marketplaces for a small token. They are a notable, distinct, and alarming migration trend because they are at the junction of numerous disadvantages: they are female, young, and from rural northern Ghana with limited education, working in the marketplaces and living in the slums. These women are found in the corners and open spaces in Accra, sleeping under sheds at night and on the pavement of the principal streets of Accra.

The conditions under which they work is bad. In the course of their survival journey in Accra as Kayayei, they are exposed to the vagaries of the weather and several other social vices like the lack of decent accommodation, exploitation, stigmatization, and have health challenges and lack of security, making them vulnerable. Although the portering business occupies an essential resource gap by offering cheap labour while aiding the mobility of goods in and around urban regions, their social welfare and health issues are deplorable. They earn very little, but lack access to health care and access to social protection programmes despite being entitled to them.

No specific policies address their challenges, forcing them to depend on themselves for survival. Those with partners are protected and defended by their partners, while those who do not, face challenges and sometimes feel rejected. Recently, the prevalence of Kayayei, along with its accompanying health, economic, and social challenges, has attracted the attention of researchers, corporate institutions, the media and government institutions. In previous years, different policies have been implemented to help solve these women's problems but failed due to financial constraints and loopholes in the policy framework. Some of the policies failed because they failed to identify the actual needs of the Kayayei.

This study investigates the Social Protection Programmes (SPPs) and schemes available to Kayayeis in the Agboghloshie Market in the Accra metropolis of Ghana to provide up-to-date strategies for overcoming the marginalized group's Barriers to SPPs.

The study employed a qualitative research design where a semi-structured questionnaire was administered to 10 Kayayeis. There was also a focus group discussion, and a government official from the Department of Social Welfare was interviewed. The Lévesque framework was used as a guide in designing and analysing the data to give an in-depth understanding of the factors influencing access to social protection programmes

RELEVANCE TO DEVELOPMENT STUDIES

This research deals with the barriers that hinder Kayayeis from accessing social protection programmes. Using the Lévesque Framework 2013 to understand access to social protection programmes, it explores the different dimensions and the determining factor in the policy formation and implementation of social protection programmes and the process of obtaining support and benefiting from the programmes.

This research contributes extensively to Development Studies by emphasizing the barriers to accessing social protection programmes by the Kayayeis and presents recommendations for policy reforms supporting the main goals of the topic. This includes the well-being of marginalized groups, gender equality, inclusion, safe working conditions, and strengthening the collective organization.

Keywords

Migration, Female Head Porters (Kayayeis), Health care, social protection, informal sector, Lévesque framework, Vulnerability, Northern, Southern, Ghana.

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CHAPTER 1

OVERVIEW

1.0 Introduction: Internal Migration and Head Potters (Kayayei) in Ghana

Internal migration is the movement of people within a country or state or from rural to urban areas, either for a long or short term (Skeldon, 2018,p.3; IOM 2019). Over the years, there has been an increase in global internal migration from rural to urban areas. In 2015, the World Bank estimated that City-based internal migrants would increase from 40% to 50% by 2030 and from 50% to 70% by 2050 (Quagraine et al., 2019, p.18).

However, communities densify as people migrate from rural to urban areas, with vulnerable and impoverished individuals settling in unstructured regions (Richmond et al., 2018). In 1945, about 46,000 labourers moved from Ghana's North to south, which rose to 200,000 in 1955, and as of 1960, 24% of Ghana's labour force was from internal migration (Bemah, 2010, p.1). In the pre-colonial days, people migrated for safety and arable land to settle with their families (Yaro 2007, p.3). But during the colonial era, migration reasons changed due to tax laws, economic/political structures, and borders (ibid)

The mining, fishing, and agriculture sectors employed the majority of Ghana's labour force, and portage facilitated product flow from interior to coast for transatlantic commerce since colonial rule (Norregard, 1966, p. 44). The colonial government deliberately moved workers from North to South to work in plantations and mines (Yaro 2007, p.4). Portage changed after colonial rule ended, and men in urban marketplaces began providing short-distance transportation services for consumers and market users (Agana, 2018, p.2). Later, civil unrest in Northern Ghana in the early 1980s led to mass migration and women into informal jobs like portage (Verkaart, 2010, p.9). By 1990, the informal sector had grown five and a half times more than the formal sector (Osei-Boateng, 2011, p.5).

Head portering, known as 'Kayayo,' common in urban and rural Ghana, historically was employment for rural women in Ghana and other African countries for transporting agricultural produce (Baah-Ennumh and Martina Owusu Adoma, 2012, p.231). In the last two decades, increasing numbers of female migrants from Northern Ghana have become head porters (Kayayei) in southern metropolitan areas, working low-wage jobs to sustain themselves (Ziblim, 2017, p.310).

These Kayayeis are uneducated and unskilled migrant women from poor families in Northern Ghana who work as informal labourers in Southern marketplaces, perform manual labour, carry goods as head porters and lack skills for formal sector employment (ibid). Formal employment in Ghana requires secondary education (Aryeetey & Baah-Boateng, 2015, p.20), and these Kayayeis lack the necessary education for formal employment, making them struggle to find formal sector employment. Also, because of limited formal sector job opportunities for school graduates, it is difficult for people to get employed to work in the formal sector (Aryeetey & Baah-Boateng, 2015, p.7). The formal sector, however, is not big enough to absorb the number of new entrants in the labour market, making it difficult to secure a job there (Yeboah, 2015).

Ghana's Northern regions account for about 80 percent of the Kayayei population, of which majority are women (Bemah, 2010, p.1). Young women migrated south due to unemployment, financial hardship, and underdevelopment in the North (Hashim, 2005, p.3). Civil society organisations have expressed significant concerns about the labour rights and risks of jobs for female Kayayei, which violates national and international labour statutes, considering their very young ages, some mostly falling between 8 to 45 years (Ziblim, 2017, p.310; Awumbila & Ardayfio-Schandorf, 2008, p.173). Poor working and living conditions of women and young girls have drawn attention from the press and lawmakers, where the focus is now on primary factors, adverse effects, and strategies to curb the Kayayei migration trend (ibid). The kayayies are vulnerable because "they are migrant workers located at the bottom

end of the pyramid" and "due to their unorganised nature, they lack a collective voice and have no right to bargain" (Bemah, 2010, p.1). To overcome the challenges affecting them, designing policies, strategies, and interventions is critical to meeting the Kayayies' welfare and livelihood expectations (ibid).

According to Bemah (2010, p.1), international social security standards and best practices require countries and governments to develop national social protection policies for healthcare access and income security throughout their life cycles. She also mentioned that the government and the private sector provide and implement social protection to support marginalized groups (ibid).

United Nations (2021,p.1), define social protection as “the set of policies and programs aimed at preventing or protecting all people against poverty, vulnerability, and social exclusion throughout their life cycles, with a particular emphasis towards vulnerable groups." This could be "provided in cash or in-kind, through non-contributory schemes providing universal, categorical, or poverty-targeted benefits (such as social assistance), can be in a contributory scheme with social insurance being the most common form, and by building human capital, productive assets, and access to jobs" (ibid).

The Sustainable Development Goals of the United Nations (2021,p.2) acknowledge social protection's role in achieving objectives, considering individuals' standard of living, inclusivity, financial, economic, health, and social needs, as well as its effect on social reproduction.

1.1 Problem Statement

A report by the International Labour Organisation (ILO) (2021,p.2) provided a comprehensive overview of the percentage of people who have access to social protection, and as of 2020, about 4.1 billion people representing 53.1 percent of the world's population were left unprotected while only 46.9 percent of the population were covered by at least one social

security benefit. In 2024, the United Nations report (2024,p.7) mentioned that over 60 percent of all workers globally are in the informal sector, and over 55 percent of them, together with their households, have no form of social protection at all. They lack access to basic financial stability in the event of their incapacitation and are unable to obtain healthcare when necessary (ibid).

In Ghana, most workers in the informal sector do not have any official work agreement because it is not considered legitimate work, and as a consequence, do not have adequate social protection (Sparreboom & Baah-Boateng, 2011,p.1). Kayayeis in Ghana fall under this sector. The reason why it is challenging for the Kayayeis to access social protection under Ghana's national laws despite their vulnerability in society is because they are not licensed, and their relationship with the state is not recognized, just as others employed in the informal sector (Ziblim, 2017, p.313).

Over the years, policy attention has shifted to Kayayeis to understand their social and economic plight as contributors to the national economy (Agana, 2018, p.3). Insecure housing, unstable jobs, limited access to reproductive healthcare, high incidence of teenage pregnancies, rapes, and sexually transmitted diseases are few of the socioeconomic issues that Kayayeis face, all of which increase their vulnerable social and economic situations (ibid). According to Ziblim, the Government and other NGOs have put in place measures and programs to help control the challenges faced by these young migrant workers, yet there has been little progress (Ziblim, 2017).

The majority of the studies on Kayayei focus on the issues they are facing, and less concentration is given to changing their conditions (Owusu-Ofori, 2018, p.4). Kayayeis are entitled to and have a right to state-based social protection (Abdulai et al., 2019, p. 1067). But a significant portion of them do not have access and are excluded from social services (Lattof et al., 2018,p.1).

According to Raju et al.,(2023,p.1) "...the government of Ghana has introduced or expanded multiple SPPs over the last two decades". Unfortunately, there have not been any specific programme focus solely on these Kayayeis which makes it difficult for them accessing these services(FORWARD (Foundation for Women's Health, Research and Development), ACDEP, and PAYDP 2018, p.24).

These programmes are to make sure that vulnerable group like the Kayayeis has access to monetary assistance as well as fundamental or 'basic social services' that allow them to live an averagely good life, which include the National Health Insurance Scheme (NHIS) introduced in 2003, the Livelihood Empowerment Against Poverty (LEAP) inaugurated in 2008, the National School feeding programme implemented in 2005 and the Labour Intensive Public Works Programme implemented in 2008 (Abdulai et al., 2019, p. 1068).

A study by Lattof et. al, (2018, p.1) reveals that these Kayayeis experience discrimination and negative treatment from the medical community, and they prefer not to go through long processes to register with the NHIS. Another programme that Kayayeis find difficult to access is the Livelihood Empowerment Against Poverty (LEAP) (Dadzie & Raju, 2020). According to Sarfo-Adu (2021, P.6), this program targets specific groups that are vulnerable, and Kayayeis, as a group, may not fit into these well-defined categories, making it difficult for them to meet the eligibility criteria for the program. As Ghana has general policies and laws to protect the fundamental human rights of all citizens, these are not effectively implemented or enforced for the Kayayeis' benefit (Bema, 2010,p.viii).

All these interventions were put in place to make sure marginalized groups like the Kayayei have an improved standard of living and for their individual basic needs to be met. Unfortunately, that is not the case. Most of the interventions have failed to support and empower them, making their situation worse and deteriorating over the years economically, financially, socially and in their well-being. The 'exemption targeting procedures' in most of

the schemes do not allow the extremely poor like the Kayayei to benefit. Research shows that because they lack social support mechanisms, they find their own way of survival (Agyei et al., 2015, p.298).

Both government and private organizations have implemented several untargeted programmes to help curb the challenges and support Kayayeis, but the sustainability of the programme is short-lived, and these institutions do not consult them before designing interventions which fail meeting their desired objectives (FORWARD, 2018,p.24). The silence on the needs of the Kayayei and the manner in which their needs are ignored raises a lot of questions. This has caused the Kayayei to be excluded and not to take part in most social policy mechanisms affecting their right to basic needs.

This research aims to identify the SPPs available to Kayayei, identify why they do not effectively access these programmes and how the institutions in charge inhibit access to these programmes.

1.2 Research Justification

The Ministry of Gender, Children and Social Protection's report in 2015 indicated that the Sustainable Development Goals (SDGs) for post-2015 serve as a guideline for the social protection strategy for Ghana, with the goal of granting everyone in Ghana equal and equitable access to all public services and facilities; upholding fundamental human rights and freedoms; and banning discrimination and prejudice based on a person's place of birth, ethnicity, gender, religion, creed, or other beliefs (MoGCSP Republic of Ghana, 2015, p.5).

In addition, it has a framework for social insurance, health, safety, and welfare at work, as well as programs for contributing to financial stability and the development of creative potential for everyone including women (ibid). ILO's social protection policies also supports

appropriate and decent working conditions and empowers workers to be more effectively organise for increased advantages during negotiations (Bemah 2010, p.2).

According to Opuni et. al., (2023, p.10), the state has implemented policies to protect the right of all Ghanaians for equal access to public services but a large number of the Kayayeis lack access for various reasons. It is becoming more crucial to consider actions that would protect Kayayeis due to the growing number of them on Accra's streets and the risks they face (ibid).

To address the vulnerability and enhance the well-being of the Kayayeis, it is important to understand their entitlement and the barriers to accessing social protection. Previous research concentrates on the reasons why Kayayeis migrate from the North to South, the struggles they go through and interventions put in place to discourage them from moving to the South.

It is therefore important to look at the social protections available to Kayayeis in Ghana, the barriers in accessing them and how service providers inhibit their access. I will focus on government interventions, both national and sub-national policies, that are either universal or targeted, because of the important role the government plays in the execution of SPPs on a large scale backed by legislative authorities with the mandate to promote social welfare and also depends on public funding for sustainability.

Not only will this research be used to describe and identify the various forms of SPPs available to Kayayeis, the barriers to accessing them and how the services of the providers inhibit access to some programmes, but it can also be used as a guide in formulating inclusive policies, and as a benchmark in reviewing other policies in other sectors experiencing similar challenges, especially with vulnerabilities of workers in other informal sector.

1.3 Research Questions

Main Question

How do SPPs in Ghana meet the needs of Kayayeis, and what factors influence their access and participation?

Sub-questions

- ✓ What are the SPPs available to Kayayeis, and are they aware of these programmes?
- ✓ What barriers do Kayayeis face in accessing these SPPs effectively?
- ✓ How do the service providers (Government/NGO's) inhibit access to these Programmes?

1.4 Structure of the Paper

This research is divided into five chapters. Chapter one covers the background of the research problem, justification, research questions, demographic trend and the structure of the study. Chapter two discusses the Leveque Framework (2013) and Literature review. Chapter three discusses the methodology; the design, the research area, sampling design, data collection approach, data management and analysis, positionality, ethics and limitation of the studies. Chapter four presents the research findings analysis and the interpretation. Lastly, chapter five, presents the conclusion and recommendations from the study.

CHAPTER 2

A LÉVESQUE FRAMEWORK APPROACH TO UNDERSTANDING BARRIERS IN KAYAYEI SOCIAL PROTECTION

2.0 Introduction

This study will look at the barriers preventing Kayayeis' access to SPPs, adopting Lévesque et al.'s (2013) conceptual framework used in health research for evaluating access and barriers to health care (Cu et. al., 2021, p.10). This framework lists five essential dimensions of access to social protection and five skills or abilities that people need to have in order to properly obtain social protection. After introducing the framework, this chapter applies it to what previous research has revealed about the various barriers that Kayayeis in Ghana face in accessing SPPs.

Lévesque et al.'s (2013) framework explains that ones' access to health care is equally determined by the qualities of the healthcare system which is considered as the supply-side factors, and the individual's ability to access these healthcare services (Lévesque et al., 2013, p.5). Equally, this variety and number of supply and demand side factors can affect the Kayayeis ability to receive social protection.

The supply side which are the key determinants of access are approachability, acceptability, availability and accommodation, affordability, appropriateness; and the demand side include, ability to perceive or need, ability to seek, ability to reach, ability to pay, ability to engage (ibid). Hence it does not only look at it from the angle of the Kayayeis but also from the angle service providers.

Based on the Lévesque et al. (2013) framework on access to health, we can analyze the key dimensions of accessibility and the corresponding abilities of the population to understand the challenges and barriers to SPPs for the Kayayeis in the informal sector of Ghana.

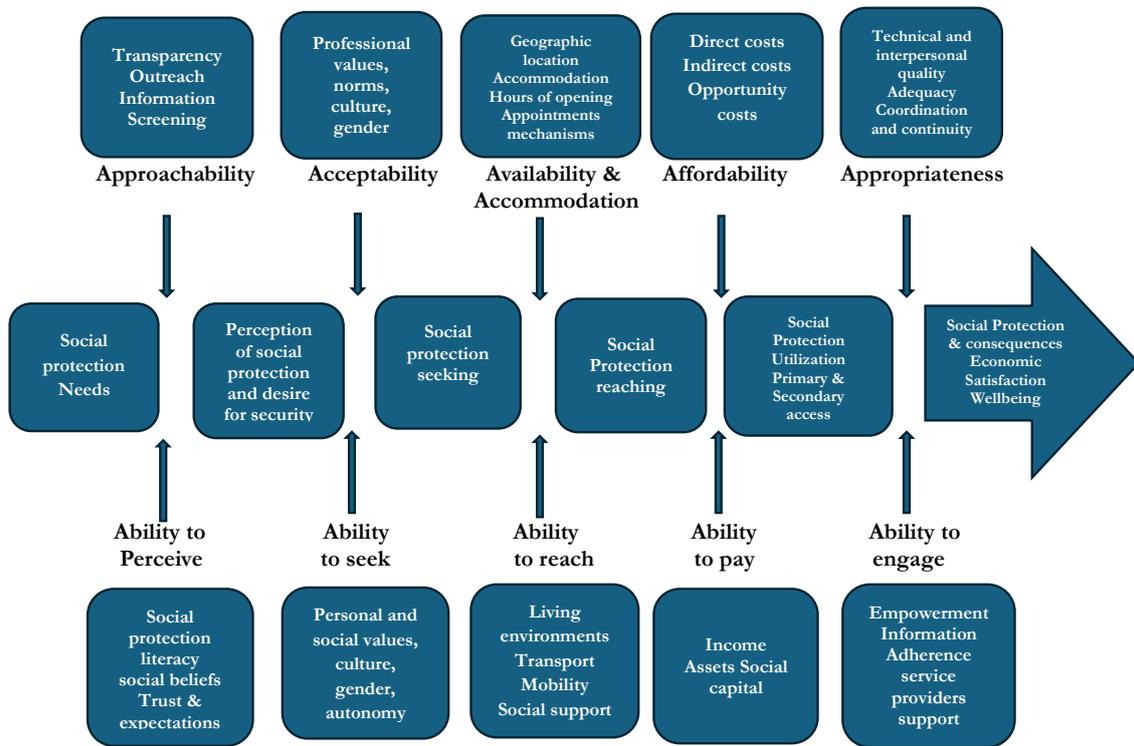


Figure 1 Adapting Lévesque et. al.'s Conceptual Framework of access to Health Care (Lévesque et al. 2013,p.5)

2.1 Approachability

According to Lévesque et al. (2013,p5), for a person to recognize and use health care services that have impacts on their health is approachability, influenced by various factors like transparency advocate, values and norms, cultural beliefs and details about the treatments and services that are offered will impact accessibility. Adapting this to social protection, approachability is what shapes the awareness and understanding of people on the various SPPs, advantages, and rights that are accessible to them and influenced by how informed they are about their eligibility, how to access them, their cultural norms and values.

The extent to which a person recognizes the existence and importance of SPPs available is approachability (ibid). Scholars have identified different facets of approachability, like Deyo-Svendsen et al. (2019,p.e64), who define approachability “as the words and actions that

promote trust and reduce or eliminate the fear of interaction.” If information goes out well and behaviours and deeds towards providing services are very positive, the intended outcome will be achieved (ibid).

In this context, the ability to perceive is when a person recognises that they are in need, vulnerable and they are aware of the SPPs available to them and how they can take advantage of it (Lévesque et al., 2013).

First, we will look at the lack of awareness of social policy entitlements, which is a relevant factor for Kayayeis, and this factor falls under approachability. MoGCSP (2015, P.14) research revealed that one of the reasons why the majority of the poor do not have access to social protection services in Ghana is a lack of awareness and information. Kayayeis, more specifically, are often illiterate, hampering their knowledge about their rights to different public services and the procedures to access their entitlements (Kongolo, 2009).

Avoada et al. (2021, p.120) conducted a research in the health sector concerning Kayayeis, and they found out they do not have access to healthcare services because they lack awareness and information on their physical health and their sexual health, which is very detrimental to their health. Komesuor et al. (2024, p.10) also confirmed this finding that Kayayeis lack health information, leading to limited healthcare access and insufficient knowledge of their health impact from the load they carry and the side effects of the unprescribed drugs they take to manage their pain.

Other research on the LEAP show that why Kayayeis do not access this programme is because majority are not aware of the procedure and process to go through to participate as well as the details of who stands a chance to receive the benefit (MoGCSP, 2022, p. 7). They had no idea what the selection criteria were: what makes one an eligible candidate, how to register, when to register, what their right is and how much they were even entitled to (ibid,p.40,41). The same study showed that the lack of well-defined information on the

selection process and who is qualified to apply was one of the barriers to accessing LEAP in Ghana by the marginalized (*ibid*,p.7).

Secondly, another barrier that falls under approachability is administrative barriers, which also hinder access to SPPs of the Kayayeis. According to research, for one to qualify and prove their eligibility for LEAP, there is a need to provide certain identity information like birth certificate and residence address (Otieno et al., 2022, p4). However because of the informal labour patterns and nature of work of the Kayayeis, their migratory nature, and their lack of permanent address to fulfill residency requirements, they may find it difficult to meet the requirements for some SPPs hence not benefiting from it (Ulrich, 2016,p.23) like LEAP. Literature in the health sector also confirmed that Kayayeis in Ghana have limited access to health care because they lack the necessary documents due to their migratory nature (Lattof, 2018. p.506).

2.2 Acceptability

According to Lévesque et al., “[a]cceptability relates to cultural and social factors determining the possibility for people to accept the aspects of the service (the sex or social group of providers, the beliefs associated to systems of medicine) and the judged appropriateness for the persons to seek care” (Lévesque et al., 2013, p.5).

Acceptability is based on trust, responsiveness to needs, and the alignment of services with community values (*ibid*). It is what will let a person be willing and able to take part in an intervention, and the decision to continue depending on the experience or how effective the intervention was (adapted; Sekhon et al., 2017,p.2). The amount of trust the marginalized group, like Kayayeis, have in government agencies or NGOs delivering SPPs affects their willingness and readiness to partake and feel entitled to the support (Ulrich, 2016,p.23). Kayayeis may hesitate to access programs if institutions are not responsive to their concerns

and are discriminatory, or their actions go contrary to their perceived programme (J. Miti et al., 2021,p.395).

According to Ofori-Amoah et al., (2021,p.2) majority of Kayayeis do not access health care services because they do not have belief in the NHIS. Nyarko and Tahiru,(2018, p7) also had the same view that because the Kayayeis do not trust in the quality of service of NHIS they do not participate in the service provided by the health centres (ibid,p.2,6).

Further, stigmatisation can affect access to SPPs. In the Ghanaian community, Kayayeis are considered a “Social Nuisance” and are mostly verbally abused by most Ghanaians, which erodes their sense of self-worth and entitlement to support, making them not deserving of any kind of support (MOGCSP, 2022, p.35). They are blamed for their own predicament by moving from the North to the South in search of jobs (Madueke, 2017).

They are stigmatized because they lack proper education and are poorly skilled, which reduces their sense of entitlement to assistance, making them feel undeserving of any form of assistance (ibid). This goes a long way to affect their sense of belongingness, consequently causing them to feel isolated, hence discouraging them from participating in the LEAP; and because they are mostly disrespected, they feel unqualified to participate in community activities, hence feel excluded (MoGCSP, 2022,p.35).

This is not different from the way Kayayeis access health care. Research by Akweongo et al. (2022,p.6) confirmed that “[n]egative attitudes from health workers and discrimination against NHIS card holders also affected renewal and enrolment into NHIS according to views shared by participants.” Most Kayayeis are looked down upon by some health workers and are denied health care access due to their untidy appearance because of the nature of their work (Appiah, 2023,p.12).

According to Lattof et al. (2018,p.1), Kayayeis do not have access to health care because of stigmatisation from health care providers who refuse to register or renew their health insurance card. Jarvis et al., (2023, p.2) also reiterated this in his research that negative perception, treatments and attitude of services providers, especially healthcare workers restricts these Kayayeis to access health care services.

2.3 Availability and Accommodation

“Availability and accommodation refer to the fact that health services (either the physical space or those working in health care roles) can be reached both physically and in a timely manner” (Lévesque et al., 2013, p.6). Availability and accommodation is the existence and provision of social protection services, which includes a range of programs, the capacity to serve the population, geographic distribution, delivered methods their needs like the language, hours of operations, how flexible the application process is and how adequate these resources are for the services to be delivered (ibid., adapted).

However, “{a}bility to reach health care relates to the notion of personal mobility and availability of transportation, occupational flexibility, and knowledge about health services that would enable one to physically reach service providers.”(ibid). Ulrich (2016, p.28), in his research, underscores the need to be connected with health services, facilities, and experts who are physically present and adequately equipped to offer essential services. This also includes the distance of the facility to the population, hours of work and the capacity of the service providers to meet the demand of the population (ibid)

Availability and accommodation lay emphasis on how well the providers of the services are organized to meet the needs of the users. This was explained by J. Miti et al. (2021,p.394), who mentioned that the processes Kayayeis go through to register for health insurance in Ghana are complicated, which discourages them. The literature revealed that Kayayei has

less access to healthcare and “ [a]re often faced with increased health hazards due to institutional barriers to health” (Komesuor et al., 2024b, p.2).

The geographical location of the offices where the Kayayeis can assess SPPs can also influence their participation. Reports from different researchers record that Kayayeis live in slums where they lack basic amenities (Komesuor and Meyer-Weitz, 2023, p.2). Moreover, where they work is far from the service centres, making it difficult for them to have easy access, which discourages them from the locations of the NHIS offices and the health centres (Boateng et al., 2017, p. 633).

2.4 Affordability

Lévesque explained that “{a}ffordability reflects the economic capacity for people to spend resources and time to use appropriate services” (Lévesque et al., 2013, p.6). This signifies the degree to which the costs related to accessing and utilizing social protection services are manageable for the target population, which includes both the direct financial costs, such as application fees, indirect costs like transportation, and how the cost of services influences a person ability to obtain social protection services.

For the Kayayei working in the informal sector, affordability may be influenced by the direct costs of applying for SPPs, the availability of free or low-cost services tailored to the Kayayei's financial circumstances (Ulrich 2016,p. 37), and the opportunity costs of taking time away from work to engage with SPPs (ibid,p.38). Inadequate finance is a major barrier for Kayayeis seeking social protection, and due to their lack of stable income, the cost of application of these services can be a burden for them, as well as indirect expenditures like paying for transportation to access the service providers (Habib et al., 2021, p.7).

Nyarko and Tahiru (2018, p2) explained that Kayayeis do not enrol in the NHIS and lack healthcare access due to the difficulty of paying the premium since they perceive it as

expensive. They prefer self-medication through unprescribed drugs from drug peddlers in the market because it is cheap to afford (ibid,p.7). Komesuor et al. (2024, p.9), in their research, also cited affordability as a barrier in accessing basic health care.

A Kayayei who would like to access an SPP will have to take into consideration what she is sacrificing for the service she is seeking, and what she will get from that service after the sacrifice. According to Haghpour et al. (2022, p. 1942), opportunity cost is what a person gives up when they make one choice over another. Research by Nyarko and Tahiru (2018, p.6) confirms that the waiting hours at health centres discouraged Kayayeis from accessing health care services since they perceived waiting as a waste of time because they prefer to work and earn money rather than spending hours at health facilities waiting for health professionals to attend to them. Time constraints is one of the major barriers to accessing health facilities (Komesuor et al., 2024, p.9).

2.5 Appropriateness

"Appropriateness denotes the fit between services and clients need, its timeliness, the amount of care spent in assessing health problems and determining the correct treatment and the technical and interpersonal quality of the services provided" (Lévesque et al., 2013, p.6). Appropriateness is the extent to which social protection interventions are important, are of good quality and suit the needs of the target population, which involves aligning the people's actual needs with the policy's design and the services delivered (ibid).

Literature indicates that the effectiveness of social protection initiatives, which are intended to lessen the economic vulnerabilities that marginalized groups like the Kayayei experience, largely depends on their well-thought-out design and execution (Tiwari et al., 2016). According to J. Miti et al. (2021, p.395), the reason why workers are not willing and ready to participate in the NHIS is that the services delivered by the health facilities do not meet the

expectations and needs of the informal workers like the Kayayeis and these experiences determine their participation (ibid).

Sarfo-Adu (2021, p.6) explained that when SPPs like the LEAP and NHIS meet the specific needs of the poor, they will take part in it, but unfortunately, in Ghana, the unique needs of these people are not taken into consideration while designing SPPs causing its failure. They are mostly designed and implemented with an institutional consultation approach instead of involving grassroots beneficiaries (ibid). The success of an intervention rests on how they are responsive to the demands, challenges and needs of their recipients (Ulrich, 2016,p.34).

2.6 Key Social Protection Programmes Available To Kayayeis

National Health Insurance Scheme

The Ghana NHIS, which was “implemented in 2003” (Asiedu and Baku, 2021,p.179), is a social protection strategy to increase the opportunities for health care, particularly for the underprivileged like the Kayayeis (Boateng et al., 2017, p. 625). It is a universal healthcare scheme for every Ghanaian (Raju et al., 2023,p.108) to enable equal access to healthcare, covering about ninety-five percent of health issues across the country with the intention of minimizing the financial burdens on healthcare (Otieno et al., 2022, p.2).

To enrol on the National health insurance, one must register and pay a premium and must also pay to renew the card yearly, but there are some exemptions to a specific class of people, and that is those identified as highly impoverished individuals, to enable them to have access to proper health care (ibid). Kayayeis are part of this group exempted from paying the premium to register or renew their membership because they are considered extremely poor in society. Not every illness suffered by an insured person is covered by the NHIS except very common illnesses like malaria and diarrheal, so when your illness falls outside this scope, it has to be out of pocket payment, for example, uncommon illnesses like

cancer (Alhassan et al., 2016, p.2). Some researchers have criticized the quality of health care (limited facilities, long waiting hours, illegal fee charging, negative attitude of care workers) since the inception of the NHIS, even though they admit the insurance scheme has increased the use of formal health care (ibid, p.4).

Livelihood Empowerment Against Poverty (LEAP)

The Livelihood Empowerment Against Poverty (LEAP) is a social assistance programme introduced by the Ghana Government in 2008 (Foli & Ohemeng, 2022, p.222). It is a targeted policy for the poor to offer cash transfers to households in extreme poverty, including the elderly (65+), vulnerable children and orphans, people with disabilities, and expectant mothers and newborns (Otieno et al., 2022,p.4).

For one to qualify and be selected, individuals undertake a proxy means test, which is a verification that they are from a low-income household, and it is carried out through a community-based approach through registration (Akweongo et al., 2022,p.2). It's a 'pro-poor measure' put in place to provide monetary assistance and support to disadvantaged families or households who lack sufficient money to meet their dietary requirements (Kyei-Gyamfi, et al, 2021, p.7). Some Kayayeis who meet and fit the requirements can obtain and receive this financial support even though it is not solely targeted to them (Batse, 2023, p.22).

Kayayei Empowerment Programme

In the early 2000's the Government of Ghana with the help of NGO's and other development partners like the UNICEF inaugurated Kayayei training programmes with the aim of providing training and skills (e.g. Hair dressing, dress making etc.) to the Kayayeis as an initiative to reduce poverty and provide the vulnerable group a sustainable means of generating income (Bemah 2010, p.33).

According to research, Kayayeis were given start-up money and some equipment after the training programmes, and they were required to return to the North after the completion

of the programme (Kyei-Gyamfi, 2021, p. 113). This discouraged most of them from enrolling, leading to the failure of the programme (ibid).

In early 2024, the government of Ghana initiated an empowerment and training centre for Kayayeis at Madina to provide Kayayeis with Technical and vocational education training (TVET) to build their skills in particular trades (Adu-owusu, 2024). Some 600 of them were selected for three months of skills training as the first cohort, after which another 600 people will be enrolled (ibid). They register and it goes through a selection process by using sets of criteria and steps.

CHAPTER 3

METHODOLOGY

3.0 Introduction

This Chapter reviews the methodology approaches employed in this research. It starts with the history of research sites and how the participants were assessed. It describes the instruments and techniques used throughout the fieldwork activities. It cover the research design, the study area, sample and sampling techniques, data collection approach, data management and analysis, positionality, ethics and the limitation of the study.

3.1 Getting access to the Kayayei

This session explains how I reached out to the participants of this research. I would explain how I got access to the Kayayeis, and the Government official (Department of Social Welfare, MoGCSP) in Ghana.

My intention was to engage with any of the Kayayeis I meet in the market, and to connect with the other colleagues. On the first day, I went shopping in Agbogbloshie market to observe market activities and how the Kayayeis' conduct their business on market days. When I got there, I had no conversation with any of them, even though some approached me to offer assistance. While shopping, I observed how some were chasing customers, others were carrying heavy loads with babies on their backs, and some were following their customers while shopping. After I bought my items, I left without talking to any of them. Upon reaching home, I explained my research plan to my brother, and that was when he told me he had contact with one of the Kayayei girls who serves him when he goes shopping in the market.

He called her to seek her consent to share her contact information; I contacted her and asked her the appropriate meeting time, which she said was the next day (Tuesday, 3 pm). And that was how I met Hawa.

When I arrived at the market on that Tuesday afternoon, it was not busy because it wasn't a market day. Some of them were on a break as she was chatting with friends using their head pans as chairs, and others were also on the lookout for customers during a non-busy market day. I approached her, and we introduced ourselves, and then I had a short conversation with her. I went ahead to discuss my research with her and inquired about her ability to discuss participation with her friends, and if they agreed, I would propose an alternative meeting day. She excused herself and approached them, but seemed uninterested. Later, I realized they were deliberating.

She later approached and informed me that some agreed, suggesting we meet the next day to discuss it further because they would invite some of their friends. I returned the next day, and to my surprise, I met about fifteen of them waiting. I explained everything to them, and we agreed on the meeting place and time. One of them mentioned their residence which they disagreed because they complained the road was bad due to rain, and it was far from the market. Another suggested an abandoned store as an alternative. Because the scheduled date was a week away, I decided to join them occasionally to experience their typical workday.

The next morning, I joined them at the market dressed like a Kayayei woman and I borrowed Hawa's pan. Using her pan for the day, one-third of my daily portion would go to her. If not, I would have to pay her twenty-five cedis (\$1.59) for using the pan. I decided to pay her for using the pan for the day even though I could not keep up with the pressure in the market. I didn't get any customers because I wasn't aggressive enough. I resorted to following her around since I was not skilful enough to attract customers. I ate, sat, and had interesting conversations with them to learn about their daily activities in the market.

I had a great time getting to know them since they all wanted to talk to me and get to know me. I left for the house very tired and disappointed for not getting any customers, but excited at the same time to experience Kayayei's everyday hustle. This presented me the

chance to acquaint myself with them. From there, I went there occasionally to shop and employ their services just to get to know them, and understand their trade. On the day of the interview, about 25 Kayayeis showed up, and I selected my participants for the interview and discussions.

My informants from the Social welfare office was introduced to me by a friend from the same ministry, but in a different department. She introduced us and explained what I needed and he agreed, provided his email address and we scheduled a meeting.

Figure 2 Image of Participants with Researcher after the focus group discussion (21/05/24)



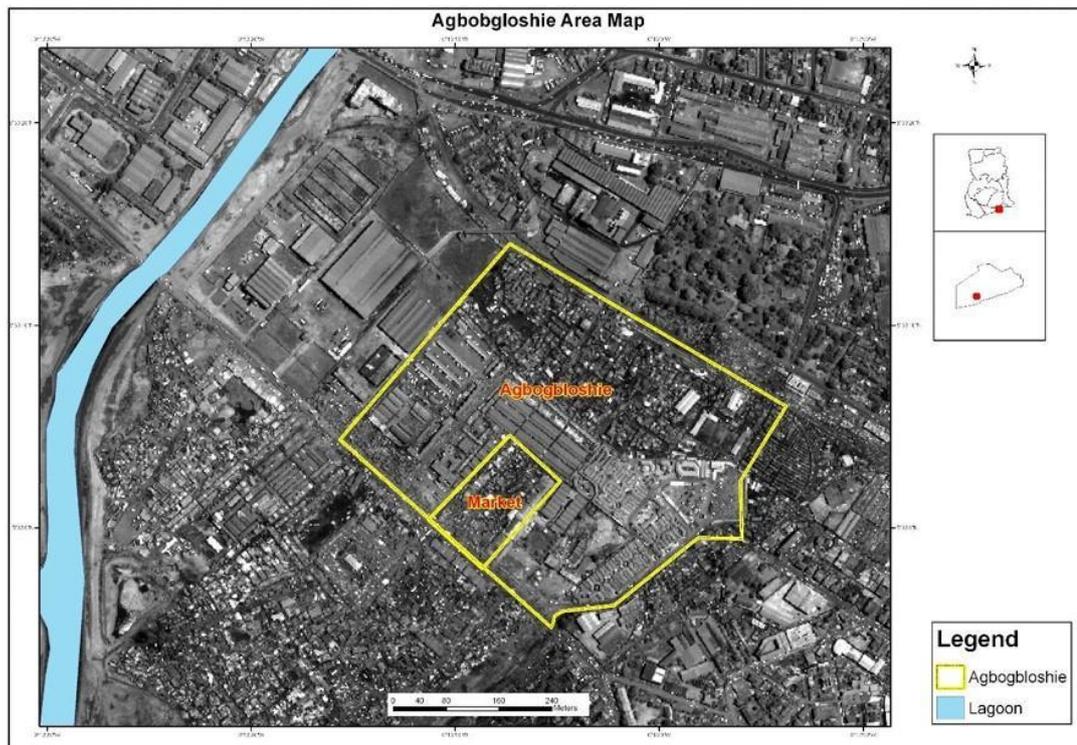
Source: Rita Dzighbordi Fiave

3.2 Research Site

This research covers the Greater Accra region of Ghana, Particularly the Agbogbloshie Market in the Accra Metropolitan Assembly (AMA). It is located in the capital city of Ghana, Greater Accra, surrounded by and shares borders with the Agbogbloshie drain, Odaw River and the Abossey Okai Road (Montoya, 2016, p.38). Agbogbloshie is one of the impoverished areas in Accra, where most of the people live in wooden structures with poor sanitation conditions, poor access to safe drinking water, and accommodation challenges because the community is overcrowded (ibid).

The market is bustling, attracting many sellers and buyers over the years. The main form of business in this market is trading, and various goods and foodstuffs (yam, onions, pepper, tomatoes, etc.) are transported from different cities for sale, which provides various job opportunities to local and nearby residents (Yeboah & Sam, 2019, p.2).

Most female head porters (Kayayeis) travel from Northern Ghana to these areas for better opportunities (Opuni et. al., 2023). It is easy to select the Kayayei in this area for the study since the majority of them are actively involved in the economic activities at the Agbogbloshie market. The location was chosen based on poll results from Ghana's statistical agency, which reveal the location is congested and offers the best job opportunities among the poorest communities in Ghana (Ghana Statistical service, 2010).



Map 1: The Market and Agbogbloshie
Source: Centre for Remote Sensing and GIS (CERSGIS), University of Ghana, 2015



*Figure 3 Image of Kayayeis in Agboghloshie Market on a market day (23/05/24).
Source: Rita Dzighbordi Fiave*

3.3 Sample and Sampling Techniques

My study aims to investigate the barriers that hinder the Kayayeis from effectively accessing SPPs. According to Owusu-Ofori (2018, p.29), “sampling of participants is a very important process in data collection because a sample that is wrongly chosen or too small can make the research invalid.” Because this is qualitative research, few of them were selected, and the main participants were female Kayayeis who conduct their business at the Agboghloshie market who were between 25 to 30 years old.

Snowballing was employed to ascertain the Kayayei sample. Purposive was used to select those who specifically meet the criteria. “When sampling methods are employed in qualitative research, they lead to dynamic moments where unique social knowledge of an interactional quality can be fruitfully generated” (Noy, 2008, p.328). According to Noy 2008, “snowball sampling {is} when the researcher accesses informants through contact information that is provided by other informants” (ibid,p.330). Through this process, I could access all the Kayayeis, and then the meeting was scheduled.

On the day of the session I continued the sampling procedure with purposive sampling since I needed Kayayeis who have lived in Accra for at least more than one month or more. Purposive sampling, according to Owusu-Ofori (2018, p.30), “is a method identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest.”

This study was specifically designed to study only women who work as female head porters at Agbogbloshie market and there was no age limits. Spending time with them, I realized some in the market were not engaged in the Kaya business but worked as house help and shop attendants even though they resided together and socialized with Kaya business workers at the market. I also took into consideration the time frame and experience in Accra for reliable market information and also considering the influence their surroundings have had on them that impacts their decision to consider participating in SPPs. Snowballing was also used to access informants from Government officials from social welfare.

Table 1 – Respondent (Social Welfare officer)

Participant	Gender	Organisation
Respondent 1	Male	Social Welfare

3.4.0 Data Collection Method

The fieldwork employed both primary and secondary data gathering approach, including semi-structured interviews, direct observation, and focused group discussions. Primary data was gathered through in-depth interviews and was carried out in person, using a comprehensive interview guide classified into five parts: demographic information, level of awareness, barriers in accessing SPPs, government support and suggestions for improvement.

3.4.1 Direct Observation

Direct observation helped the researcher witness how the Kayayei work and their experience during a normal day at work, daily routine and their coping mechanism. The researcher visited the Kayayeis, had discussions about their work and experience in Accra to get familiar with them. There were days researcher disguised as Kayayei to observe their daily work and daily routine.

The research explains that observation could be structured and unstructured, and for research to be considered useful, its foundation should be observation (Owusu-Ofori, 2018, p.32). It is convenient because "it helps to record peoples, surroundings, sounds and speech, events, overhead comments, behaviour and body language" (ibid).

This method helped me to get closure with the girls, to understand their lifestyle and how they handle themselves and challenges in the market. The frequent encounters and conversations established comfort and trust, enabling my access to confidential information.

Growing up in Accra, I mostly shopped at Agboghloshie market, so I knew all the corners. However, as I observed their activities in the market as a researcher, I noticed a lot of different things. There were some days I went there as early as 5 am and late afternoons when they were on break. Even though they have their residence, I noticed those sleeping in kiosks and shop corridors in the market wake early to sweep and clean before shop owners arrive.

Zainab, one of the girls, sleeps in a kiosks with her two-year-old daughter due to insufficient rent money, and her daughter's crying at night disturbs her roommates, so she pleaded with the shop owner (who speaks the same language as her) to stay at the shop and to offer some services without charge. The day starts for most of the girls at 6 am. While some shop owners hire their services to deliver goods to their customers who buy from them wholesale, others also chase buyers while they shop in the market.

They walk in pairs and sometimes in groups of three or more. They walk around looking out for customers, and when they spot any potential customer, they all rush over to the customer. The rest continue to walk through the market until they get their customers.

The price a Kayayei charges for a trip depends on the size of the load, the weight and the distance they cover. The normal charge per trip is between 10 to 20 cedis (\$ 0.58 to \$1.15). Slow market days affect their business. And some customers unwillingness to pay discourages them from offering their services. There are days they go home with no money and some days they accept the lowest price to avoid an empty handed return.

What will easily identify a Kayayei is their traditional way of dressing. They normally wear long dresses that allow them to move easily, comfortably and swiftly. They wrap their heads with scarfs that normally have similar designs. They usually carry pans on their heads with loads in them and when there are no loads in them they use the pan to cover their heads as shades protecting them from sunburn from the harsh sun. During their break, they use their pan as chairs or spread their head scarfs on the floors to sit on as they chat with each other. This was the time I got to chat and eat with them, despite having diarrhea after eating.

Business goes down by 5 pm, and some are tired from working and searching for customers all day. The majority retire to their residence at 6 pm while others help some shop owners clean their shops for token.

As I observed their daily activities and hassles, especially the number of hours they work and the physical burden this work puts on their body, it is very obvious that they experience challenges when it comes to social protection. Spending time with them, I noticed majority lack access to healthcare or have any formal safety nets. It is obvious there are gaps in the social protection policies leaving them vulnerable to economic hardship, especially when they get injured while working.

3.4.2 Focus Group Discussion

A focus group discussion was also employed in the study. The discussions highlighted very important activities and happenings in the markets where the Kayayeis work. According to Barbour & Schostak (2005, p.46), a focus group discussion is “...an interviewing technique in which participants are selected because they are purposive, although not necessarily representative sampling of a specific population, this group being ‘focused’ on a given topic”.

Two focus group discussions were held, and each group included five women. This activity took place at the abandoned shop, and we met on a Friday, which was not a market day, even though some market activities were going on and there were fewer distractions. The aim of the dialogue was to determine Kayayeis’ awareness of available SPP’s, their opinions on the support they receive, and the barriers to accessing SPPs.

After presenting the subject matter for the discussion, I ensured all participants expressed comfortably and shared opinions. Some were very loud, while others were a bit timid. They all spoke in turns, and I ensured everyone contributed. Before the discussion, I asked for their consent to record and take pictures for the purpose of the study.



Figure 4 Image of some Kayayei participants during field work.
Source: Rita D. Fiave (Researcher)

3.4.3 Semi-Structured Interview

Another method I used in collecting the data was interview. Kvale and Brinkmann (2009, p.3) defined interview as “the purpose of obtaining descriptions of the life world of the interviewee in order to interpret the meaning of the described phenomena.” In his research, Alshenqeeti (2014, p.40) explained that “as interviews are interactive, interviewers can press for complete, clear answers and can probe into any emerging topic.”

I designed an interview guide using my research questions as the basis to develop them. All ten participants are from Dagomba, and they speak Dagbani, a language that is part of the Gur language family and is spoken mostly by the people of the northern part of Ghana. They were all interviewed in the Twi language because they could speak and understand. The interview was conducted at the space they suggested we meet. On Friday, around 10 am, the interview took place. It was not a market day, and the place was not too busy. The semi-structured method was also used for the government officials I interviewed from social

3.4.4 Field Notes

Any time I visited the market I always carried my notebook for important information I considered significant for the research. There were some I had to use my phone to type and transfer later. I documented activities, actions and unofficial conversations and incidents that happened in the market from the first day last day. Each day I noted down my encounters.

3.4.5 Informed Consent

Participants gave their consent before the interviews, and the researcher assured them of their privacy and confidentiality. The researcher dressed casually during the meeting to make Kayayeis comfortable. Formal organization interviews were done online.

3.5 Secondary Data

The secondary data sources enabled me to obtain information on scholarly disputes and past studies on the subject. The secondary data were obtained from articles, online resources books, the ISS library, and journals. Documents, records and reports from the Ghana Government on various social Protection entitlements, as well as documents from NGOs that have implemented projects to help alleviate the plight of these migrants, were reviewed.

3.6 Positionality

Considering my past in the media field and my work as a part-time health promoter where I interacted with people in vulnerable situations, including Kayayeis, a research perspective as a researcher is cut out for me in these circumstances. This role allowed me to build relations of trust and understand first-hand their battles. In this research, my main focus is on the participants' views on SPPs and the corresponding data regarding ensuring that my past experiences do not influence the findings.

3.7 Limitation

One of the challenges of this research was translating the participants' answers and opinions from the Ghanaian Language (Twi) into English to appropriately convey the actual meaning. As a result, word choice and amplification may have served as persuasive factors.

Also, arranging a meeting place for focus group discussion was challenging due to participants' preference for proximity to the market centre for easy access to work after the session, even though it was not a market day.

Incentives were given to Kayayei for time spent with the researcher. Initially most of them were reluctant due to previous interviews without results. I educated them on the purpose and types of research work. There was also the problem of time constraints.

Because participants recruited were from the same social network (break-aways), none of them were in any Kayayei association which affected the dynamics of the research because associations can play an important part for researcher-participant connection and providing support networks.

During the interview session with the government official, we encountered network challenges that prolonged the time schedule designed for the interview to take place. We kept trying to connect till the network became stable making it a very lengthy process.

3.8 Data Analysis

I recorded and manually transcribed all the interviews with the Kayayeis, and the online interview with the government official from the social welfare office. The interviews transcribed were grouped into three themes: Awareness of SPPs, Barriers to accessing SPPs and feedback on programme designs. Their socio-demographic data were also recorded. The data collection tools were a journal, a recorder, a questionnaire guide, a notepad, and a Google Meet for the social welfare officer interviewed online.

CHAPTER 4
NAVIGATING CHALLENGES: A DATA-DRIVEN EXPLORATION OF
KAYAYEIS AND SOCIAL PROTECTION BARRIERS

4.0 Introduction

This chapter describes and reviews the outcomes of the data analyses relating to the interviews with my research participants. The main purpose of this chapter is to identify whether these Kayayeis are aware of the SPPs they are entitled to, if they are able to access it, and the reasons why they cannot access it even though they are entitled. We will also look at the barriers on the part of the organisations and bureaucrats who are providing these services.

¹Table 2 Socio-demographic Characteristics of Participants

Participants	Age	Number of Children	Educational status	No. of years in Accra	Reasons for dropping out of school	Years of Experience	Residence (<i>No. of roommates</i>)	Earning per day ¹ c
Fatima	27	2	No	2	Family Responsibilities	2	dormitory (10)	40
Amina	25	2	No	11	Financial Challenges	11	dormitory (20)	50
Zainab	Unknown	2	No	2	Disinterest in Education	2	Agbogbloshie Market	30
Bintu	30	3	No	12	Family Responsibility	12	dormitory room mate (2)	50
Fati	27	2	No	5	Family Responsibility	5	dormitory roommate (2)	50
Hawa	25	2	No	1	Family Responsivity	3	dormitory roommate (2)	40
Saadia	26	2	No	5	Family Responsibility	5	Own Apartment	35
Nabila	26	3	Yes [JHS]	7	Financial Challenges	7	dormitory roommate (2)	50
Aissatou	Unknown	3	No	>1	Financial Challenges	>1	dormitory roommate (2)	40
Maimuna	25	2 (1 deceased)	No	8	Family responsibilities	3	dormitory roommate (2)	50

4.1 Description of Sample

Overall, ten Kayayeis from the Agbogbloshie Market in the Accra Metropolis were interviewed. All of them indicated they are from Dagomba an ethnic group from the Northern

¹ 1 EUR = 17.2801 GHS

part of Ghana. The common traits amongst these participants is that they are all married Muslim women with children.

The level of education amongst them is very low. Out of the 10 of the Kayayeis, 9 had no formal education and the 1 who had been to school could not complete Junior high School due to the death of her father. She wishes to continue her education even though she has a family of her own. The majority of them did not have education due to family responsibilities and living arrangements. Some had to either take care of aged or sick family members, and some lived with other relatives playing the role of helpers.

Because of the culture and tradition of the Northern region, amongst the Muslim communities, girls are assigned the role of caretakers at a very young age preventing them from getting formal education or early school dropouts and this makes it difficult for them to get employed in the formal sector since individuals' employment is based on higher education in Ghana (Agyei et al., 2015,p.13). Girls are the first to consider to drop out of school rather than boys when there are financial challenges at home (ibid). This lack of education leaves them with limited opportunities compelling them to work in low paying sectors.

They indicated their daily income earned between ₵30.00 (\$1.9) and ₵50.00 (\$3.18). Majority of them reside in a dormitory and these rented accommodations have no washrooms, so they pay to use the public washrooms. Out of 10, 5 live with their husbands in a rented apartments where the rent ranges from ₵350.00 (\$22.28) to ₵ 400.00 (\$25.47) a month. Three research participants live in a dormitory and the price is determined by the number of people in the room (10 to 20 people) ranging from ₵15.00 (\$0.95) to ₵25.00 (\$1.59) a day. 1 sleeps in a shop at the market without paying rent but cleans and help the shop owner before and after work as a form of payment. Only one of my interviewees lives with her husband in their own apartment. She is the only one whose husband works in a company as a cleaner/messenger, and the other's husbands are scrap dealers and motor riders who engage

in transportation services, locally known as Okada. The most experienced Kayayei has worked for 10 years. She also happened to be the oldest of my research participants and the least experienced Kayayei has worked for less than one year.

The **Table 2** above summarises the characteristics of all the participants who took part in this research. They are identified with pseudonyms, representing each participant.

4.2 Awareness of Programmes (knowledge of specific SPPs)

One specific factor that was obvious during the data collection was that, some of the Kayayeis are aware of the SPPs available to them. They know some programmes they can benefit from and they hear it from their colleagues, through word of mouth and conversations amongst themselves.

‘I know of NHIS, Free Education, School feeding and LEAP. [...] I heard about it in the market. Sometime when we meet there are some people who always have information, because people talk about it in the market so we hear it.’ (Bintu)

‘I know of Free Education, School feeding, NHIS, and LEAP’ (Fati)

Even though some are aware of their entitlements to NHIS, LEAP, and Kayayei Empowerment programme, they feel discouraged and not motivated to participate hence lacking access to these programmes. There are some who are also not aware of some of the programmes, like the Kayayei Empowerment programme and LEAP. This is what Fatima had to say;

‘The one I know of is National health insurance. If there are others I am not aware of it.’ (Fatima)

There is a mixed awareness, with some Kayayeis aware of the programmes available and others not. Kayayeis who have been in the in the system for long like Fati and Bintu, are

aware of most of the programmes available than the less experienced ones like Fatima who are less aware of these programmes.

Amongst all the SPPs the Kayayeis mentioned, they have all previously had access to National health insurance, but have not renewed their insurance even though the registration and renewal is free.

I used to have National health Insurance but it has expired so now I can not use it' (Fatima)

'I had national health but it has expired' (Saadia)

None of them have ever been enrolled in the LEAP and the Kayayei training programme. Based on my analysis, the level of awareness of Kayayeis' social protection significantly varies, where as some of the Kayayeis are aware of certain programmes others not aware. This differences is cause by many factors like their access to appropriate information and education, which will be discussed further in the next subsection.

4.3 Barriers to Accessing the Programme Effectively

Using Lévesque et al.'s (2013) in explaining this section, we are going to look at the barriers that hinders Kayayeis from accessing SPPs they are entitled to. The first Dimension I will be looking at is Approachability.

4.3.1. Approachability

When people facing challenges are aware of the SPPs available to them and they can access them to improve their standard of living, this is related to approachability in Lévesque et al.'s (2013) framework; where those with health needs could identify services they could access to improve their health (Lévesque et al. 2013, p.5).

Informational Barrier

During the interview many participants complained about lack of information on available SPPs. They lacked information about the types of programmes available to assist them as

well as what they need to do to access these programmes; NHIS, LEAP and Kayayei training Programme. They voiced out their frustration about lack of information about LEAP and the Kayayei training programmes. Because they work in the informal sector, most of the information they get is through informal means, leading to being misinformed. The participants noted;

'for the Kayayei empowerment programmes I did not hear of it until recently my other colleagues were talking about it. They have already started, but they said the people who support the party are selected. So if you do not support the ruling party you do not have the chance because the woman who selects the girls in the market goes for party meetings with some of the leaders and so when the time came she takes them. I would have wished to join [...]' (Hawa- FGD)

'I would have loved to enrol in LEAP and the Kayayei training but we do not get the adequate information to help us enrol in the programmes.' (Bintu)

Adequate information about available SPPs to Kayayei in Ghana is very important and plays a very significant role. This will help them to know and understand these programs in order to enrol. It is through the awareness that they will understand if they are eligible or not. From my data majority of them are not aware of the different SPPs available to them and how to even access them, except for NHIS. Bintu like many others would have loved to participate in the LEAP but she lacks the necessary information to enrol. Although Kayayeis are eligible to LEAP majority of them are not aware and do not have adequate information about the eligibility procedures of the programme (MoGCSP 2022,P.7).

Hawa would have loved to join the training programme but because she did not get any information about it, she didn't get enrolled. Even though Hawa's response aligns with approachability, having limited access because of lack of information, it is also linked to acceptability, where the interplay of politics in this perspectives influences the relationship

between patrons and the Kayayeis creating a cycle of dependency and exclusion which affects the Kayayeis economically and socially as discussed by Wood and Gough, (2006, p.25) as being a sign of a weak state within the welfare regime. This type of programme delivery affects the trust of the Kayayeis.

Language Barrier

All the Kayayeis I interviewed understood Dagomba or Twi and could not speak the English language. They find it difficult to understand some of the programmes since they are all in English.

'I don't understand English so to avoid any embarrassment I don't get closer to even register some of these programmes' (Maimuna)

'me I don't speak English and even with the Twi I don't really understand it well so most of the time when something comes up I hear it from my colleagues and they communicate it as they hear it so whether it is the right information or not they share it with us and so for me the language is what worries me' (Aissaton)

Not only do the Kayayeis experience language barriers, but the Institutions that provide these services to them also have language challenges when they encounter them. Most of the Kayayeis migrate from the North, and the only language they can speak is their native language, making it difficult for the service providers to communicate effectively with them.

'the challenges can sometimes be the language barrier especially if they have come freshly to Accra and they seem not to understand any language apart from their native tongues. And those who are in groups if their leaders are not available no matter what you do you will not be able to achieve your aim except when they have leaders available' (Social Welfare officer)

Ghana is a multilingual society whose official language is English. However, there are other ethnic languages the government supports and promotes, especially in our schools and for

communication purposes (Owu-Ewie, 2006, p,77,78). Most of these Kayayeis are uneducated and are not fluent in English. The only language they could fluently speak was Dagbani. Meanwhile, the documents for registering SPPs are in English, and the Kayayeis find it difficult to navigate through these documents to enrol, limiting their access to certain entitlements (Kongolo, 2009). However, the data results gave me a blended narrative in terms of Kayayeis awareness of SPPs available to them.

4.3.2. Acceptability

“Acceptability relates to cultural and social factors determining the possibility for people to accept the aspects of the service [...], and the judged appropriateness for the persons to seek care”(Lévesque et al. 2013, p.5). It is the values and norms that influences one to accept a service and how they perceive a treatment or care is suitable (ibid). In seeking for SPP, the autonomy or culture of the individual plays a role in their choice to be part or not, based on their own understanding, values and preference.

Autonomy in Making Decisions

The Kayayeis have so much confidence in their ability to make decisions, and they believe that because they know what they are going through and they are aware of their conditions, they can make better choices than the SPPs offered. Participants often mentioned they wanted to have a greater influence in the initiation of SPPs. Nabila stated;

‘Why is it that I cannot decide how I use the help I get? I should be able to control the kind of help I get. People always decide for us what we need and then it does not even help us’ (Nabila FGD)

This call for autonomy makes known a profound problem in the implementation of these programmes. My findings reveal that the autonomy of the Kayayeis based on their needs can encourage them to part take in a programme or not. FORWARD (2018, p.24) remarked that

for policies to be implemented and to be successful the affected girls should be consulted, because most of the SPPs fail due to failure to consult the Kayayeis before implemented. It is important to listen and respect individuals choices when providing assistance. Nabila wants to determine the type of help she needs and not what the providers assume she needs.

Stigmatisation

During the interview many of the Kayayeis complained about how they are looked down upon when they want to access some of the SPPs. This is what some of them had to say.

'All the offices these service providers you are talking about now are not here (LEAP and NHIS), so sometimes its difficult going there, and the way we are dirty if we go to such places we do not feel welcomed, I ones went to the LEAP office and they didn't speak to me well.' (Hawa)

'I don't want to renew my NHIS card because I don't want to use it anymore when I go to the hospital I don't like the way they talk to me [disrespectfully] so I decided I wont go again. Even if I go early they will take care of everyone before they attend to me.'(Zainab)

Hawa and Zainab's experience confirms a research by MOGCSP (2022, p.35), revealing that Kayayeis do not want to enrol in SPPs because people look down on them, discouraging them from getting involved in any programme that would improve their standard of living. Hawa's encounter at the LEAP office made her feel not welcomed, a reason why Kayayeis do not want to access the LEAP programme (ibid).

With Zainab she feels disrespected and discriminated against anytime she goes to the hospital and this discourages her from going to the hospital. Most Kayayeis lack access to health care because of discrimination, stigmatisation and negative treatment from the medical community, and they prefer staying out of health care centres to access proper health care as well as register with the NHIS (Lattof et al. 2018,p.1).

In contrast, Saadia's experience at the hospital has been normal without experiencing any harsh treatment from any health worker.

'when I had the insurance card and I went to the hospital, they treated me normal, I just join the queue and I was attended to every time, [...]' (Saadia)

It is interesting how one person mentions how she is treated 'normal' when she visits the hospital. This is a positive feedback. However, it does not change the fact that many of her peers as well as other researchers have reported and documented a wider pattern of unfair treatment of these Kayayeis (ibid). This also indicates that there are medical practitioners who treat Kayayeis fairly and the issue may not be the same across all hospitals. Unfortunately, positive attitude towards Saadia alone does not solve the issue of mistrust that these Kayayeis feel. For the fear of being rejected, disrespected and not treated well they prefer not to participate in SPPs.

Lack of Trust in the System

Many of the participants expressed their uncertainty and mistrust of some of the programmes because what they experience is not exactly what is communicated to them about the programmes.

'That day they told us that they are having a training for Kayayeis in one of the offices in town and my friends and I went there but they told us we have to pay 100 cedis to register and after that they will give us certificate. They told us it is free, but now they are taking money so now when I hear that they are doing free programmes I know it is not true [...]' (Nabila)

'Sometimes the NHIS doesn't work like they told us. When you are sick and you go to the hospital for them to treat you they will not take care of you well because we cannot pay the extra fees even though you may have the insurance. They do not recognise us as people

who are really sick. They say the insurance is free but you go to the hospital with it and they don't treat you well because its free.' (Hawa)

Existing literature has pointed out what lack of confidence/trust in a system that provides SPPs, can cause individuals to lose confidence in social protection system (Ulrich 2016,p.23). When people experience something different from what they expect they will be discouraged to participate. In Ghana unmet expectations in the NHIS made people to lose trust in the scheme (Agyepong and Adjei, 2007,p.157). And this reflects in how Hawa expresses her disappointment in the NHIS since there is a gap in what the programme promised and the actual delivery.

Primarily, the statement from Nabilla and Hawa falls under affordability. They are discouraged due to the hidden fees they unexpectedly asked to pay when they wanted to access these services. However, the lack of transparency in the design and implementation of these services made them lose trust and have no interest in future programmes.

The intersecting identities of Hawa plays a very crucial part in her finding it difficult to have access and being excluded based on ethnic, class, occupation and gender. In one instance appropriateness also comes in, because she is stigmatised as a female migrant from the North from an impoverished background working in a low wage sector.

4.3.3. Availability And Accommodation

Looking at Lévesque's framework, from the angle of social protection, one can explain availability as the physical presences of the service providers, and how they are able to meet the needs and wants of the Kayayeis in terms of their office location (Lévesque et al. 2013, p.6).

Geographical Barriers

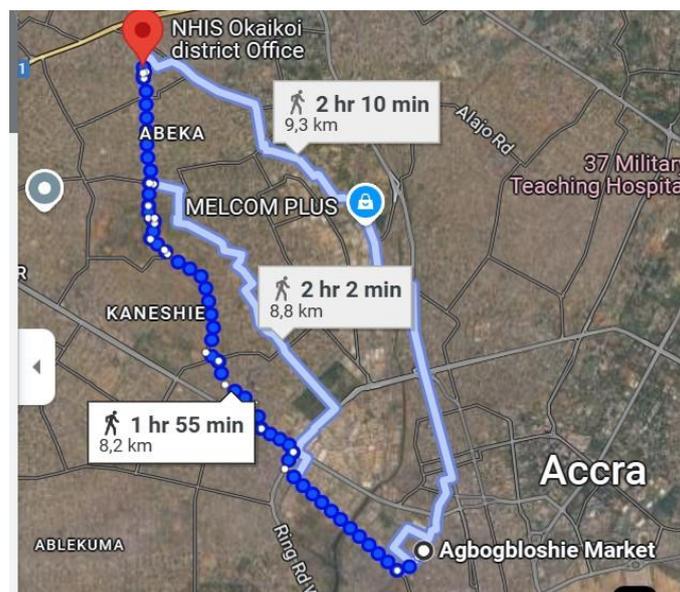
Majority of the participants complained about the location of the offices and how they struggle to access them, especially during working hours. Others also specifically spoke about their struggles accessing the NHIS Office to renew their cards.

'the NHIS office is very far, from here but any time I go to there they tell me to go to another [...]. So I decided I wont do it again[...]' (Maimuna)

'The NHIS office is not here is at the other side of the market, so sometimes its difficult going there, it is very far if you want to walk, its like one and half hours' (Hawa)

Geographical location of service providers a physical barrier that hinder informal workers like Kayayeis, in accessing SPPs. Long distance and travel hours is a challenge in accessing service providers. The reveals of Boateng et al (2017 p. 633) confirm that the distance and hours of travel to access the NHIS office and health centres limits their accessibility. I may say the distance from where they are living and working to where the NHIS office is located is something to be talked about.

Map 2 NHIS Okaikoi District Office Location on Google Maps² Source: Google Map



² NHIS Okaikoi District Office Location from Agboghloshie market.

4.3.4 Affordability

“Affordability reflects the economic capacity for people to spend resources and time to use appropriate services”(Lévesque et al. 2013, p.6). Since response from the participant was geared towards access to health care this section will concentrate on NHIS. Amongst the SPPs available to the Kayaye’s NHIS faces affordability barriers (Boateng et al., 2017,p.633).

Direct and Indirect Cost of Service

During the interview I realised the extra fees that are paid by insurance holders when they visit the health facilities discourages them from enrolling because they understand even after enrolling they end up paying for bills the insurance does not cover. This is what Nabila and Fati had to say.

‘even if you have the insurance card you will still pay for medicine. Last year I used it and they told me I have to buy the medicine at the hospital because the insurance does not cover that medicine and when I went to the drug store to ask of the price it was very expensive so I didn’t buy it. Since then I decided not to use it again. Anytime I do not feel well I just go inside the market and buy medicine from the drug peddlers, [...] now I do not need to travel for hours and pay transport to the hospital again .’ (Nabila)

‘When I registered for the health insurance, I used it for the first two years and what made me stop using it is that whenever I attend the hospital I spend all my money. Even though we are told it is free the medicine the doctors prescribe and the test is very expensive. Anytime I go to the hospital pharmacy I am told insurance does not cover the medicine and I have to pay with my money. Meanwhile I can just buy medicine from the drug peddlers in the market and I will be fine within three days. Going to the hospital scares me now because, it is also far and if you do not have money you can’t go there now’ (Fati)

The cost of drugs and some test the insurance does not cover are what make Fati and Nabila not happy going to the hospital. This reiterates the findings of Lattof et al., (2018, p.3) when

he explained that even though the registration and the renewal of the national health insurance card is free, Kayayeis prefer traditional medicine and buying from drug peddlers because it is cheap and affordable despite the dangers involved. The extra charges and additional levy on medications is what discourages them from accessing NHIS because of financial constraint (Ulrich 2016,p. 37). They also incur extra cost for transportation to service centres which also discourages them (J. Miti et al., 2021,p.394)

Kayayeis are strong and have the ability to handle the physical intensity of their job, which means that they are currently in good conditions. However, the nature of their job in carrying heavy load in awkward postures frequently may cause them a lot of injuries which in the long run can affect their health that may cause them to have musculoskeletal issues (Komesuor and Meyer-Weitz, 2023,p.10). They currently might not need medical healthcare, but due to the nature of their job they will definitely need health care in the future, making it necessary to treat minor injuries. They may seem healthy but having access to healthcare is important for a sustainable long term wellbeing.

Insufficient Funds and Bureaucratic Complexity

The government official I interviewed acknowledged a recurrent issue, which is the delays and long bureaucratic system in the allocation of funds for SPPs. This is what he said;

‘Sometimes people are impatient especially with the LEAP. They may go to the offices that they may have made their complains expecting instant response when it comes to payment, but you know in Ghana how we operate. As an officer in charge, you have to go through the channel of bureaucracy and if the head has not given you what you have to disburse you cannot disburse anything, so until financial clearance are made available you do not have the authority to process it. It is not that the money is already there waiting to be used. It takes time before we can also have access. There are times the funds comes late or even not at all ’ (Social Welfare officer)

‘For programmes like school-feeding, NHIS, there is enough funding but for others I do not think so, because, for me to move from the office to their locations sometimes fuel or transportation is a problem. Ones a while when a programme is organised I am given some allocation especially if I draw my budget that I want to reach out to some group of people. I go with a team, but the money is not always enough, and resources of moving personnels to the field is a challenge. There are limited logistics and other resources to work with sometimes is a challenges’ (Social Welfare officer).

This confirms what Asiedu and Baku (2021, p.194) mentioned when they explained funding as a major challenge in implementing SPPs in Ghana. Agbenyo et al., (2017,p.29) also discovered that money government disburses to cater for SPPs like the LEAP, is not adequate putting pressure on the social welfare officers. In 2023 the budget statement allocated approximately 19.66% (GH¢40,382,965,377) of Ghana’s total budget (GH¢205,431 million) to social policy, covering; health, education, and social protection (Ghana Ministry of Finance, 2023, p. 201). This budget might need significant increase to help address these social issues.

Opportunity Cost and Instant Benefits

Majority of the participants voiced out their displeasure at having to wait in long queues just to register or renew their health insurance. For this reason some have refused to renew their insurance because they say it affects their working hours. This is what Bintu had to say;

‘[...]When you go to the NHIS office there are so many people and you join a very long que for hours.’ (Bintu)

‘[...] when you go to the NHIS office there are a lot of people and you end up waiting in the queue the whole day. You know this our work too; time is money’ (Aissatou)

The opportunity cost of time spent in the Health insurance office might be the time they could earn money in the market working. They will not be able to make money if they spend the greater part of their work time at the insurance office, as Aissatou and Bintu rightly said.

This findings supports Boateng et al.'s (2017, p.625) findings on NHIS, explaining that long waiting times discourage Kayayeis from renewing their cards, hence preventing them from accessing proper health care.

To the Kayayei, money is an immediate gain than a programme they are unsure will benefit them immediately since their most current need is their financial need. Kayayeis have a very flexible work schedule and could walk into the offices at anytime of the work hours to renew their health insurance, but they consider money making critical to their survival than going through tedious processes just to acquire a card to be used in the future.

4.3.5. Appropriateness

According to Lévesque et al. (2013, p. 6), appropriateness is when the needs of the clients aligns with the services provided. Appropriateness looks at the types of services that are provided and the manner in which those services are delivered (ibid).

Alignment and Relevance of SPPs with Kayayei's needs

From the interviews, majority of the Kayayeis feel that the programmes designed are not tailored to their needs. This is what Amina and Saadia had to say;

I don't think the programs are adequately designed to meet our needs. There are certain challenges that we face that I believe the government can help us on, for instance the issue of pricing services because the work is difficult but at the end of the day when you quote a price for a customer they pay you less than what your labour is worth irrespective of the weight of the load' (Amina)

Here, Amina is demanding labour regulations, rather than social assistance and social services. According to research there are no fixed price for services rendered by Kayayeis and whatever fee a customer likes is what they give, meaning there are no labour regulations on

pricing of their services (Ziblim, 2017,p.313). She believes policies to help tackle this issue will be more relevant form of social policy.

I do not think that the SPPs cater our needs because we have many problems but they don't listen to our specific needs. To be frank even during the Pandemic we were always the last to receive any kind of assistance.' (Saadia)

Saadia, also complains about how their timely assistances is always disregarded as it happened during the Covid 19, and Boateng et al. (2021, p.10) bear out how workers in the informal sector in Ghana like the Kayayeis' unique needs were not considered during the pandemic, making them feel abandoned. Yunus (2023, p.10, 42) in her research also describes how the system inequalities in Ghana affected the Kayayeis who work in informal sector, during the Covid 19 pandemic.

Again the statements from Amina and Saadia confirms FORWARD's (2018, p. 24) findings on Kayayeis' needs, that they are not considered in the designing and implementation of the programmes and therefore does not benefit them since they face multiple challenges. Aligning SPPs with the needs of the Kayayeis are very important. If their needs are not aligned with the programmes they will not see the relevance of the programmes.

Responsiveness And Support of Social Protection Providers And The Delivery Mechanism

Several participants voiced out their displeasure on how the responsiveness and support given to them by the service providers discourages them from participating in these programmes. Some of them shared;

I have been to the office twice with my other sister to collect the form and anytime we tell them that we do not understand the form, they wave us off. if they want us to be part of this programme they will help us out' (Zainab)

'The first time the health insurance officer came to the market, they explained the documents in our language and they showed us how to fill the form and register. Now I can do it by myself[...]' (Fati)

The way and manner service providers respond and assist Kayayeis can have influence on them, either encourage or discourage them from taking part in a programme.

Observing the differences in experiences between Fati and Zainab, it is obvious that within the NHIS, there is a systematic challenge. What Zainab encountered shows that there might be a gap with how the staff handle clients (customer service), whereas the positive experience of Fati indicate the impact of outreach programmes. This variation raises concerns on the consistency in the service delivery and the importance of continuous training of the staff of NHIS.

Harassment and Exploitation at the Workplace (Wage theft and Work insecurity)

Many participants expressed disturbing encounters and incidences of customers violently mishandling them, verbally and sometimes physically during work hours.

'I fought with a customer because he did not want to pay me my money. He told me that the things were not heavy and the distance is short so he is giving me bottled water to compensate the little energy I have used in walking the few miles' (Maimuna)

'I had to exchange words with a customer because she asked me to help her with her baby while I followed her do all her rounds in the market and after everything she gave me ₦15.00 (0.95). I was angry because she was suppose to pay me for carrying the child along with the things I carried on my head while following her shopping. I charged her ₦50.00 (\$3.18). and she told me that even if she had requested for a taxi it would not be that expensive.'
(Fati)

Komesuor et al.,(2024, p.7,9) confirmed this in their research that Kayayei in the hands of customers go through sexual harassment, experience theft issues, verbal and physical abuse but have little to no legal protection. Their work is not covered by any labour protection laws indicating that customers may pay them the amount they please while they survive on their day to day earnings. Amina and Maimuna's quotes above, relates to the needs for labour regulation.

Amina mentioned that some customers and market women also take advantage of the fact that they are needy and convince them to work in their homes as house helps but refuse to pay them. This is what she said;

'a lady came to the market and rented my service but when she realised I speak the same language with her she asked me to becoming to her house on weekends to help her in the house and she did not pay me all the times I went there to wash their things and clean her house. The only thing she gave me was food to eat anytime I went there, but the last time I went there I asked her if she is not paying me and she told me the next time she comes to the market she will call me. That was the end, I did not here from her again and I also decided not to go to work in her house again' (Amina)

While previous findings indicate Kayayeis persistently go through exploitation and abuse from their clients(Kyei-Gyamfi et al., 2021, p.6), my findings highlights a specific concerns that these treatments they experience can lead to psychological distress discouraging them from going through complex procedures to enrol or register to participate in any of these SPPs. A strong red thread in what the young women express through different examples is the need to protect them from wage theft and a regulation of their wages.

Physical and Mental Health Issues

Majority of the Kayayeis expressed their frustration about how they get overwhelmed with both their physical and mental health challenges discouraging them from enrolling in SPPs.

This is what they had to say;

'[...]I have a lot to deal with. Because of the nature of our work I always get overwhelmed and I'm always stressed. Anytime I hear there is a programme and my friends tell me the ordeal they go through to part take in it discourages me because I lack the strength to go through those processes[...]' (Aissatou)

'there are some days I feel very tired and weak, even getting out of bed is a problem. My neck and my back pain has become chronic. How can I get the strength to go and stand in these long queues at the Health insurance office' (Fati)

The finding of Komesuor et al., (2023, p.7) in their research clarified the fact that the working and living conditions of these Kayayeis are very harsh, which makes them go through anxiety, depression and stress leading to severe mental health issues. While previous study have recognised the trauma that these Kayayeis go through psychologically (Bemah, 2010, p.31) my findings highlights a specific concern on the fact that this conditions affect their ability to enrol in any SPP.

They also go through a lot of confusion adapting to city life. Until targeted mental health service is provided it will be very difficult for them to successfully manoeuvre through the social protection systems. While mental health issues come with the harsh working conditions along with the stigmatisation and discrimination that Kayayeis experience, it seems that the (healthcare) services available to them do not address this need.

Depending on Informal Support System

Many Participants emphasised on the fact that they depend on the informal social support; husbands, friends, market women, family and the community members, for both financial and emotional support. This is what Zainab had to say.

'No, I don't pay her for rent. When things were difficult I asked her for help and she gave me her kiosks because we speak the same language. My daughter also cries too much and it disturbs the people in the dorm so I asked her to help me and she gave me her place. She sends me on errands a lot but she is helping me too. Anytime I need anything she helps me, even with money sometimes' (Zainab)

The informal social support systems covers up majority of the roles the formal support systems are suppose to play. This form of support system strengthens and helps the Kayayeis to meet their basic needs and survive through hardship (Yeboah, 2017,p.82). Sumani (2021,p. 38) describes the relationship between Zainab and the market woman as 'deep-rooted moral obligation' where the Kayayei benefits from a superior who decides to extend help to the less privileged.

The Kayayeis consider this kind of network a way of social protection, but unfortunately these kind of support are not sustainable and can fail since most of the time these same people exploit them. Nevertheless, the availability of this network discourages them from participating in the formal systems.

4.3.6 Other Barriers to Social Protection: Factors Beyond the Lévesque Model

Even though the Lévesque Framework nicely groups the barriers into five dimensions there were certain barriers that the Kayayeis mentioned that do not fall under the Framework. These barriers below focuses on problems that lay beyond the Lévesque Framework.

Lack of Political Representation- limited Advocacy Network

From the interviews many of the Kayayeis believe that because they are not organised they cannot have access to the SPPs that are available to them. This is what Fatima and Bintu had to say;

I think we have to come together as a group because some people at the other side of the market have groups and they go for meetings so they hear all that is going on.’(Fatima)

I am not qualified for the training programme because I do not belong to any association and here we don have a leader to lead us to talk to the authorities to help us. I do not know where to go and who to talk to for the registration. As for this place nobody will listen to people like me, so you just keep quiet and suffer.’ (Bintu)

Bintu’s response clearly shows how collective identities is very important for marginalised groups like Kayayeis to come together given the platform to advocate for their right which highlights the importance of networking as argued by Schmalz et al.,(2018, p.118) when describing the importance of associational power, whereas because she does not belong to any group she has no one to introduce her since the heads of these groups have influence in the selection of these Kayayeis to join the training. Devereuz and Sabates-Wheeler’s (2004:10) argues that an effective social protection acknowledges the power of collective action and look beyond just empowering individuals, with the intentions of creating an equitable access to social protection.

Bema (2010, p.40) confirms that because Kayayeis are not organised, and those who are organised are very few, they do not have a voice, and for this reason they are not recognised by the states as well as not having any backing from them or from other stakeholders. Because of that their needs are not considered in the plans for the development goals of the country (ibid) and this perfectly describes Bintu’s statement.

Challenges of Reaching Out to ‘breakaways’

The government official during the interview spoke about how difficult it is to reach out to breakaways who are socially and geographically isolated from associations and groups they can easily reach out to. The official explained;

‘because sometimes leadership and some groups have their own problems, some may turn to break away and these independents ones may not have any leadership which is difficult to reach them, but the well organised ones have all got leadership in most places of Accra, and if you want to talk to them you need to go to the leaders and they will gather them for you to have access to them.’ (Social Welfare officer)

The finding of Bemah (2010, p.35) shows that when Kayayeis are not in groups or not organised it is difficult for them to be accessed and to have access to some SPPs. The comment from the official indicates that they acknowledge the associations as the true representation of the Kayayeis. Yet, Kayayeis seem not to place any value joining these groups or associations for some reasons. Bintu said;

‘I don’t want to join any association because the leaders work with the government, I’m not sure it will help me. I don’t think they have our interest at heart ’ (Bintu-FGD)

The Kayayeis doubt if these groups advocates for them or just government representatives communicating government goals. My findings brings into line with Bemah’s findings, emphasising on the challenges in providing social protection to breakaways and highlighting the barriers caused by social and geographic isolation.

Motive or Objectives of Some Programmes

During the interview the government official mentioned that the main motivations of some of the training programmes scares the Kayayeis from participating because they are compelled to return back home after the training. This is what he said.

'I noticed that one of the main reasons why the Kayayeis do not want to enrol in some of the training programmes is because of the objectives of these programmes, which is to train them in vocational and technical skills so that after that they are given a start up to go back to the North to establish and set up businesses there. This discourages them from enrolling because majority of them do not want to go back but rather stay in the city to experience the city life. Some also complained that when they start the trade in the North after they setup people do not patronize them' (Social Welfare officer)

This confirms the findings of Kyei-Gyamfi, (2020, p.12) who mentioned that the reasons some of the interventions are not accessible to these Kayayeis and it fails is because of the objectives of the programmes and how it is implemented. It does not look at the root cause of economic hardship and the pressures of migration holistically, it looks at skill building overcoming the broader development needs which was also argued by Reiningger and Castro-Serrano, (2020, p.240) when accessing the *Ingreso Ético Familiar* (IEF) programme in Chile that the programme was not successful because it focused on human capital than tackling the root causes of poverty.

These Kayayeis move from the North because of the economic hardship they experience and not because they are just excited and want to enjoy city life. They migrate because they want to survive despite the hardship they face which is totally opposite the officials' view. They are rather disadvantaged by structural forces beyond their control.

All these barriers from all the five dimensions of the Lévesque framework and that which falls outside it ranging from approachability, acceptability, availability, affordability and appropriateness both from the supply and demand side do not function independently but strengthens each other to create a complicated network of exclusion for the Kayayeis.

A visible trend in the responses I received from the Kayayeis was the in-depth discussions and the attention on the NHIS, as compared to LEAP and the Kayayei empowerment programme. Despite the attention on NHIS there were glaring challenges that prevented them from maintaining their enrolment. However the low reporting on LEAP and the Kayayei empowerment programme shows an even larger level of barrier against access. Even though NHIS is the more visible of the three programs, they all face difficulty in successfully reaching Kayayei and providing for their needs.

To break these barriers demands a multifaceted approach which requiring a coordinated effort to handle these challenges that are intertwined, if not SPPs will continue to fail reaching the most vulnerable like the Kayayeis.

CHAPTER 5

CONCLUDING INSIGHTS AND RECOMMENDATIONS FOR THE EMPOWERMENT OF KAYAYEI

5.0 Conclusions

The study has examined the SPPs available to Kayayeis, their awareness of them, why they do not effectively access these programs, and the barriers on the part of the government and service providers who provide the services.

The Department of Social Welfare, in collaboration with MoGCSP, has outlined policies for pro-poor people. If these people living in their communities are eligible, they are entitled to assistance from these programmes, which include the Kayayeis in LEAP, NHIS, Kayayei Vocation technical training, etc. All these are some of the SPPs available to the Kayayei, yet they do not have access to them. For the sake of this study, I focused only on government interventions and policies on SPPs.

I realized from my study that despite SPPs being available to the Kayayeis, very few of them are aware of the programmes, especially LEAP. Out of the few who are aware, most lack in-depth knowledge and understanding of the eligibility criteria, the application process and the benefits of these programmes. The bureaucratic nature of the LEAP is overwhelming, and the documentation requirements discourage them, hence scaring them from even taking the step to enrol. Those who hear about some of the programmes, like the Kayayei empowerment programme, also get information from their peers in the market, but then again, mostly incomplete information. Because they had it from an informal source, they interpreted it according to how they understood it, which misinformed them about the programmes.

Providers normally communicate through assumed rather than existing community leaders to disseminate information that does not reach the kayakers directly. The sources of communication and reaching out to these Kayakers are also limited since they are highly mobile and lack digital access. Most of them do not use phones and do not have access to the Internet to access information digitally.

Secondly, they all enjoyed one or two of the SPPs formerly, but at the time of the study, none were currently enrolled in any of them. They had all previously enrolled in the NHIS but did not want to renew their insurance to access proper health care for various reasons. They buy drugs from drug peddlers and drug stores and use herbs to treat themselves when they fall ill. Their services are cheap, so they can avoid the extra fees they pay using the health centres.

For programmes like the LEAP and Kayayei training programmes initiated by the government and NGOs, not even one of the Kayayeis I interviewed has had access to them. They lack access to all these SPPs due to lack of information, administrative barriers, stigmatization, lack of trust for the system, instant benefit and autonomy in decision making, geographic barriers, long waiting time, the direct and indirect cost of accessing the programme, mis alignment of the programme to their needs, negative responsiveness of the service providers, limited advocacy groups, insecurity, physical and mental health issues and dependency on informal support system.

Because these Kayayeis do not fall under the 'legible' unit, which is the State's requirement for the effective administration of interventions, and they are migrants from the North to the South working in the informal sector, they are excluded and marginalized by policies designed for the sedentary population just because the State cannot provide services for mobile populations since they are not easily monitored and controlled as explained by Scott

(1998, p.183) in Seeing like a State. This may be a conscious bias as the State seems to wish to discourage North-South migration.

The Kayayeis also complain a lot about the institutions that provide these services to them; hence, their level of responsiveness in service delivery discourages most of them from accessing these programmes.

From the providers of the programmes; Insufficient funds, communication/language barriers, Challenges of reaching out to 'breakaways', objectives/Goals of some policies and Bureaucratic Complexity are the main challenges they face to make these programmes accessible to the Kayayeis. These challenges cause delay in the delivery of their services, make them disorganised and inaccessible making it difficult to reach out to the individuals in need.

Informal Labour Bias

It was observed that Kayayeis, who work in the informal sector, face structural barriers in assessing SPPs because of the precarious nature of their work (Osei-Boateng & Ampratwum, 2011, p.15). They have no formal recognition from the State, hence being ignored and excluded from certain SPPs and other states' benefits (ibid). According to Scott (1998,p.310), states refuse to recognize and protect the activities of the informal sector even though they benefit from this sector. Meanwhile, they contribute to the country's economic development. Kayayeis, who work in this informal sector, lacks formal recognition (Bemah, 2010,p.20). Research participants were unhappy about their wages and requested stringent labour laws to help resolve their challenges with wage theft because they believed it would protect them from being exploited and paid fairly, underpayment or withholding of payment.

Urban-Rural Bias

Scott (1998, p.140,142) mentioned that the states neglect to take responsibility for migrants who move to urban areas from rural areas due to how inflexible urban cities are planned,

neglecting the rural population. Gough et al.'s (2004) response also sinks with Scott's, identifying urban bias in social protection schemes geared towards settled populations, mostly in rural areas, rather than the transient urban poor. This could relate to the Kayayeis, who migrate from rural areas in the north to Accra, Ghana's capital city. They are not visible to social planners to the extent that no specific policies have been put in place to help cap their crises and challenges (Yeboah, 2010, p.44). Because they are migrants, they are not considered when the State is planning or designing social protection measures. However, the State designs these programmes with only the urban residents in mind, leaving the mobile population out of these systems.

Gender Bias

In *Seeing Like a State* by James Scott, he discussed the knock-on effect of a high-modernist planning scheme, where gender bias is considered and discussed in a broader effect, including women (Scott 1998, p. 346,350). He mentioned that the State fails to take into consideration the unique vulnerability of women working in the informal sector, and an example is female rural migrants as they are excluded from formal social protections (ibid). Gough et al. (2004) also bring to light how women working in the informal sector, especially, developing countries, normally participate in activities that lack job security, stable income and protection from their workplaces. The work of these Kayayeis exposes them to dangerous conditions.

Agarwal (1997, p.16) in his research, also discovered that the needs of women, especially in developing countries, are disregarded and considered secondary compared to the needs of men. This reflects on the policies made by the State, which identified certain biases against women, even in bargaining powers (ibid). There are no gender-sensitive policies despite the vulnerable nature of the work these Kayayeis do and how vulnerable they are in the informal sector, where they are not eligible for formal SPPs.

5.1 Recommendations

These recommendations are based on the findings, conclusions, and suggestions of research participants. They focus on improving the accessibility, effectiveness, and responsiveness of SPPs at both local and national levels. These recommendations centre on how the government and NGOs could help address the barriers Kayayeis face in accessing SPPs.

Organizing frequent outreach programmes in the marketplaces will help reach out to Kayayeis. Since most of them lack phones with the Internet and television, reaching them in the marketplaces and having in-person meetings will help sensitize them. The sensitization must be continuous, and there must be various avenues through which they can assess information. When the institutions frequently engage with the Kayayeis to enlighten them about their rights and policies available to them, they can easily access these programmes.

The government and NGOs should look beyond associations or groups when conducting outreach programmes so that those not in any associations can also be enlightened about SPPs and allowed to participate. This approach will help promote programme awareness amongst all the Kayayei, especially the isolated ones, and help reduce access barriers.

Although the official language for Ghana Government services is English, social services should be provided in major local languages to help non-English speakers so that they will understand the application procedures to avoid being intimidated to enrol. Providing them with clear information and simplifying the registration processes in their local language can reduce the lack of confidence or trust in the system.

The government should design policies and programmes targeting the specific needs of women working in the informal sector, like the Kayayeis, and consult with the grassroots to identify their actual needs before a programme is designed and implemented. They should also consider strengthening the labour laws to specifically protect women who work in the informal sector to avoid exploitation, abuse and discrimination, especially taking into account

the pricing system of the Kayayei. These programmes promote advancement, growth and economic stability, as well as improve their access to resources.

The government can also create policies to support informal workers like the Kayayeis in transitioning to the formal sector by providing them with education, vocational and technical training, and entrepreneurial support. By doing so, workers in the informal sector will feel included and have access to formal protection and benefits.

Policies should be put in place to promote balanced development in both urban and rural communities to prevent cities like Accra from being under pressure. They should support and allocate resources equally to both urban and rural communities so that people can access social protection, education, health care, etc., without needing to migrate to urban areas to survive.

The MoGCSP or dedicated local authorities in strong connections with NGOs and community leaders can host community forums where both Kayayei and other community members are included. This can help reduce stereotypes and stigmatisation through mutual understanding as Kayayei can share their stories.

Coordination and Collaboration with NGOs and agencies must be strengthened to provide integrated and seamless services. Stakeholders coming together and meeting periodically to strategize and implement policies based on grassroots-level solutions will be favourable to both stakeholders and Kayayeis. It will also provide the platforms for the Kayayeis to advocate for their rights.

I will also recommend that some of the offices open centres in the market places so that these Kayayeis can easily assess them since it will be closer to them. Hence, they can register or renew their enrolment in some of the policies that may benefit them since accessibility of these facilities is one of the main barriers in having access to SPPs.

5.2 Further Research: Evolving Issues

This study does not include assessing social protection policies/schemes initiated by NGOs who also have programmes available to assist these Kayayeis in improving their living standard. Researching the barriers Kayayeis experiences in assessing these SPPs will help make a holistic conclusion and is important for developing sustainable initiatives. It will also help to develop all-inclusive strategies that enhance how effective a programme should be and encourage fair distribution of resources.

During my interactive session with the Kayayeis, I observed some women bring older children from the North and leave them under trees to care for their babies until they return from work, denying them basic education and some opportunities and development that both children need. Attention could be given to this topic to research the effect of this practice on young girls, the risk to their health and well-being as a caregiver, their education, and the effect on their well-being and development.

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**Appendix 1– Semi-structure Interview
and Focus Group Discussion FGD Guide for Kayayei**

Session A: Demographic Questions:

1. Sex of respondent (a) Male (b) Female
2. Age of respondent
3. Religious affiliation of respondent (a) Islam (b) Christianity (c) Others
4. Ethnicity of respondent.....
5. Marital Status (a) Married (b) Single (c) Divorced
6. Number of children if any
7. Number of siblings
8. Occupation of parents
9. Level of Education of respondent (a) Primary (b) JHS (c) SHS (d) None others (specify).....
10. Do you still attend school? (a) Yes (b) No
If No (school dropout), How far along were you in your education?
(a) Primary (b) JHS (c) SHS (d) Others (specify).....
11. Why did you drop out of school? (consider the potential that a number of causes may have interacted)
.....
.....
.....
.....
12. Years of Work Experience: How many years of work experience do you have?
 - a. Less than 1 year
 - b. 1-5 years
 - c. 6-10 years
 - d. 11-15 years
 - e. 16-20 years
 - f. 21+ years
 - g. Prefer not to say
13. City Residence: How long have you been living in the current city?
 - a. Less than 1 year
 - b. 1-5 years
 - c. 6-10 years
 - d. 11-15 years
 - e. 16-20 years
 - f. 21+ years
 - g. Prefer not to say

14. Where do you stay?
15. Reason for moving from the north.....
16. How much do you make a day?
 - a. 10-15 cedis
 - b. 15-30
 - c. 30-50
 - d. 50 and above

SECTION B - Examining the types of challenges faced by the Kayayei:

17. What are the primary obstacles that you encounter as a Kayayei?
18. Have there been any health hazards or danger for you as a Kayayei?
19. Have you encounter any dangers to your safety or security while working as a Kayayei?
20. Have you experienced abuse, unfair treatment or discrimination at work?
21. Who was the perpetrator?
22. How did you handle it and who supported you to come out of it?

SECTION C- Exploring the forms of social protection programs available to the Kayayei: their knowledge on Social protection programs -Awareness

23. Are you aware of any social protection program or government assistance programs that Kayayeis are eligible for?
24. If yes, can you tell me more about the specific entitlements or programs you know of?
25. Do you have access to any of them? Such as healthcare, education, financial assistance, training programs, and social welfare benefits.
26. How did you hear it?

SECTION D- Barriers to Accessing SPPs

27. What are the main barriers or challenges you face in accessing social protection programs or government assistance programs?
 - a) Lack of information or awareness about available programmes
 - b) Difficulties in navigating bureaucratic processes and requirements
 - c) Lack of documentation or identification (e.g., ID cards, registration forms)
 - d) Financial constraints
 - e) Discrimination or stigma from service providers
 - f) Limited accessibility of service delivery points
 - g) Cultural or language barriers
 - h) Long processing times
 - i) High transportation costs
 - j) Other (please specify): _____
28. How do these barriers affect your ability to effectively access the programs you are eligible for?

SECTION E: Government Support

29. Do you think government and NGO programs are adequately designed to meet the needs of Kayayeis?

30. In your opinion, why are some programs not accessible to Kayayeis?
31. Do you believe there is intentional exclusion of Kayayeis from certain programs by service providers?
32. Do you feel that service providers (Government/NGOs) are supportive when you attempt to access their services?
33. Are the delivery mechanisms and communication channels for social protection programs suitable and accessible for Kayayeis?
34. How responsive are the social protection providers to the feedback and suggestions from Kayayeis?

SECTION F-Suggestions for improvement

35. What do you think could be done to improve Kayayeis' access to social protection programs and government assistance programs?
 - a) Improving information dissemination and awareness-raising
 - b) Simplifying application and enrollment processes
 - c) Providing mobile or community-based service delivery
 - d) Addressing financial and documentation barriers
 - e) Combating discrimination and stigma
 - f) Enhancing cultural and language sensitivity of service providers
36. Is there anything else you would like to share about your experiences and the challenges you face in accessing social protection programs?

Appendix 2 -Structured Interview Guide for Government official

(Social Welfare officer)

1. Please introduce yourself and give details of your organization or agency working on Kayayei interventions?
2. Who has the authority to select which intervention programs are conducted on whom?
3. Which projects are funded, and what role does government play in these programs?
4. What social protection policies are there to safeguard the kayayei?

Awareness and Information Dissemination:

5. To what extent does Kayayei know their entitlements/programmes for social protection and how to access them?
6. What are the key communication challenges in informing target populations about social policies and programmes?
7. What could be done to make sure Kayayeis know about the programmes to improve awareness and access?

Bureaucracy and Administrative Processes:

8. How complicated or easy are administrative procedures for applying and receiving social protection programmes?
9. What are the biggest, most obvious bottlenecks and delays in the application process?
10. How can administrative processes be simplified for Kayayeis to have access.?

Eligibility Criteria and Targeting:

11. Are the eligibility criteria of social protection programmes clear, appropriate and inclusive?
12. What are we leaving out of the community that is key to better serving the target population?
13. What aspects of the eligibility criteria can be fine-tuned to provide equitable access to entitlements?

Funding and Resource Allocation:

14. Is there adequate financing and staffing to implement social policies and deliver programmes?
15. Which are the funding gaps or constraints that prevent the organizations from fully implementing social policies?
16. How do we allocate resources better to target populations?

Organizational and Partnership:

17. How does the implementation of social policies work between different government agencies and departments (if more than one department is involved)?
18. What are the challenges among agencies that will affect SPPs delivery?
19. How can we improve synergy and partnership towards providing holistic services?

Monitoring, Evaluation and Feedback Mechanisms

20. What are the systems put in place to monitor and track the implementation of social policies
21. To what extent are beneficiary feedback and grievances addressed to enhance service delivery?
22. How can we strengthen the monitoring, evaluation and feedback mechanisms that would make these initiatives accountable and responsive?