

Editorial

Reaching the unreached

Many workers at grassroots levels, particularly informal economy workers are difficult to access to adequate occupational health services. Typical informal economy workplaces are home manufacturing workplaces, street vending, transportation services, waste collection, unregistered small construction sites or small rural farms. In South Asia, as an example, a large number of workers find their jobs in informal economy workplaces. According to the ILO statistics, 83.6% of workers in India, 78.4% in Pakistan and 62.1% in Sri Lanka are in informal employment¹⁾. The government statistics seldom capture their work-related injuries and diseases and the victims do not receive compensation and proper treatment when having injuries or diseases.

Owners and workers in small businesses and informal economy workplaces need practical measures for improving occupational health that can work in their real settings. For this purpose, the participatory, action-oriented training methodologies have been gaining momentum and been widely used for helping varied small workplaces in different industries and targets²⁾. Action-checklists with good example illustrations have been used as a key training tool for assisting the participating workers and employers in identifying the safety and health risks in their workplaces and finding simple, low-cost solutions. Common technical areas of their immediate improvements have been materials handling, workstation designs, machine safety, working environments, welfare facilities and work organizations.

The participatory, action-oriented training approaches are closely linked to the realization of ILO Standards in occupational safety and health (OSH). ILO Safety and Health Convention (No 155, 1981) defines that employers have the main responsibilities for creating safe and healthy working environments. Worker participation is a key requirement of the ILO OSH Standards. According to ILO OSH Management System Guidelines, known as ILO OSH-2001, employers need to ensure that workers

and their safety and health representatives are consulted, informed and trained on all aspects of OSH. The participatory, action-oriented approaches provide practical opportunities of promoting worker participation and bringing workers' voices to improve OSH.

How can we bring the participatory, action-oriented training to the unreached workers? Experiences have been accumulated. In the Mekong Delta area of Vietnam, a participatory OSH training workshop for farmers was organized in a community hospital 30 min away by car from the participants' village. The foreign organizers expected the equal participation of women and men farmers to the training. However, no women farmers came to the training because of the distance and their busy household work. After consultation with local people, the next participatory training was carried out in a temple located within the walking distance of villagers. Many women farmers came and participated actively³⁾. A small change made a big difference.

Owners and workers in small, informal businesses have to handle a number of functions simultaneously in their workplaces and have no luxury to leave their workplaces for participating in a long training workshop. A possible solution was that occupational health practitioners and trainers visit target workplaces and organize a short training workshop there. Recent ILO participatory training workshops for the sport goods manufacturing sector in Pakistan⁴⁾ and for the tea plantation sector in Sri Lanka have also been conducted in the workplaces. Workers and owners, including women workers in small workplaces had easy access to the training, and their active participation was materialized. In Senegal in the western Africa, an ILO project has worked with female tannery workers who were in difficult social conditions. Local occupational safety and health practitioners visited their workplaces and facilitated interactive discussions for improvements. The participating female tanners spoke out their ideas and

gained greater self-confidence for protecting themselves from the safety and health risks associated with their work⁵).

We, occupational health specialists and researchers need to accelerate our efforts to reach the unreached workers and workplaces for supporting their safety and health improvements. Keys to practical solutions are to focus on local needs and learn from local initiatives and good practices.

Disclaimer

The opinions and assertions contained within this article are those of the author and should not be construed as representing those of the International Labour Office.

References

- 1) ILO-Department of Statistics (2012) Statistical update on employment in the informal economy.
- 2) Kogi K (2012) Roles of participatory action-oriented programs in promoting safety and health at work. *Saf Health Work* **3**, 155–65.
- 3) Kawakami T, Khai T, Kogi K (1997) Improving conditions of work and life in a rural district in the Mekong Delta area in Vietnam. *Environ Manage Health* **8**, 175–6.
- 4) ILO (2017) Sialkot sports goods factories make OSH a top priority. http://www.ilo.org/islamabad/info/public/pr/WCMS_596888/lang-en/index.htm.
- 5) Seck S, N'Diaye F, Khai T (2017) L'expérience de la cooperative des tanneuses de Guediawaye, Dakar-Senegal, Transition de l'économie informelle vers l'économie formelle, ILO.

Tsuyoshi KAWAKAMI

ILO Decent Work Team for South Asia, India