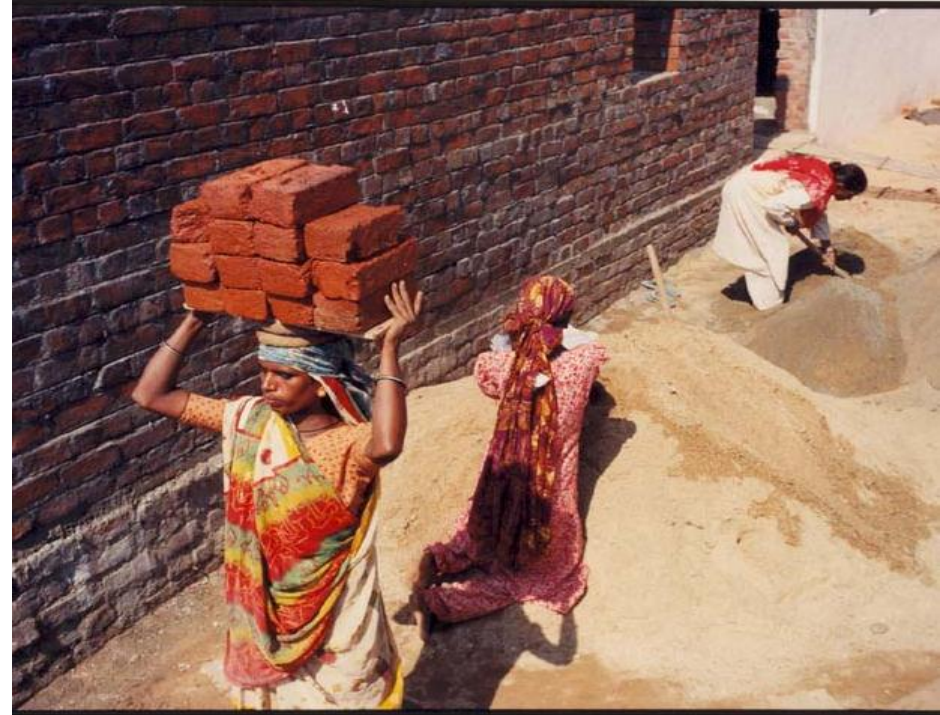


# Occupational Health & Safety Learning Meeting WIEGO Durban (4<sup>th</sup> – 6<sup>th</sup> May 2011)



**Self Employed Women's Association  
SEWA, India**



# Outline of Presentation

- Introduction to SEWA & Lok Swasthya SEWA Cooperative
- Occupational Health project with WIEGO
- Previous Occupational Health projects
- Challenges for providing Occupational Health Services
- Policy Action

# Self Employed Women's Association (SEWA)

- National trade union of 1.36 million poor, self-employed women workers in the informal economy, started in 1972, in Ahmedabad, Gujarat
- Founder: Elaben Bhatt, a labour lawyer and organiser
- Organising workers in a total of 9 states
- Activities include capacity building, work and livelihood, financial services, social security and policy action for workers' rights





# SEWA's GOALS

## 1. FULL EMPLOYMENT

- Work Security
- Income Security
- Food Security
- **Social Security**

## 2. SELF- RELIANCE

## SOCIAL SECURITY

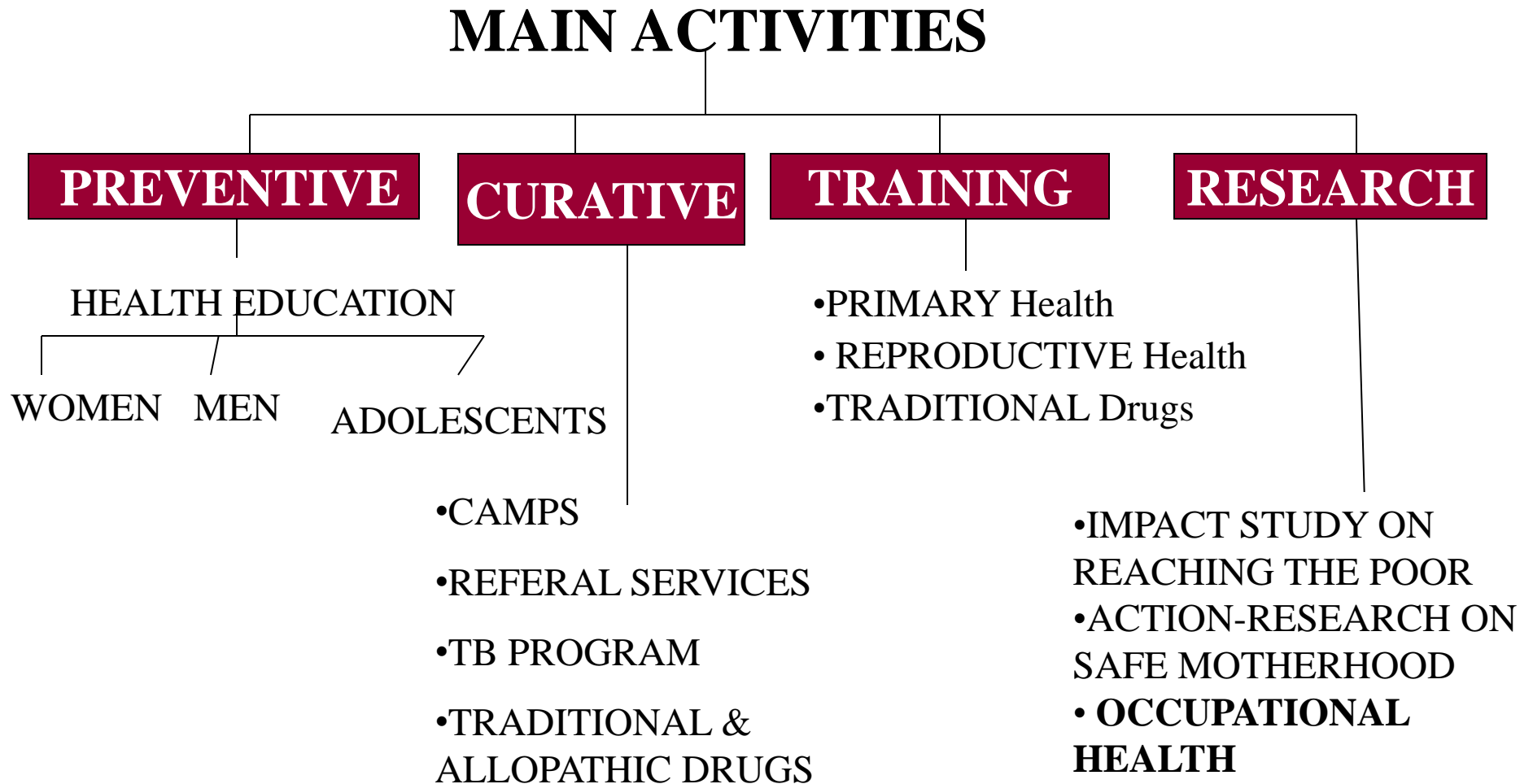
- **Health Care**
- Insurance
- Child Care
- Housing
- Pension



# Lok Swasthya SEWA Cooperative

- Occupational health and maternal benefits were the earliest health activities (1970s)
- SEWA's community-based health program started in 1984.
- Registered as a health cooperative in 1990
- Health activities / action implemented by a cadre of grassroots level health workers
- Areas of Operations:
  - Gujarat state - Ahmedabad city, Ahmedabad district,  
Gandhinagar district, Surat city & Tapi district
  - Rajasthan state – Jodhpur district
- Outreach in 2010 – 213,000 members
- Through the Technical Resource Center (TRC), Lok Swasthya SEWA also provides technical support to other organizations

# Lok Swasthya SEWA Cooperative



# Lok Swasthya SEWA's Occupational Health project with WIEGO

## Objective:

Occupational Health & Safety for Informal Women Workers

- Agricultural workers (Ahmedabad district & Vyara district in Gujarat)
- Waste pickers (Ahmedabad city – Gujarat)
- Embroidery workers (Delhi)
- Papad workers (Bikaner city – Rajasthan)

## Approach:

- Needs Assessment
- Developing Prototypes – with MIT  
(a design institute in Pune)
- Policy Action

# OH project with WIEGO

## Activities conducted: (Sept 2010 to March 2011)

- a) Preliminary information collection on OH and safety risks of the four occupation groups
  - questionnaire developed
  - individual and group discussions
  - collected case studies
- b) Collaboration with MIT (Maeers' MIT Institute of Design)
  - needs assessment of the four occupation groups
  - individual and group discussions
- c) Health education – primary health and reproductive health
  - for agricultural workers and waste pickers



# OH project with WIEGO

## Embroidery Workers' Needs Assessments: Our Findings

- The women and children work for 12-14 hrs from their homes .
- Back pain due to long working hours & sitting postures (they bend their knees, spread the cloth / frame on the knees & work in that position).
- Eye strain due to long working hours, low illumination & diffused light .
- Finger & finger joint pains with the added risk of pricking their fingers.
- Arm ache due to the height at which the arm has to be raised to reach the frame.



# OH project with WIEGO (contd)



## Planned Intervention for Embroidery Workers

1. Design and develop embroidery tools that are user friendly, improves productivity and quality.
2. Adjustable height of the inclined frames.
3. Awareness about proper lighting and ventilation
4. Educating the women on occupation health, safety risks, right postures, simple exercises. Primary health and reproductive health education
5. Diagnostic Camps
6. Policy Action

# OH project with WIEGO (contd)

## Papad Workers' Needs Assessment : Our Findings

- The women and children work for 6 to 12 hrs from their homes.
- Back pain due to long working hours & sitting postures (they bend their knees & work in that position for hours).
- Continuous rolling of papad for 4 to 5 hours leads to aches in the lower and upper arm, as well as shoulder joints and wrists.
- Knee joint pain due to the postures.
- Skin of the hand becomes thick, develop sores which sometimes bleed.
- Space a major constrain for drying the papads.



# OH project with WIEGO (contd)

## Planned Intervention for Papad Workers:

1. Design and develop rolling pin and rolling base that are user-friendly, improves productivity and quality
2. Educating the women on occupation health and safety risks, right postures and simple exercises. Primary health and reproductive health education
3. Diagnostic camps
4. Policy Action





# OH project with WIEGO (contd)

## Waste Pickers' Needs Assessment: Our Findings

- Severe back pain as they have to bend constantly to pick and sort waste.
- Neck and shoulder pain as they carry the waste on head or across their shoulders.
- Respiratory problems as they inhale chemicals, fumes, etc and are exposed to dust .
- Injury in the hands and legs while collecting and sorting waste.





# OH project with WIEGO (contd)

## Planned Intervention for Waste Pickers:

- 1.Design and develop equipment for collecting and sorting waste which will be user friendly, improves productivity and quality
- 2.Educating the women on occupation health, safety risks and simple exercises. Primary health and reproductive health education.
3. Diagnostic camps
4. Policy Action



# OH project with WIEGO (contd)

## Agricultural Workers' Needs Assessments: Our Findings

- Severe back pain, stomach pain, pain in the arms and legs due to the bending posture while working in the fields.
- Agricultural tools used are heavy.
- Infections in the hands and legs (especially fungal infections) as they have to stand in the water-filled fields during sowing and weeding.
- Skin and eye irritation when pesticides have to be sprayed.
- Risk of getting bitten by snakes / scorpions while working in the fields.



# OH project with WIEGO (contd)

## Planned Intervention for Agricultural Workers:

- 1.Design and develop equipment s which will be user friendly, improves productivity and quality (better sickles and face mask / hand gloves/ foot wear)
- 2.Educating the women on occupation health, safety risks and simple exercises. Primary health and reproductive health education
3. Diagnostic camps
4. Policy Action



# Occupational Health Projects Previously Undertaken

1. Studied the OH problems faced by various trade groups working in the informal sector (ex: incense stick rollers, tobacco workers, ready made garment workers , bidi workers, salt workers) with the National Institute of Occupational Health (NIOH) .
2. Collaborated with National Institute of Design (NID) for developing appropriate prototypes.
3. Incense stick rollers : Special tables developed with NID.
4. Agricultural workers : Specially designed sickles developed.
5. Sewing machine table heights were adjusted after the women workers approached the Singer Sewing Machine Company.
6. Flower pickers : Solar powered head bands were developed (like miner's head lamps). The women took loan from SEWA Bank to pay for the head bands.







# Occupational Health Projects Previously Undertaken

7. Salt workers : Gumboots provided to reduce exposure to salt water and sun glasses for protecting from the sun glare.
8. Gum collectors : Long handled sickle and appropriate foot wear.
9. Medical camps for eye check ups.
10. Insurance for the women workers to include occupational health in the health coverage ( ex: accidental injuries).
11. Providing low cost child care as most often the children are also involved in the livelihood activity exposing them to unsafe working conditions and health hazards.
12. Occupational Health services through Workers Welfare Boards – a tripartite body with representation from the government, workers representatives and employers. Ex: construction workers and tobacco workers – the welfare board provides insurance, maternity benefits , tool kits

# Challenges for Providing Occupational Health Services

- The women workers remain invisible and isolated. For increasing visibility and bargaining power , the women workers have to be organized into their own membership based organisations like unions and cooperatives.
- The women workers are poor and depend on their work for survival. They are therefore reluctant to take any action, including on occupational health, that will endanger their work or decrease their productivity (most are piece rated workers).
- While the prototypes developed have increased productivity and have had a positive impact on their health, the cost of the equipment remains a limiting factor in increasing outreach. Welfare boards (where they do exist), provide the equipments and / or tool kits to the workers.

# Policy Action – What we want

1. Ensure that OH is included in the current national discussion and debate on universal health care
2. Training / orientation of the health personnel to recognise and act on OH.
3. Early detection at the sub center or primary health center level must be undertaken.
4. Link more with institutions like NIOH, NID, MIT for both research and prototype development.
5. Ensure that workers welfare boards are set up, are active and include OH, especially providing tools, safe equipment at low or no cost.
6. Ensure that all workers have access to health, accident and life insurance (Ex: RSBY, Janshree in India).

# Policy Action – How to get it

1. Research – building evidence, documentation and dissemination for creating awareness.
2. Workshops with the workers, employers and government officials (especially labour and health).
3. Policy action / advocacy for OH laws?
4. Above all - ORGANISE the women workers!



**THANK YOU**