Welcome to this special ‘Learning Meeting’ edition of the Occupational Health and Safety (OHS) project newsletter! The Learning Meeting was held at the Cutty Sark Hotel in Scottburgh, just south of Durban, South Africa, from the 4-6 of May 2011. It was an opportunity for the country teams to share their experiences, learn from one another, and strategize about the future of the project.

In this edition of the newsletter we continue in the spirit of learning and sharing to give readers a taste of some of the key themes that emerged during the Learning Meeting. We focus especially on:

- a summary of country activities to date
- the mapping of OHS institutions in five countries
- the design of equipment for informal workers by project partners in India, South Africa and Brazil
- the country reference (advisory) groups
- big issues, news and breakthroughs.

Who came to the Learning Meeting?

The participants at the Learning Meeting were as varied and exciting as the project itself. Ghana was represented by Dorcas Ansah, who facilitates the project there, along with Esther Ofei-Aboagye of the Institute for Local Government Studies, and Edith Clarke of the Ghana Health Services. We had a strong Brazilian contingent led by epidemiologist Vilma Santana of the Institute for Collective Health at the Federal University of Bahia, which included Jorge Machado of the Brazilian Health Ministry and Eduardo Marinho Barbosa, a safety engineer doing a PhD with Vilma’s Institute. Vicky Kanyoka, IUF1/International Domestic Workers Network (IDWN), and Masuma Mamdani were there from Tanzania. From Ahmedabad in India we had Mirai Chatterjee and Mittal Shah of the Self Employed Women’s Association (SEWA), and from Pune we had Poornima Chikarmane and Dipanwita Sengupta of Kagad Kach Patra Kashtakari Panchayat (KKPKP), a registered trade union of over

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1 International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers’ Associations
Fiorella Ormeño Incio, Anita Luján and Estela Ospina represented the very new Peruvian OHS project.

In addition to the country teams, we invited advisors Barry Kistnasamy, Director of the South African National Institute for Occupational Health, and Poonsap Tulaphan, Director of HomeNet Thailand who has been working with OHS and home-based workers for many years; she gave a presentation about HomeNet Thailand’s work. Richard Dobson and Phumzile Xulu from the NGO Asiye eTafeleni (AeT) were also there to share their experiences of working in Durban’s Warwick Junction markets, as well as with a group of cardboard recyclers in Durban’s inner city. Laura Alfers, Francie Lund, Sonia Dias (Waste Picker Specialist), Demetria Tsoutouras (Communications Manager), and Ruth Castel-Branco (MA student, labour organizer, and star-note taker) made up the WIEGO contingent.

Who is doing what, where? Summary of country activities

India

KKPKP has been involved with OHS and the waste picking sector in Pune for many years. With a mixture of clever campaigning and dogged determination, KKPKP has won some major concessions from the Pune municipality. This municipality now pays health insurance premiums for KKPKP waste pickers, and has also agreed to provide these workers with basic protective gear. With WIEGO support, KKPKP is now doing a number of different studies on the theme of OHS and waste picking. Topics include:

- developing different ways of using waste such as composting and biogas production
- studying the ways in which door-to-door waste collection methods can change health and safety conditions for waste pickers
- collecting data on the illnesses and injuries of waste pickers.

Through the Lok Swathyra SEWA Cooperative (the health cooperative), SEWA has been involved with OHS and informal workers for many years. They have conducted studies on occupational health in many different sectors of the informal economy. Over the years they have also designed different prototypes with the National Institute of Design in India, such as these solar-powered head torches for workers who rise early in the morning to pick fresh flowers.

Through the WIEGO project, SEWA is expanding its OHS work into more sectors of the informal economy – embroidery workers, papad rollers, waste pickers and agricultural workers. Together with Maharashtra Institute of Technology, the
state design institute in Pune, they have conducted needs assessments with all of these groups and are now moving into developing prototypes that will both protect workers and allow them to be more productive. For more information on this work, see our previous OHS Newsletter (Issue 2, February 2011). The SEWA team has also run preventive health education workshops for groups of waste pickers and agricultural workers, as well as piloting, updating and amending their preventive health materials.

Brazil

WIEGO OHS supports the ongoing work of Vilma Santana’s Worker’s Health Unit (PISAT) at the Institute for Collective Health at the Federal University of Bahia. Together with WIEGO, the Institute has conducted research on OHS in three informal occupational groups, and has run an advocacy campaign together with the Salvador municipality on the prevention of hearing loss amongst street vendors during the famous Salvador Carnival. One of the goals of the OHS project is to improve, at national and international levels, the data on occupational health and injury among informal workers. Vilma is producing a paper detailing some of the innovative ways in which she – and others – have collected data on disease and injury amongst informal workers.

Ghana

The research phase of the Ghanaian project is complete. Over the last year the project has concentrated on helping the informal worker associations more effectively engage with local government over the improvement of their working conditions. Together with the Institute for Local Government Studies (ILGS) in Accra, a number of “practice policy dialogues” were organized. These dialogues were designed to give the workers a chance to practice their negotiation and advocacy skills with national and local government officials in a controlled and safe environment. A two-day workshop to allow the worker organizations to consolidate their demands is being held in July before they take these to the Multi Stakeholder Policy Dialogue planned for the final phase of the project.

Tanzania

The Tanzania project has worked mainly through the IUF affiliated unions in Dar es Salaam, all of whom organize, or are trying to organize, informal workers. The participatory research is now complete, and the Multi Stakeholder Policy Dialogue is planned for September 2011.

Street vendor at the Salvador Carnival wearing ear plugs to protect him from the loud music. Photo: E.M. Barbosa.
Peru

We are happy to announce that Project Peru is now well underway! Estela Ospina has been working on the institutional mapping research. Anita Luján of the Consortium for Health, Environment, and Development (ECOSAD) in Lima will conduct research into the occupational health and safety problems of four groups of informal workers:

- agro-processing workers
- waste pickers
- market porters and manual transport workers
- newspaper street vendors.

Carmen Roca, WIEGO Regional Co-ordinator in Latin America, was playing a leadership and co-ordination role; she is on maternity leave, and is the proud and happy mum of a son Gabriel, brother to Mariana. Her place in the OHS project has been taken by Fiorella Ormeno from the CIES, a Peru research consortium. We were delighted to welcome Fiorella on short notice at the Learning Meeting!

### Occupational sectors in which we are working in the five countries

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### Mapping OHS institutions

Understanding the “architecture” of the different institutions that regulate, control, and put resources into OHS is an important first step in pinpointing barriers to the extension of OHS to informal workers. It also helps when looking for identifying key sites for intervention. For this reason, the first stage of the OHS project research involved the “mapping” of OHS institutions in each country to learn who they are and how they relate to each other and to resource allocation. All five of these mapping studies are now nearly complete. At the Learning Meeting, Laura Alfers presented a preview of how the countries compare. The full research papers will be posted to the OHS website, www.wiego.org/ohs/ soon, so keep an eye on that space!

### What we’ve found…

The Colonial heritage of a country has long-lasting implications. OHS institutions in ex-British colonies like India, Ghana, and Tanzania are very similar to each other. Peru and Brazil, however, follow a different Latin American model. Still, we’ve managed to find many similarities between all countries, as well as a few important differences.
Similarities ... the BAD news

Sadly, it’s in the similarities that we find most of the bad news in each country. Most OHS institutions are still largely focused on protecting workers in formal places of work, even when the vast majority do not work in such places. There is also a lot of fragmentation, with OHS situated in labour, health, social security, and mining departments. This can lead to tension and also can prevent the pooling of scarce resources towards a common goal. Another important similarity is that in most countries, OHS is not seen as a priority by governments and so is very badly resourced. Official data collection is poor. Also, policies that give practical effect to legislation around worker’s health either don’t exist, or if they do exist, do little to give the legislation real teeth or to extend rights to informal workers.

Differences...and...the GOOD news

There are opportunities for change! In some countries real progress has been made towards a more inclusive OHS. The country which stands out most prominently is Brazil. Brazil has recently shifted OHS resources away from the labour department – where the focus is primarily on formal work – to the health department, so there is now a greater chance for services to reach informal workers. Indeed Brazil has been making great strides with the training of primary health care professionals in occupational health and safety, and in the development of 700 “worker’s health sentinel units” that will record occupational injury and ill-health information regardless of employment status. The move towards integrating OHS into public health does also bring up some important problems, however, so we will look at these in more depth in the next OHS Newsletter.

India, too, has recently had good news with the inclusion of an OHS Steering Committee in the National Planning Commission’s agenda. This is perhaps a sign that the health of workers in their places of work is going to receive real attention by the Indian government for the first time in many years.

Developments in Design

The design of equipment and tools that allows informal workers to work in safer, healthier and more efficient ways has long been of interest to several of the Learning Meeting participants. In OHS Newsletter Issue 2, we talked to SEWA about the development of their prototypes. KKPKP and AeT have also been involved in designing equipment for waste pickers, and we heard from Brazil that Eduardo Marinho Barbosa, under the guidance of Vilma Santana, will soon be designing tools for groups of home-based workers in Salvador.

A clear message to come out of the Learning Meeting was that the design of effective prototypes is not a simple process. One of the biggest problems is that often workers do not actually use the equipment produced. Although consultation with worker groups in the design process can combat this to some extent, it does not always
guarantee a positive outcome. When KKPKP set out to develop sorting sheds that would provide shelter to waste pickers, they consulted the workers extensively on the design. In the end it was municipal sorting sheds, developed without any worker consultation, which turned out to be more popular (see photographs). The lesson KKPKP has drawn from this is that it is often not enough to use only workers as consultants. A truly participatory design process needs workers to become active co-researchers and co-designers, along with the engineers, designers, and social scientists.

Despite these kinds of difficulties, KKPKP has made important progress particularly in the design of carts which reduce the amount of stress on the body when pushing or pulling loads of waste material. AeT has also been involved in the design of carts. They are piloting a number of different designs with a group of cardboard recyclers in Durban’s inner city. The carts have allowed the recyclers to load three times more waste than they were able to before the carts were introduced. New challenges in the design process spring up continually – for example, the wheels on the carts do not last long in the rough conditions in which they are used, so AeT is now trying to develop more durable wheels. They are also thinking about lighter carts which can fold up and be carried by the recyclers, many of whom have no fixed place to store their carts at night.

Dealing with these kinds of challenges successfully can be more easily done if there is collaboration with centers of scientific and engineering knowledge. In their prototype design, both KKPKP and SEWA have tapped into knowledge resources in India such as the National Institute for Design, and the MIT and IIT schools of design. After the Learning Meeting, AeT and the South African National Institute for Occupational Health met to discuss setting up such a partnership in Durban that also involves universities and technical institutes.
**Country Reference Groups: Why, where and how?**

In most of the countries in which we work, the WIEGO OHS project has set up Country Reference Groups. These are made up of stakeholders from various national and local institutions, as well as representatives from formal unions and informal worker unions and associations. Their role is to root the project in the country, help the project network with different interest groups, and encourage commitment to the idea of a more inclusive OHS after the project finishes. It is really important that those who belong to the Reference Group are committed to the project and its aims. This is crucial to ensure the project functions well.

The Learning Meeting discussion on Reference Groups revealed that there is more than one good model for the design of these groups. In Ghana, the Reference Group was set up close to what we thought would be ideal. At the very start of the project, interested parties were invited to be a part of the group and to advise on its direction. It has worked very well. Edith Clarke, head of OHS in the Ghana Health Services, chairs the Reference Group and has become very committed to the project, and this has given it a validity within national health circles.

Brazil tried to set up the Reference Group in a similar way, but found it difficult to get commitment from stakeholders. The team then decided that it may be better to include individuals from key government departments in the research and writing of the institutional mapping paper for Brazil. In this way, greater interest and enthusiasm for the project was generated in important places.

In India both partners, SEWA and KKPKP, are large organizations with long histories, and have their own networks and forums where they exert influence. We agreed that it was not appropriate for them to have an additional advisory group. They have used the Reference Group budget rather to have exchange visits to each other.

**Going forward…**

We spent the last half day going through plans for the future.

- WIEGO’s Demetria Tsoutouras took us through possible communications tools to use in the dissemination of the project.
- SEWA’s Mirai and Barry of the NIOH in South Africa gave a presentation on planning for policy influence.
- We had a preliminary early discussion of the next Learning Meeting, to be held by end February 2012, which will be focused on the informal worker leaders who have been part of the project.
- Project teams wrote down their ideas for changes in their plans, based on what they heard and learned at the Learning Meeting.
What participants said about the Learning Meeting

“We have seen the importance and relevance of informal work and about what a focus on informal workers really means.”

“We realised the importance of data – of collecting it, systematising it, and sharing it to build the evidence base. We could learn a lot from Brazil and their information systems.”

“What struck me is how in country after country, OHS for informal workers has fallen between the cracks. Informal workers are invisible and OHS is invisible within health systems! Part of the reason for this invisibility is the fragmented institutional architecture. So our policy action on OHS has to look at this.”

“Ghana and Thailand showed us how to use innovative research techniques such as body mapping, hazard cards, and health checklists.”

“From Ghana we learnt how research can be used to help the worker groups, and how OHS can be used an organising tool for workers.”

What else is new?

A big congratulations to Vicky Kanyoka, the OHS project’s Tanzania co-ordinator, who has been very involved in advocating for the ILO Domestic Workers Convention. The Convention on Decent Work for Domestic Workers and its accompanying Recommendation were passed on June 16th at the 100th International Labour Conference in Geneva. Vicky used research on the working conditions of domestic workers in Tanzania, generated by the OHS project, during the campaign.

Masuma Mamdani, who did the OHS institutional mapping in Tanzania, recently represented WIEGO at a Joint Workshop of the European Commission and African Union Commission on “Capacity Building in Social Protection in Africa,” in Nairobi, Kenya, in March 2011. The AUC has stated its commitment to expanding coverage of social protection to informal workers.