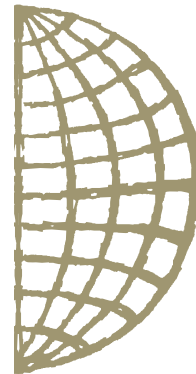
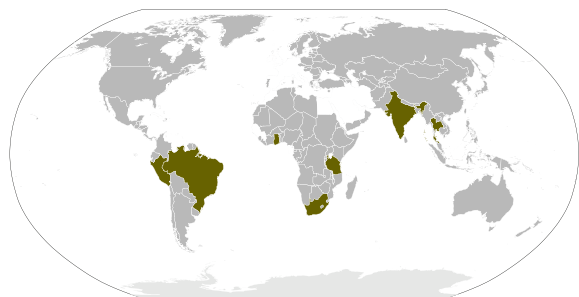


Occupational Health and Safety *for Informal Workers*

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The year 2013 is flying by! It's June already and time for us to offer you an update on activities, partners (ongoing and emerging) and how we've been sharing OHS learning around the world. In this OHS Newsletter, we are:



- reporting on the dissemination activities carried out by the OHS project and partners during the year including the OHS Expert Meeting, SEWA's workshops on OHS in India, as well as an update on available publications
- announcing a fledgling partnership between the NPO Asiye eTafuleni and the WIEGO OHS project
- adding our voice to the debate about whether sanitation should be considered part of the current campaign for Universal Health Coverage
- providing our usual round up of news briefs from around the globe

Dissemination Activities

For WIEGO's OHS Project, 2013 and 2014 have been dedicated to dissemination and policy advocacy. Our dissemination strategy is made up of a mix of activities. We will hold national policy advocacy workshops, organize and attend international meetings and conferences, and publish the project's findings in academic journals and through more accessible forms such as research reports, policy briefs and toolkits for both worker organizations and OHS and urban planning professionals.

Over the last seven months we've been busy putting this plan into action. Here is a snapshot of what's been happening.

The OHS Project's Expert Meeting

WIEGO held its first "OHS Expert Meeting" from the 27th to the 29th of November 2012 at Salt Rock, just north of Durban, South Africa. The purpose of the meeting was to get guidance from top



The OHS Expert group, joined by friends from UKZN and Asiye eTafuleni, relaxed on the final evening of the meeting with a South African braai (barbecue). Photo courtesy of the Salt Rock Hotel

professionals in the field of OHS on the project's dissemination and advocacy strategy, and to think in a deeper way about how the project could be institutionalized through policy and curriculum change. Representatives from our partner membership-based organizations (MBOs) SEWA (from Ahmedabad, India) and KKPKP (from Pune, India) were also present, as well urban policies specialists, who were there to help the participants reflect on how OHS and urban planning have come to intersect in the world of informal work.

Day 1 began with presentations by Francie Lund (WIEGO), Laura Alfors (WIEGO), Vilma Santana of the Federal University of Bahia (UFBA), Malati Gadgil (KKPKP), and Mittal Shah (SEWA) on the work done through the individual country projects. There was a chance for discussion and comment from the assembled professionals before we moved onto the second session of the day, a field visit hosted by Asiye eTafuleni to Durban's inner city informal trading area, Warwick Junction. The field visit gave the experts a chance to connect with the realities of informal working conditions and served to ground the following day's discussions.

Day 2 was the day for the experts to give their input. Rajen Naidoo of the University of KwaZulu Natal's Occupational and Environmental Health Unit and Vilma Santana of UFBA's Institute for Collective Health started off with presentations on "Influencing OHS Training Institutions and Curricula". Vilma talked about her experiences developing an online OHS training course for distance education. Rajen stressed the need to start developing multi-disciplinary courses and platforms in order to break down the institutional silos that exist between OHS professionals, engineers, urban planners, and social scientists. He also argued that the focus should not only be on training future professionals, but on training informal workers themselves to do basic risk assessments in their own workplaces.

Next up were Barry Kistnasamy, Executive Director of South Africa's National Institute for Occupational Health and Mahinda Seneviratne, Executive Member of the International Commission of Occupational Health's Scientific Committee on Small Enterprises and the Informal

Sector, who spoke on "Influencing Those Who Regulate OHS". Both talks focused on international policy actors—WHO, ILO, ICOH and various regional bodies—who are opening up to informal workers.

Warren Smit of the African Centre for Cities based in Cape Town, and Nancy Odendaal of the University of Cape Town's School of Architecture, Planning and Geomatics then spoke from the perspective of urban planners on "Influencing Cities". Warren emphasized the need to build up the rather limited evidence base on the impact of



*Richard Dobson of Asiye eTafuleni guiding the expert group around Warwick Junction.
Photo: Laura Alfors*

local government policies on the health and productivity of informal workers, and to develop course materials to integrate into urban planning curricula. Nancy highlighted some of the challenges she had encountered with curriculum change in her work with the African Association of Planning Schools (AAPS), going on to suggest some practical steps towards including OHS into planning curricula. These included more theoretical work on the subject, and the use of “Studios” where planning students work on projects in a “live fashion” with informal workers.

Finally Rick Rinehart, a Global Health Fellow at the U.S. Agency for International Development, spoke on “Influencing Donor Organizations”. Highlighting the general lack of donor interest in OHS issues, he argued that OHS projects need to re-orient themselves away from focusing solely on OHS, and towards weaving OHS into broader development projects related to livelihoods and social protection.

The day ended with contributions from the experts on a strategic plan for the future of the WIEGO OHS Project. These suggestions have now been incorporated into the OHS Project’s Five Year Strategic Plan, and we’re holding thumbs that the exciting ideas contained within it will come to fruition.



SEWA Holds State and National OHS Workshops in Ahmedabad and Delhi

As part of its OHS Project’s dissemination activities, the Self Employed Women’s Association (SEWA), based in Ahmedabad, Gujarat, has held two workshops on the “Occupational Health of Women Workers in the Informal Economy” this year. The first of these was a state-wide event held on the 23rd of January, organized in collaboration with the Indian National Institute of Occupational Health. The second was a national workshop held on the 4th and 5th of April in Delhi. At

both workshops a range of stakeholders were present, including worker and government representatives, representatives from design and technology institutes, as well as NGOs working on occupational health issues. Participants at the national workshop included representatives from South Africa, Brazil, and Germany, as well as from the ILO and WHO, making it both a national and international event! The national workshop was inaugurated by Dr. K. Srinath Reddy, the President of the Public Health Foundation of India, who is also well known as the Chair of the High Level Expert Group on Universal Health Coverage in India.

The workshops were set up as platforms for sharing experiences and ideas in order to move the campaign for a more inclusive OHS forward in India. As Mirai Chatterjee, Director of SEWA Social Security, pointed

Watched by Mirai Chatterjee of SEWA and Rolf Schmachtenberg of GIZ, Francie Lund, Vilma Santana, Barry Kistnasamy, and K. Srinath Reddy light the inaugural lamp of the SEWA workshop on OHS together with leaders from SEWA’s health cooperative. Photo: Laura Alfors



out: it has been over 60 years since the Government of India's Bhore Commission Report recommended that occupational health services be integrated into primary health services and made available to all working Indians, and yet little so far has been achieved in this regard.

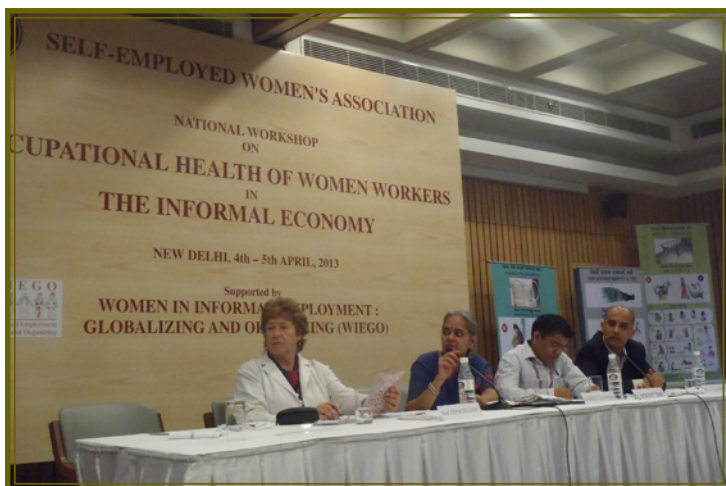
A notable contribution to both the state and national workshops were the presentation by Ajit Rajivia, a consultant with the Indian Institute of Public Health-Gandhinagar, who has been assessing the productivity impact of the work tools produced by SEWA

with the support of the OHS Project (see [Newsletters 3 and 5](#) for more details on the tools). Ajit's study, which combines both quantitative and qualitative methods, is not yet complete, but there are some promising signs that the tools are making an important difference to workers, although not all the tools are popular with the workers who use them. Some individual stories that have emerged from Ajit's research include the following:

- The new table developed for kite workers is not uniformly popular with some workers, some of whom complained about the size and height of the table. However, workers who did use the tables showed an increase in productivity of an extra 500 kites per day per person.
- Waste pickers using the new carts were able to carry an extra bag of refuse, amounting to an increase in wages of about 20-25 rupees/ day. One woman reported saving 400 rupees in medical expenses after using the SEWA equipment.
- Sugarcane cutters reported that they were able to work faster with the newly designed cutters, with one user reporting that she was able to work at double her normal speed.
- Embroidery workers have found that their experience of back pain has been reduced with the new prototype.
- Garment workers are not universally pleased with their ergonomically designed chairs, although many are very positive about the effects.

We look forward to hearing more about this important research. The generation of empirical evidence on the ways in which ergonomically designed tools can both benefit the health and productivity of workers will surely be a key point for SEWA as it strives to put OHS for informal workers on the health and labour policy agenda in India.

Seemaben, a SEWA embroiderer, showing off the work she created with her new embroidery frame developed by the SEWA OHS team. On display behind her is the SEWA education material on the new frame. Photo: Laura Alfes.



Other Dissemination News

In February Francie Lund, Laura Alfery and Dorcas Ansah, who coordinated the OHS Project in Ghana, travelled to Chiang Rai in northern Thailand to report on the project's progress to the Inclusive Cities Annual Learning Meeting. Inclusive Cities is a collaboration of membership-based organizations (MBOs) of the working poor, and the Annual Learning Meeting proved to be an important forum in which to give direct feedback on the project to informal worker organizations. Over the next year

we will be looking out for more sector specific platforms to provide feedback to workers and to gather advice on the future direction of the OHS project.

We have also been busy analyzing and writing up the research carried out over the last three to four years. We have four new publications out on the WIEGO website, and the OHS microsite. These are:

- Occupational Health & Safety for Market and Street Traders in Accra & Takoradi, Ghana (also available in French, Spanish and Portuguese)
- Occupational Health & Safety for Indigenous Caterers in Accra, Ghana (also available in French, Spanish and Portuguese)
- The Ghana National Health Insurance Scheme: Assessing Access by Informal Workers, WIEGO Policy Brief No.9
- Health Insurance in India: The Rashtriya Bima Yojana, WIEGO Policy Brief No.10



Keep watching the WIEGO website and OHS microsite for more news on the publications!

Announcing the Safer, Healthier Warwick Project

Over the last four years the OHS Project has focused on the five countries in which we originally set out to work: Ghana, Brazil, India, Tanzania and Peru. During several of our major activities, such as the OHS Learning Meeting (see Newsletter 3), the Bangkok Health Policy Dialogue (see Newsletter 5) and the OHS Expert Meeting reported on in this newsletter, we met and interacted with organizations doing important OHS work in the informal economy outside of our five core countries. We are delighted now to announce a fledgling partnership with one of these organizations, Asiye eTafuleni (meaning “let’s bring it to the table” in Zulu), based in the inner city trading area of Warwick Junction in Durban, South Africa.

Professor Francie Lund of WIEGO, Mr. Anoop Chand Pandey of the Ministry of Labour and Employment, and Mr. Amin Yousef Al-Weidrat of the ILO participate in a discussion chaired by Mirai Chatterjee of SEWA on “Occupational Health of Workers in the Informal Economy: Policy Implications”. Photo: Laura Alfery



Founded in 2008, AeT supports informal workers by enabling them to “co-develop their work environments” along with urban planners, engineers, and city officials. In carrying out this mandate, AeT has had to deal with workplace health issues and has been involved in a number of initiatives to improve the health and safety conditions of workers operating in Warwick Junction and further afield in Durban. They have initiated diagnostic health camps, where workers can get basic medical check-ups, have been working on ergonomic cart designs for

informal cardboard recyclers, and have been involved in an ongoing campaign to improve the sanitary infrastructure in Warwick Junction.

The partnership with WIEGO, which is still very much in its early stages, will serve to systematize and consolidate the work that is already being done by AeT, and will look to integrate health and safety into several existing and future AeT projects. We will also be looking to set up partnerships with technical and scientific institutions such as the University of KwaZulu-Natal’s Occupational and Environmental Health Unit.

A report on one of our first activities, a survey on the use of the first aid kits distributed to traders in Warwick in 2010, will soon be up on the [AeT blog](#).

Sanitation and the Campaign for Universal Health Coverage

Earlier this year, the International Health Policies Newsletter 193 carried an editorial piece titled “Health beyond 2015”, which looked at the post MDG3 health agenda and argued that the WHO-backed Universal Health Coverage agenda is likely to serve as the centrepiece for future global health policy. It also asked questions about what types of health services should be included under the rubric of UHC post 2015 – including whether or not sanitation and hygiene systems should be seen as part of UHC services.

Our work in the OHS project has led us to the conclusion that sanitation and hygiene systems are essential not only for public health, but for the health and productivity of informal workers ([see Newsletter 2](#)). We would argue that any health campaign which leaves basic sanitary services out is an incomplete one. To emphasize this point, we thought it might be a good idea to go back in history to learn why this should be up for debate at all.

The domains of public health and urban planning were largely inseparable between the years during the 1800s in England where the public health movement was championed by Edwin Chadwick. In fact

In 2011 AeT held a 1 day “Right to Sight” campaign, in collaboration with the International Centre for Eyecare Education (ICEE) and the eThekweni Health District where almost 200 street traders from Isipingo tested their eye sight for free. Photo: AeT.

urban planning – the improvement of layouts, housing conditions, drains and sewers – was all about improving the health of the working classes, living as they were in the awful slum conditions of the newly flourishing industrial cities of Britain. Chadwick’s zeal for sanitary reform was carried over to the British colonies in the early 1900s by the Tropical Hygiene movement, which included Sir Ronald Ross (who discovered the parasitic origins of malaria), and Sir William Simpson (who battled plague in both India and Ghana through sanitary reforms). These medical professionals believed deeply in the idea that ill-health in tropical countries should be tackled first and foremost with improvements in environmental health and sanitation – eradicating pools of stagnant water in which insects could breed, upgrading housing, constructing adequate sewers and latrines.

The movement for sanitary reform in both Britain and its colonies operated in parallel with the practice of medicine which focused on curing rather than preventing illness, and with an approach to medicine that looked to “magic bullet” technological solutions to prevent ill-health such as vaccines. By the 1940s, these two streams of medical practice had gained precedence over the far less glamorous practice of hygiene. Not only were career opportunities better for medical professionals, but the focus of medicine itself had changed from one which concentrated on uplifting the living standards of the poor through sanitary reform to what John Pickstone¹ calls a “consumerist model”, which sees health as a commodity – as something to be sold to people.

The launch of the National Health Service (NHS) in Britain in 1948, which excluded sanitation and hygiene services, was for many contemporary commentators the final act that sealed the fate of hygiene as a marginal field within the health profession. Particularly problematic was that Britain’s ex-colonies followed this institutional model. So in countries where preventable diseases such as diarrhoea and cholera killed (and still kill) many people every year, governments placed hygiene functions in under-resourced municipal administrations, focusing their core health resources instead on large hospitals and expensive medicines to cure the sick rather than trying to prevent many of those illnesses from occurring in the first place.

As Max Weber argued, the divisions in bureaucratic functions can take on “a life of their own”, reproducing divisions in the state’s administration amongst professional groupings (such as health professionals and urban planners) and making them appear natural. To overcome this is not a simple task, but if UHC is really to have the interests of the poor at heart, then tackling the burden of preventable environmental diseases needs to be prioritized. For informal workers, for whom sanitation is often a matter not only of health but of productivity too, this is doubly important.

¹ Pickstone, J. 2000. “Production, Community and Consumption: The Political Economy of Twentieth-Century Medicine,” in R. Cooter and J. Pickstone (eds.), *Medicine in the 20th Century*. Amsterdam: Harwood Academic Publishers.

News Briefs

Bangladesh has been in the news this year, for all the wrong reasons. Just months after the devastating fire in the Tazreen Garment Factory in Dhaka in November 2012 which killed 111 workers and injured many more, there was another accident at a garment factory. In April, the Tung Hai Sweater Factory also in Dhaka, collapsed killing over one thousand people. According to the Times of India, Bangladesh's garment industry is worth \$20 billion a year, providing clothes to top suppliers around the globe. Good news then is that the action group, the Occupational Safety, Health and Environment Foundation (OSHE), based in Dhaka, is investigating the situation. As part of this effort, the foundation organized a multi-stakeholder workshop on "Lessons learned from the Tazreen Fire Accident Challenges and Way Forward". More information on the workshop is contained in the OSHE newsletter January / February 2013.

Earlier this year, fire hit the Surya Sen Market in the Indian city of Calcutta, killing 20 people and destroying many shops and stalls. Fire is a major hazard in markets around the world. You can read more about the dangers of fire in Ghana's markets in our new report: Occupational Health & Safety for Market and Street Traders in Accra & Takoradi, Ghana.

More good news from Peru where the Ethical Trading Initiative (of which WIEGO is a member) organized the first meeting of its new project aimed at engaging with Peruvian employers over working conditions (including OHS) in the booming agro-processing industry. The organizers experienced a few problems setting up the event, but overall the meeting seems to have gone well and we look forward to hearing more about the project's developments.

To end on a positive note: Brazil's Congress has approved a law which extends to domestic workers all the social protection rights which apply to formal workers, including child care, work-related compensation, and limits on hours of work. Well done Brazil!

Subscriber list: We compiled our list of subscribers through our existing contacts in the Social Protection Programme, and WIEGO's other programmes. Please send us the names and email addresses of others who would be interested in receiving this eNewsletter, or forward it on and tell them to click on the subscription link at the top of the first page.

OHS microsite as a resource: We will be developing the OHS microsite, which you can find on WIEGO's website at www.wiego.org/ohs. We hope it will become a valued resource of information for people interested in and studying OHS for informal workers. Let us know what you would like to see there! Send us references and toolkits you know about!



About WIEGO: Women in Informal Employment: Globalizing and Organizing is a global research-policy-action network that seeks to improve the status of the working poor, especially women, in the informal economy. WIEGO helps to build and strengthen networks of informal worker organizations; undertakes policy analysis, statistical research and data analysis on the informal economy; provides policy advice and convenes policy dialogues on the informal economy; and documents and disseminates good practices in support of the informal workforce. For more information see www.wiego.org.