

SAFETY AND HEALTH IS A FUNDAMENTAL RIGHT AT WORK



JOURNAL ARTICLES

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Foreword

Dear friends,

The collection of articles included in this journal did two things with me when reading through it. First, it once again sharpened my awareness about the difficult working conditions that many working women and men face on a daily basis. Secondly, it underscores the absolute relevance of INSP!R Asia's key message : safe and healthy work is a fundamental right of all workers and a foundation of sustainable development.

We know the staggering number of people that suffer from the consequences of work-related incidents:

- 2.78 million workers die each year from work-related injuries and illnesses;
- Another 374 million suffer from non-fatal work-related injury and diseases.

This journal helps us to go beyond the numbers and to put a face on all those working women and men who are confronted with such tragedies. Their testimonies demonstrate that these work-related hazards and accidents occur everywhere, in all sectors of the economy, both in the formal and most certainly in the informal economy. The Covid-19 pandemic further increases the pressure on our safety and health, as we need to protect ourselves and our loved ones from this virus.

As part of its efforts to realise the right to social protection for all, INSP!R Asia brings together a whole range of civil society organisations in Asia to learn from one another, to strengthen their actions and develop a common strategy to enforce social protection rights at national and continental level.

The network shares a common vision. **Protect** people's rights, **prevent** negative impact from the hazards of life, **promote** better working conditions and thus **transform** societies, leaving no one behind: that is what INSP!R Asia and its members do on a daily basis.

Indeed, safe and healthy working conditions are part of that endeavour as they promote people's well-being. A systemic approach to occupational health and safety means investing in training and advisory services. It includes the establishment of risk management procedures in companies. When things go wrong, workers should be entitled to specific benefits, in cash and/or in kind to compensate for the loss of income as well as for the physical as well as psychosocial impact. Where policies are not in place or not adequately applied, where employers do not take their responsibility, we notice time and again that social movements stand ready. In Asia as well as in other parts of the world, social movements stand with those grieving, denounce those responsible and provide concrete social protection services for those in need.

Investing in safe and healthy working conditions is not just a matter of investing in rules, procedures and infrastructure. It is first and foremost investing in people and their communities, as they understand their work and working environments best. It is investing in their skills and capacities to do their work as required, to allow them to enjoy their work in the best possible conditions and to consider their work as a source of sense and security.

On behalf of WSM, I fully endorse that plea and I wish to warmly congratulate the entire team of INSP!R Asia for producing this impressive collection of articles. I have no doubt that it can further enrich and steer the debate in the right direction. A debate that is ongoing at the level of the ILO and which centres on the question whether we should consider safe and healthy working conditions as a fundamental principle and right at work? This recognition would imply that all ILO Member States have to comply with this fundamental principle, independent of the ratification of the relevant ILO standards.

The answer of INSP!R Asia is clear and we will continue to take this forward, with the entire INSP!R network as well as our allies such as ITUC, the Global Union Federations and the Clean Clothes Campaign. It would mean a great deal to the people who share their stories in this journal, because ultimately it is about them, their work and their dignity.

Bart Verstraeten
Director General WSM
Chair of the INSP!R Intercontinental
Steering Committee



Safety and Health is a Fundamental Right at Work

Bismo Sanyoto
Coordinator INSP!R Asia

Introduction

Twenty-three years ago, all member states of the ILO agreed to adopt the Declaration to respect and promote principles and rights in 4 categories: freedom of association and the right to collective bargaining, the elimination of forced labor, the abolition of child labor, and the non-discrimination in respect of employment and occupation. The adoption of the ILO declaration on 18th June 1998 made clear that all these four rights categories composed of 8 Core Conventions are universal, and they apply to all people in all states, regardless of the ratification. Each year, the states have to report on the status of the relevant rights and principles within their state.

Ten years later, the 18th International Labor Conference endorsed the ILO Framework on Decent Work Indicators corresponding to the four strategic pillars of the Decent Work: full and productive employment, rights at work, social protection, and promotion of social dialogue.

The ILO Centenary Declaration for the Future of Work in 2019, to mark the 100th year of the ILO, focuses on a human-centered approach to ensure that all people benefit from the changing world of work. In the last few decades, the world of work has changed dramatically, marked by the Fourth Industrial Revolution, aging population, and climate change. The ILO report 'work for a brighter future' emphasizes the need to reinvigorate social contracts where safe and healthy working conditions are fundamental to decent work.

That notion came at the right time. On 17th November 2019, the first case of COVID-19 was reported, and soon after, it became a pandemic which changed the world like never before. Not only creating health crisis, but the pandemic also devastating people's lives, socially and economically. Millions of people died, many peoples lost their loved ones, and lots of children became orphans. Many doctors, nurses, health workers, ambulance drivers, cemetery workers, volunteers, and all those who work on the frontlines of the pandemic faced the virus.

Filipino health workers in particular work day and night in a dire situation while many of their rights are denied. The pandemic has exacerbated long-running problems in the country's public health care, including understaffing, lack of protection in the workplace, and a meager salary. The Philippines is one of the top countries with the highest fatalities among health workers compared to the total number of positive cases.

Lockdowns, one of the policies to contain the virus, restrict the mobilization of people. People had to stay home for days or weeks. Public transport was suspended. Even before the pandemic, public bus drivers like those from Nepal already face life and death situations at work. The public bus route from Kathmandu to Butwal is one of the most dangerous roads because the narrow road is close to a cliff down to the Trishuli river, and above rocks could fall from the landslides. They could be buried in landslides or tumble down cliffs. According to a 2020 report of the Vehicular Accident Study Subcommittee, on average, eight people died of road accidents in Nepal every day.

While some praise the rise of this digital economy to create employment, particularly for low-skill workers and the unemployed, it also caused the dismantling of the standards of employment protection benefits such as wages, working time, collective bargaining, and social security. The largest group of digital workers in Indonesia is composed out of digital transport workers. It is sad to see that the first thing needed to guarantee any rights for these digital transport workers is to fully recognize them as workers, as many labor rights are tied to the employment status.

We could learn from the experiences of domestic workers who struggle to be recognized as workers, and not as 'house help.' Currently, the Indian federal government is working on a draft national policy on domestic workers. The salient features of the draft policy are the inclusion of domestic workers in the existing legislations, provide the right to register as workers, which will facilitate their access to rights & benefits accruing to them as workers. This is good news after in 2008, the federal government of India also enacted the Unorganized Workers' Social Security Act to provide social security to all unorganized workers, including domestic workers.

India is the biggest producer of vaccines globally, but we saw the horrific scenes from the second wave of COVID-19 where many lives could not be saved. The pandemic has exacerbated the disparity between rich and poor. Two-thirds of people in India are still living in poverty on less than 2 USD a day. About 52% of the workforce depends on agriculture for its livelihood. Most of the agriculture workers are Scheduled Castes and Scheduled Tribes, victims of the social divisions. According to 2011 Census, the Scheduled Casts constitute 16.63% (20,13,78,086) of the total population and Scheduled Tribes comprise 8.6 % (10,42,81,034) of the total population. They are socially, economically, politically, educationally, and culturally alienated in society. Unlike the industrial worker, the agricultural laborers are neither well organized nor well paid. They are forced to carry out all sorts of work throughout the day without benefits.

Communicable diseases like COVID-19 are particularly devastating for industrial workers who work in mass in closed buildings. In Cambodia, workers must work with the risk of contracting the virus. Prevention mechanism by implementing health protocol like social distancing inside the factory and during travel from home to work is impossible to practice. Mass fainting continues to happen as a sign of poor worker's treatment and workers' inability to access nutritious food. In addition, workers are also prone to road accidents during transport from work to home by unsafe collective vehicles like a trucks.

Safety and health for workers in Ready Made Garment also continue to be a severe problem in Bangladesh. The post-Rana Plaza tragedy transformation of safety measures in RMG factories must continue. The achievements of the Bangladesh Accord on Fire and Building Safety are impressive, and the recently concluded International Accord on Health and Safety in the Garment and Textile Sector opens the door for binding safety measures in the garment sector in other countries as well. But many garment workers still do not have access to the existing healthcare system due to their long working hours and financial constraints. Women are particularly more vulnerable to poor health care services in RMG factories. Up to 1st January 2021, the Accord received 249 complaints from garment workers during COVID-19, including lack of adequate protective measures in the factories to prevent the spread of COVID-19. As the out-of-pocket money bears 64% of health expenditures, workers must have affordable and quality health services through the Health Care Insurance Scheme (HCIS), which keeps workers healthy and productive.

Evidence shows that there is a strong link between workers' productivity with occupational safety and health. In Indonesia, the fast growth of palm oil plantations and their processing plants is not always followed by implementing occupational safety and health. Accidents sometimes occur in oil palm plantations such as eye irritation, injury caused by cutlass or sickle to harvest palm fruit, animal bites such as wasp and snake stings, dengue fever from *Aedes aegypti* mosquito, or road accidents. Unlike direct -permanent- employees of the palm oil companies, lots of casual daily workers are not protected. There are various types of discrimination in terms of safety and health for casual daily workers, besides lack of personnel protective equipment and not covered by social insurance. They also do not have job security.

When the job is not secure, neither is your income. This is what happens with young fishermen in the Philippines. Fishing is classified as part of the informal sector. The income of young fishermen is not stable because everything depends on the weather conditions. They can earn \$20 for an all-night shift if they are lucky. If not, the storm may cause the fishing boat to capsize. Extreme weathers increase in number and severity because of climate change. Exhaustion, vomiting, stomachache, fever, flu, itch, physical weakness, hepatitis A are something they have come to embrace as 'normal.' Given the hardship of being a fisherman, many young people would not choose to work in this field when they grow up.

These articles collected from workers in Bangladesh, Cambodia, India, Indonesia, Nepal, and the Philippines show that safety and health are fundamental rights at the workplace. All workers, regardless of their type of employment, formal and informal, men and women, have the right to a safe and healthy working environment, including promotive, preventive, and curative efforts of affordable quality health care and social protection. COVID-19 pandemic has even strengthened the argument that there is no decent work without a safe and healthy workplace. It is time to go from the four categories of fundamental principles and rights at work to five categories. Make safety and health the fifth fundamental right at work.

Thanks

Bismo Sanyoto
Coordinator INSP!R Asia

FILIPINO HEALTH WORKER'S SAFETY AND HEALTH IN THE MIDST OF COVID-19

Janess Ann J. Ellao
Anne Marxze D. Umil
Angela Manogan Doloricon



Graphic by
Dawn Cecilia Peña





Filipino Health Worker's Safety and Health in the Midst of Covid-19

By Janess Ann J. Ellao and Anne Marxze D. Umil

Angela Manogan Doloricon (AHW-Alliance of Health Workers)

Graphic by Dawn Cecilia Peña

Abstract

As the number of Covid-19 cases continues to increase, Filipino health workers are also battling for a safe workspace and the provision of due benefits as mandated by Philippine laws. The pandemic has exacerbated long-running problems in the country's public health care, including understaffing, lack of protection in the workplace, and a meager salary. Amid these, health worker unions are at the fore of their struggle, making sure that their rightful demands are met.

Keywords: Philippines, Safety, Health, Health Workers, Public hospital, Covid-19, Nurse, AHW, Alliance of Health Workers

Introduction

MANILA, Philippines -- Eric, not his real name, a public nurse in Isabela province, north of the Philippines, can only speak freely in the "comfort" of his own home. The 30-year-old public nurse was hired in 2013 by the Philippine national government through its Human Resource for Health program that deployed health workers to impoverished communities, particularly in remote areas. The government's program aimed to increase the workforce of rural health units which already had a meager government budget.

When the pandemic hit the country, Eric immediately realized that their dire working conditions would make them vulnerable to the dreaded virus. Sadly, he did not need to wait that long for his apprehensions to come true.

As of Aug. 16[i], the Department of Health (DOH) recorded that 22,559 health care workers were positive for Covid-19. Out of this number, 22,195 (98.4%) have recovered, 103 (0.5%) died and 261 (1.1%) were active cases. Of these active cases, 164 (62.8%) were mild cases, 57 (21.8%) were asymptomatic, 20 (7.7%) were in severe condition, 9 (3.4%) were in critical condition, and 11 (4.2%) were in moderate condition.

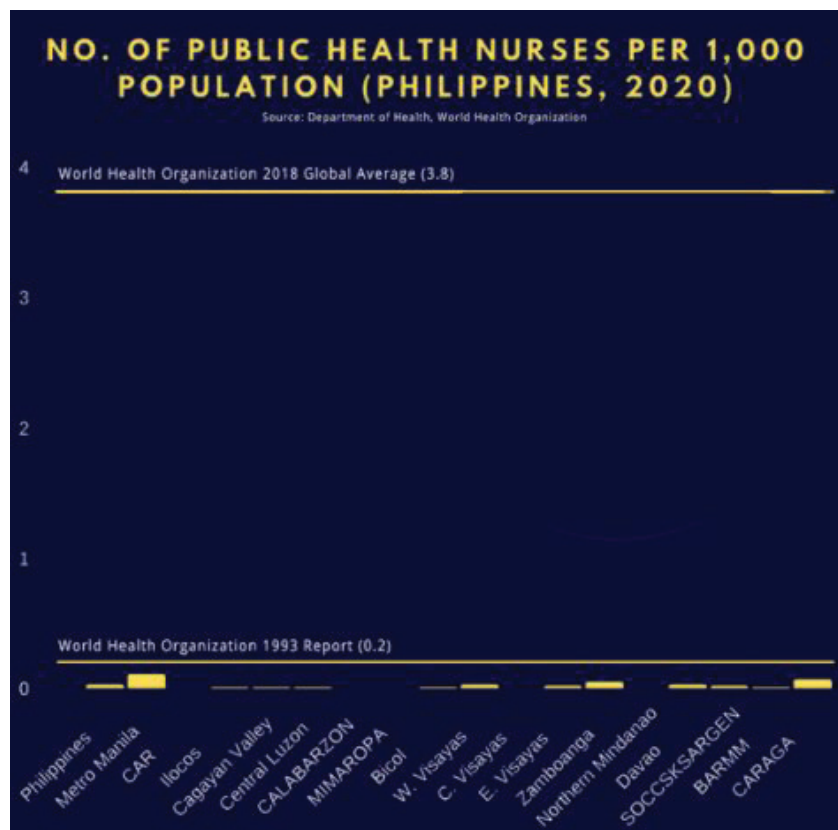
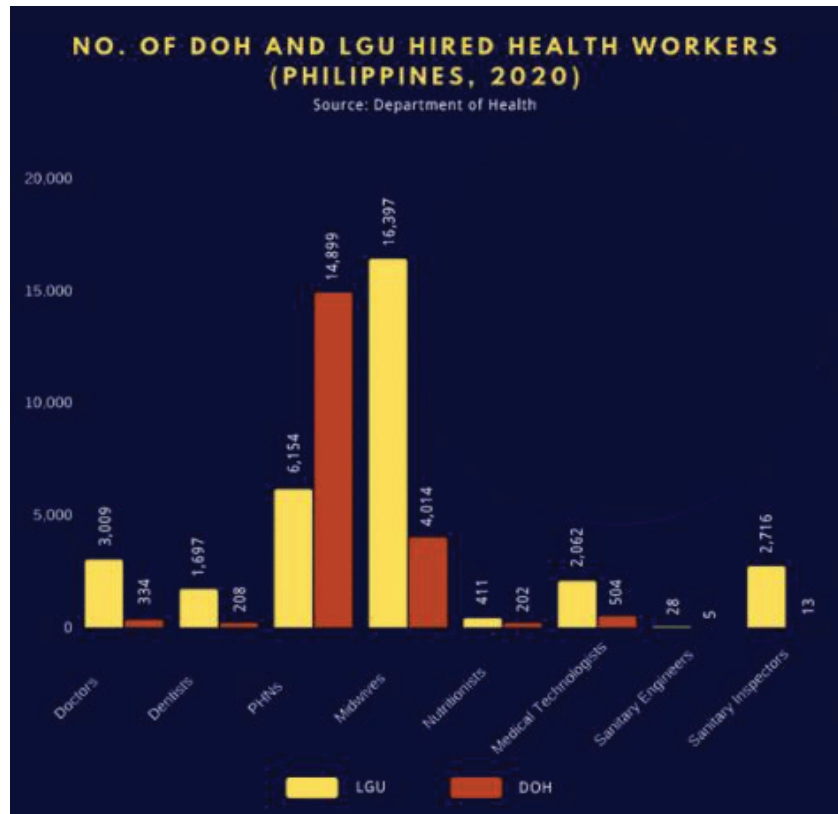
The Philippines was named as one of the top countries with the highest fatalities among health workers in relation to the total number of its positive cases. More than 500 days into the world's longest and strictest lockdown, health workers are still up in arms over the insufficient government support. Even with his own life on the line, Eric is forced to remain silent in the workplace. He fears being singled out, or fired from the profession he loves.

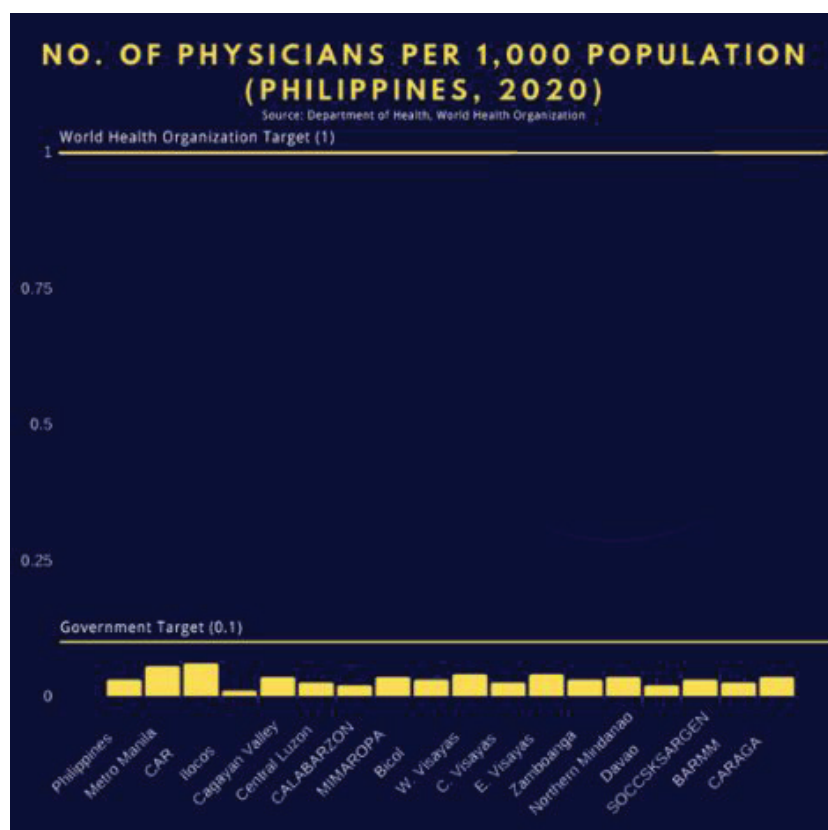
Understaffed public health care

Even before the pandemic, public health care in the Philippines had been suffering from chronic understaffing, with over 13,000 plantilla positions in the health department remaining vacant[ii].

This has resulted in a long hour shift for public health workers while already suffering from very low pay. Filipino nurses attend to as many as 30 to 60 patients per shift, far from the ideal 1:12 ratio for ward patients and 1:1 for patients in intensive care.

In the Philippine General Hospital (PGH), one of the country's end referral centers





for Covid-19 patients[iii], one nurse attends to about a dozen patients that are considered moderate to severe cases, most of them on hi-flow oxygen cannula and intubated. Nurse to patient ratio in intensive care, on the other hand, has climbed from 1:1 to 1:3 following the recent surge in cases that led to reverting the Philippine capital and neighboring provinces to stricter lockdown.

In its 2020 report, DOH data showed that the country was way below the ideal 0.2 public health nurses per 1,000 population based on the World Health Organization's 1993

report that looked into 147 countries[iv]. The WHO's 2018 global average[v] stood at 3.8 nurses per 1,000 population. In the case of the Philippines, the public ratio of health nurses per 1,000 population was 0.139, as of 2019, according to DOH data.

As it stood, the physician's ratio to population was at 1:33,000 population[vi], below the Philippine government's target of 1:10,000, and even way below WHO's 1:1,000.

Ulysses Arcilla, 49, a nurse and health workers union president in San Lazaro Hospital (the Philippines' national center for infectious disease), said that the understaffing contributes to a heavier workload as they attended to Covid-19 patients. With the demands of the job more intense and more complicated than non-Covid-19 patients, Arcilla said that they should only be attending to four patients per shift at most. He shared that three nurses attended a 20-bed ward dedicated for Covid-19 patients during a 12-hour shift.

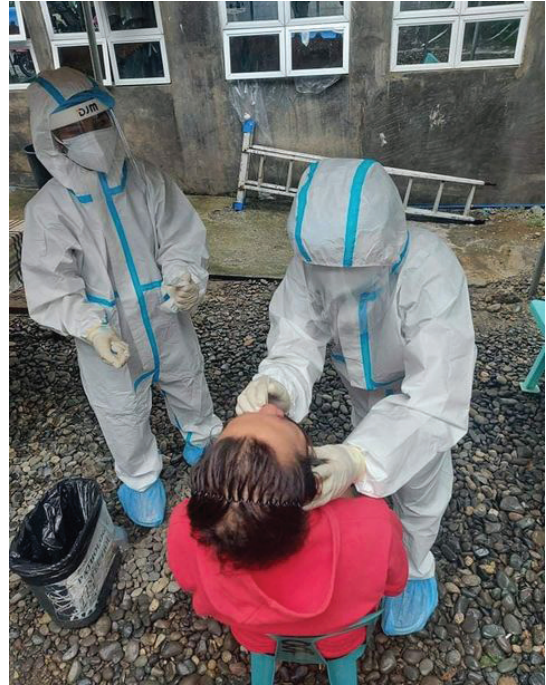
In every shift, nurses try to do their rounds swiftly but carefully. They even write down their to-do's and tape their notes on their protective suit to keep them from forgetting their tasks. Apart from giving medicines, they also change the clothes and soiled diapers of patients showing severe symptoms of the virus.

Their exhausting and dangerous working conditions have pushed Arcilla's colleagues to resign and just apply for work abroad where they are well-compensated and better protected. Some avail of early retirement. Such decisions further reduce the already dwindling number of health workers

in these crucial times. To make matters worse, other health workers, mostly nurses, are either contracted by the virus or in quarantine because they are considered close contacts[vii]. “We cannot stop because the number of patients is increasing,” Arcilla said.

The Philippine government also missed the opportunity to hire more health workers when the P2.6 billion fund supposedly allocated to augment the understaffed public health care expired on June 30, along with the Bayanihan to Recover as One Act or Bayanihan 2 law. A Philippine senator claimed this law, if needed to be extended, is all in a day's work.

But there have been no new proposals seeking for its extension as of this writing. Neither its extension nor the passing of Bayanihan Law 3 was certified as urgent by President Duterte during his last State of the Nation Address in June. Meanwhile, per its National Expenditure Program, the Duterte administration is seeking \$75.8 million for Covid-19 Human Resources for Health Emergency Hiring in 2022.



Protection in workplaces

Health workers also suffer from a lack of necessary supplies, even the most basic like N95 masks. On some days, Filipino health workers recycle their N95 masks. These are washed, disinfected, or air-dried for their next shift, Arcilla said. With the Delta variant now in the Philippines, health workers are now using their own money to buy N95 masks. They need at least two N95 masks per shift, with brands of good quality amounting to about \$3 each. Even the face shields being provided to them, Arcilla added, are not medical grade. They are also forced to convert raincoats into improvised coveralls as protective gear.

Since the start of the pandemic, health workers have been relying on donations from private citizens and concerned groups such as the Alliance of Health Workers to somehow address the government's limited supplies. Still, they find themselves without a steady supply of face masks, with the hospital management scrimping in hopes of getting more donations from the private sector, Arcilla said. For all the supposed tributes and adulation they receive, health workers have yet to get their long-standing demands for just compensation and benefits.

“Although we receive benefits as mandated by the Magna Carta for Public Health Workers, we still do not have the security of tenure. Any time the DOH dissolves [the Human Resource for Health program], we will lose our job,” Eric said.

They also do not receive benefits as mandated by Republic Act No. 11494 (Bayanihan to Recover as One Act), a law enacted to fund the government's response to the pandemic. These include meals, accommodation, and transportation benefits.

Others like Eric received a special risk allowance but not the hazard pay and performance-based bonus last year. With their low salaries, health workers, as well as families, depend on these benefits (including their hazard pay) to meet their needs. Instead of heeding their demands, nurses were practically demoted when certain entry-level positions in government were given the same salary as Nurse II which was about P32,000 (\$634) monthly.

The Commission on Audit (COA) has recently flagged the health department[viii] for its alleged deficiencies on the use of P67.32 billion (\$1.33 billion) intended for the government's pandemic response, but this has yet to be addressed by the government.

"In the midst of a health crisis, many patients are deprived of their right to quality health care and right to life because of lack of drugs, medicines, equipment, supplies, and medical facilities due to insufficient budget of public hospitals. And yet, it is so repulsive that there are billions of funds being unliquidated and unutilized," said Benjamin Santos, secretary-general of the Alliance of Health Workers (AHW).

Meanwhile, a large portion of health workers was also hired by the local government, as public health is a basic social service passed on to them. Most were hired as "job orders" or contract-based workers who get a measly 14 percent of what their permanent counterpart workers were receiving from the national government.

Aside from low pay, Eric said that the benefits and bonuses of those hired by the local governments were also at the mercy of their politicians. As a result, public health workers are prevented from speaking out.

"We have to endure our dire working conditions, otherwise we might lose our jobs. To speak out (as I am doing now) already puts me at risk. Our supervisors have told us that as government employees, we cannot speak ill of programs and policies being implemented (even if what we are saying is the truth)," he said.

Discrimination, mental health

Outside of their workplaces, safety issues continue to hound health workers. They were subjected to discrimination, often seen as walking carriers of the dreaded virus. Among the instances that were reported by the media include being driven away from their rented apartments, being splashed with chlorine, or being splattered with bleach all over the health worker's face.

Eric said that while carrying out health programs in the communities of Isabela, health workers like him were being seen as a threat. They also endured people shouting at them whenever they were conducting contact tracing in communities. "People react badly whenever we are conducting contact tracing because they do not know the health protocols. They would insist that they are not feeling the symptoms of the virus. They also react negatively whenever they see an ambulance. We try to be more patient and understanding," he said. For threats that have crossed the line, Eric said he has reported them to authorities.

These cases of discrimination are reminiscent of what health workers experienced when they confronted SARS in 2003 as their relatives and neighbors "want nothing to do with them as they may be carriers or even afflicted by the virus," a health worker recalled.

Apart from appeals for understanding and laws that supposedly seek their protection from health workers, they continued to grapple with violence and discrimination. The lives of health workers were put in danger as they confronted red-tagging alongside their fight for better working conditions[ix]. Local and international human rights groups, including the United Nations, have long asserted that red-tagging leads to serious human rights abuses like arrests, enforced disappearances, and extrajudicial killings.

One example, red-tagged doctor Mary Rose Sancelan and her husband were shot dead on Dec. 15, 2020, near their home in Carmen Ville Subdivision, barangay Poblacion, Guihulngan City, Negros Oriental. Sancelan, then city health officer and head of the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID), was named on a hit list as a ranking officer of the New People's Army in their province.

The health department had, after holding a series of dialogues with health worker unions, issued a statement on this, saying they have been red-tagged "simply for asking for better benefits and pay."

Another example is a group of Filipino doctors who sought "breathing space" amid the spike of Covid-19 cases in August 2020 was told by the president to just write a letter instead of seeking a revolution.

"We stand against any form of discrimination, intimidation, and violence against them. These acts will not be tolerated. We will hold perpetrators of these acts accountable and will collate reports from our HCWs for proper investigation and resolution," Duque said.

Eric said that their mental health must also be looked into, adding that the deaths of both their colleagues and patients can be depressing. They fear that they could be next. Health workers also feel guilty of possibly being the virus carrier to their families.

New lockdown still overwhelmed public health care

The reverting to the strictest lockdown did not offer relief to the overburdened health workers as Covid-19 cases continued to climb, following pronouncements from the health department that there is already a community transmission of the Delta variant, a variant of concern per the WHO that has brought nightmares to the public health care of other countries hit by it. On Aug. 23, the DOH reported 18,332 new Covid cases, the highest since the pandemic reached the country's shore, bringing the country's total Covid cases to more than 1.8 million.

The AHW described health care workers as “drained and overwhelmed” during the said two-week lockdown, with their members now seriously mulling filing early retirement as they feel that they were abandoned to deal with the rising cases of Covid-19 without due protection in their workplaces.

Cristy Donguines, a nurse at the Jose Reyes Memorial Medical Center and current president of the employees' union said this will further lead to severe understaffing in public hospitals that leads them to work for 12 to 24 hours per shift. “With exasperation caused by so much difficulty in our workplaces, many from our ranks are now entertaining to go on mass resignation,” Donguines said.

This was echoed by health workers in private medical institutions, as they threatened a medical lockdown if the government will not provide them their due benefits and better working conditions. In the University of Sto. Tomas Hospital alone, a private hospital in Manila, the Filipino Nurses United said over 150 health workers have contracted the virus but have yet to receive their due compensation.

According to the Philippine government's pandemic response law, health workers who contract the virus in the course of their work are entitled to receive up to P100,000, while families of those who die will get P1 million.

While the Philippine law states that only health workers in public health care are entitled to receive “active hazard duty pay” amounting to P3,000 monthly, Filipino Nurses United president Maristela Abenojar said that when they “attend to Covid-19 patients, it does not matter if you are from private or government. The risk is the same.”

In an attempt to ease hospital capacity, more Covid wards have been opened in many parts of the country. There were also tents and modular containers that are now full of patients waiting for admission. However, Donguines said there should also be additional health workers. The pandemic, she added, has made their work heavier as companions are not allowed in the hospital.

Her colleagues that were stationed in the non-Covid ward still contracted the virus because they considered them as “less protected.” In other public hospitals, health workers decried the poor implementation of health protocols for non-Covid wards as having assigned health workers susceptible to the virus. The poor health protocols included companions going in and out of the hospital or an existing policy where the negative result of a rapid test is enough to admit patients to the non-Covid ward only to get a positive result from their RT-PCR test a few days later. When this

happened, Arcilla said health workers who had close contact with a Covid-19 positive patient were told to quarantine, leaving them even more understaffed in the hospital.

Based on its monitoring on the ground, the following are the number of health workers infected with Covid-19 starting Aug. 1 in public hospitals in Metro Manila:

- Philippine General Hospital – 54 health workers are positive Covid-19 and 2 have died
- Lung Center of the Philippines – 30 health workers
- Philippine Heart Center – 22 health workers
- National Children's Hospital – 2 health workers
- Rizal Medical Center – 16 health workers
- Amang Rodriguez Memorial Medical Center – 16 health workers



Members of Alliance of Health Workers (AHW) wearing protective medical gear gathered at the Department of Health (DOH) and held placards demanding their risk allowances, hazard pay and benefits. Source: Angela, AHW Philippines

What unions are doing

Health workers led by the AHW held a series of dialogues with the health department[x] but these proved to be “not truly fruitful” and that there were “no substantial gains.” They already requested the Department of Budget and Management (DBM) to look into their demands for the release of meal, accommodation, and transportation allowances, along with the special risk and active hazard pay duty allowances.

The DOH was later told to use its budget savings amounting to P1.21 billion (\$25.26 million). However, health workers said that it is still not enough because at least P59 billion (\$1.23 billion) must be allocated for their benefits.

In between these dialogues, health workers continued to raise public awareness of their plight. They organized protest actions and online conferences, even if they had signed a document a few years ago that prohibits them from speaking publicly. Arcilla stressed that they were not discouraged from speaking out especially when the public good is concerned. "It is only just to air our grievances."

However, this is not the same for Eric who was forbidden from questioning government policies, even when it involved rights and welfare. Though in silence, Eric continued to serve the people, fighting for the rights of his fellow nurses and other health workers. (WSM)

Reference

- [i] Department of Health Report, Aug. 17, 2021, <https://drive.google.com/file/d/1rKOEvtc1MaPNmcQ7cmsHYIDNZtjEia6/view>
- [ii] *Agonies of health workers still unmet amid stricter lockdown*, by Janess Ann J. Ellao, published on April 1, 2021, <https://www.bulatlat.com/2021/04/01/agonies-of-health-workers-still-unmet-amid-stricter-lockdown/>
- [iii] *PGH as COVID-19 center: Capacities and Implications*, by Janess Ann J. Ellao, published on April 4, 2020, <https://www.bulatlat.com/2020/04/04/pgh-as-covid-19-center-capacities-and-implications/>
- [iv] *The Relationship Between Nurse to Population Ratio and Population Density; A Pilot Study in a Rural/ Frontier State*, by Jeri L. Bigbee, PhD, APRN, BC, FAAN1, Online Journal of Rural Nursing and Health Care, Vol. 7, no. 2, Fall 2007
- [v] The World Bank Data, <https://data.worldbank.org/indicator/SH.MED.NUMW.P3>
- [vi] *#UndoingDuterte | Public health's sorry state under an unapologetic regime*, by Janess Ann J. Ellao, published on July 25, 2021, <https://www.bulatlat.com/2021/07/25/undoingduterte-public-healths-sorry-state-under-an-unapologetic-regime/>
- [vii] *Maliit na bagay? | Health workers' lives not a small thing*, by Janess Ann J. Ellao, published on March 19, 2021, <https://www.bulatlat.com/2021/03/19/maliit-na-bagay-health-workers-lives-not-a-small-thing/>
- [viii] *CoA finds DoH non-compliant on over P67B worth of COVID-19 funds*, by Russell Louis C. Ku and Alyssa Nicole O. Tan, published on Aug. 11, 2021, <https://www.bworldonline.com/coa-finds-doh-non-compliant-on-over-p67b-worth-of-covid-19-funds/>
- [ix] *Health workers hold motorcade to press for rights, welfare*, by Janess Ann J. Ellao, published on May 7, 2021, <https://www.bulatlat.com/2021/05/07/health-workers-hold-motorcade-to-press-for-rights-welfare/>
- [x] *Health workers hold motorcade to press for rights, welfare*, by Janess Ann J. Ellao, published on May 7, 2021, <https://www.bulatlat.com/2021/05/07/health-workers-hold-motorcade-to-press-for-rights-welfare/>

THE PLIGHT OF PUBLIC BUS DRIVERS IN NEPAL

Akhanda Bhandari
Ajay Kumar Rai



The Kavrebhir section near the Myagdi-Mustang border on the Beni-Jomsom road. It has proved frightening for most drivers working on this route.
(Photo: Sundar Kumar Thakali)

The Plight of Public Bus Drivers in Nepal

By Akhanda Bhandari and Ajay Kumar Rai
(NTUC Nepal)

Abstract

The plight of public bus drivers in Nepal is pathetic. They confront all the hardships that can be enlisted: vulnerable roads to the tyranny of landslides on one side and a ferocious river on another; poorly maintained and narrow roads; poor quality of food on the highway; long uninterrupted drives without replacement by another driver; lack of proper sleep; poorly maintained buses; overcrowding for the sake of extra buck encouraged by bus owners; and the handicaps go on. Despite these facts, the sword is always hanging against the drivers. There is no tolerance for the disadvantaged poise that they work under. The blame is squarely put on them in case of accidents. The laws are hugely uncharitable towards them. All the acts and legislation that could ensure good working conditions, including the Motor Vehicles and Transport Management Act 1993 to regulate the overall sector, remain dormant.

Keywords: Nepal, Kathmandu, Safety, Health, Travel, Public bus, Driver, Passenger, Dangerous, Worker, Landslide, Road, Accident, NTUC

Below is the River, Above are Landslides

Sauraha, a tourism hub in the Chitwan district of Nepal, is around 160 km from Kathmandu, the capital. It is a three-hour drive under good road conditions. However, it could be a long-drawn affair during the monsoons, with landslides playing havoc, especially along the Narayanghat-Mugling section. It is a nightmare for the drivers as the other side of the road has the ferocious Trishuli River.

Sushil Rana, 36, from Rupandehi, who currently drives between Kathmandu and Butwal, says it is the riskiest road section he has ever done. He wishes this road to be over as soon as he enters the section. "Below me is the Trishuli (river), and above are landslides. You could be buried from above or could slip downward. Anyway, your heart remains in constant fear," he says.

Ram Sundar Sunar, 33, of Bastipur, Makawanpur district, is another person who has driven on this route for the last 11 years. He says, "We need to keep an eye on the landslides constantly as they might fall anytime. But, it would be best if you also looked on the other side as you could fall off the cliff into the river. Sometimes, you feel anxious...There have been many incidents when vehicles

slip off the road as the drivers only look above in fear of landslides and miss looking on the other side. Many vehicles have plunged into the Trishuli just because drivers were only conscious of the landslide risk.”



Security personnel rescuing passengers as a bus plunged into the Trishuli from Ghatbeshi of Dhading, on 29th of November 2017. The accident killed 34 persons although driver Ganesh Chaudhary survived. *Photo: Harihar Singh Rathaur*

This road section has the highest number of road accidents. In the five recent years since 2016/17, several accidents have occurred, including eight busses, 72 trucks, and 25 other vehicles on this road, which killed 133 people in total. Meanwhile, 46 people are missing and are feared to be dead.

Keshav Adhikari, 30, says his body shivers in fear whenever he needs to drive on this road. Adhikari drives a microbus on the Kathmandu-Butwal route, and he has to pass through the dangerous road. “I am always worried about how I can take my passengers to their destinations safely. The pressure doesn’t subside unless I cross the road.”

Engineer Shiva Khanal, the Information Officer of Chitwan Division Road Office, says landslides are always likely on this route as the rocks and boulders are not tightly fixed on the eastern edge. “They are as loose as potatoes in a sack. It means that once rainwater seeps through the land, they begin to fall, causing landslides. However, as per him, “The government is using technologies like rock bolting and rock mulching to prevent landslides.”

Tired Drivers on the Tough Road

The Narayanghat-Mugling section is a major gateway for most long-haul public vehicles coming to Kathmandu from various parts of the country. Most drivers reach this section exhausted and tired after a long drive. Lack of sleep adds to the woes, and in a fraction of a second, if the driver feels drowsy, the risk of plunging into the river is immense. There have been several such incidents in the past.

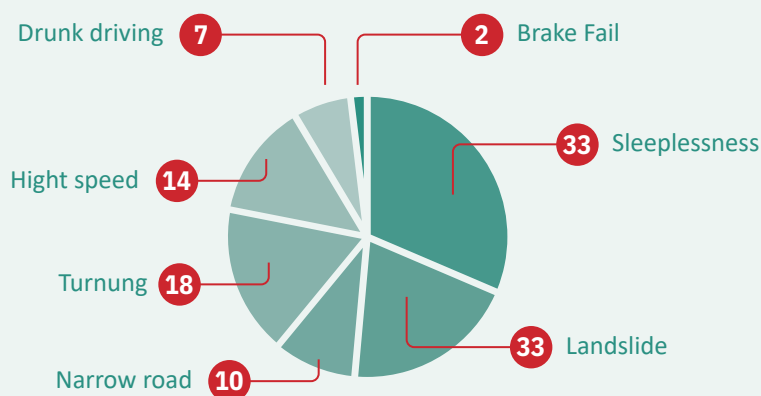
Against the law that stipulates a maximum of 8 hours of driving, some drive for even 50 hours at a stretch! Harish Karki drives a Mahakali Yatayat bus from Darchula to Kathmandu. “The bus owner cannot afford to hire another driver. Hence, I drive the bus alone,” he says, “The passengers do not let us take a break midway as most of them are in a rush. Hence, we do not know when we fall asleep, and the vehicle slips off the road into a river.”

After constantly working for two days and nights from Darchula to Kathmandu, he gets time to sleep for some days. Then again, he has to drive for 40 to 50 hours to Darchula through the same route. “As you drive on the bank of the Trishuli, you feel a bit hot, and it brings you a desire for sleep. Once you lose your consciousness for a while, your vehicle is likely to slip off the road.”

Santosh Bohora also drives on the Darchula-Kathmandu route. He says he cannot have meals and sleep on time while working. Another driver is also on his bus, yet he says, “Having two people is also not enough for a journey that takes around 50 hours.”

Nepal Police data of the last five years claims that the most significant cause of road accidents is fatigue and sleeplessness. Of 105 Trishuli bank accidents in this period, 33 were caused by sleeplessness. 21 others were due to landslides, ten due to narrow roads, and 18 due to road turnings. Over-speeding caused 14 accidents, and drunk driving caused seven.

Causes of Trishuli River Accidents in 2016/017 to 2020/021



Source: Nepal Police

Too Many Passengers, Miserably Narrow Road

Subas Karki, 27, has been driving a minibus from Taplejung to Kathmandu for the past seven years. It takes 28 to 30 hours for him to cover the distance. His vehicle, however, has two drivers.

“Each of us drives in turn. Yet, the road on the Mechi Highway is difficult as it is narrow and has many turnings,” he says, “We need to be too cautious. Likewise, the BP Highway also has many turnings. Many passengers vomit on the vehicle whereas some fall unconscious too.”

Hari Rimal drives a night bus on the same route. The 37-year-old has already worked as a driver for 20 years. “But, this extensive experience has not yet given me confidence on hilly roads as I get frightened every time I am behind the wheel. Most of the hilly roads in Nepal are not wide and easy enough for big buses”, he says.

Rimal says he has adjusted up to 80 passengers on the 40-seat bus due to a lack of vehicles. “Many times, I have kept about 20 people on the roof”, he says.

However, he feels the number of passengers has decreased in the past five years as they are attracted to small-size vehicles. He thinks that this trend will displace them from the industry.

Life on the Edge Every Moment

Gopi Pariyar, a resident of the Gyadi village in the Parbat district, left School early and went to Pokhara. He wanted to work and earn there, but he could not get a job. After some struggle, he got to work as a bus conductor. After four years, he trained to be what he wanted and has driven for 18 years. For the past five years, he drives a bus on the Jomsom-Pokhara-Kathmandu route.

It has been just ten years since Jomsom, the Mustang district headquarters, saw the first public bus to operate regularly. But still, the Beni-Jomsom road is notoriously dangerous. Yet, Pariyar says he chose this route as he felt working in a remote region would give him more money, although it keeps his life at stake.

“You cannot be sure if you will return home safe once you leave it, but still, this is what I can do in my life,” Pariyar says, “You can never know what happens while you are driving. Everything is in God’s hand.” Although the road is risky, he says there is no easy option as the passengers need to get to their destinations, whereas the drivers need livelihood support. He says Kavrebhir on the Myagdi-Mustang border; Rupse and Galeshwar of Myagdi are the most dangerous points of the Pokhara-Jomsom route.

Nepal is rugged terrain. Roads in the country are not well-managed. All two-way streets except a few are pretty narrow. Most of the roads have several potholes. Public vehicles are also in a dilapidated conditions requiring frequent repairs.

Nepal Police Traffic Directorate reports 25,778 road accidents across the country in the year 2020/21. This number was even higher at 33,125 in the previous year, and the lockdowns imposed to control the covid spread reduced the mark in the recent year. Nonetheless, deaths have increased from 2,251 in 2019/20 to 2,511 in 2020/21.

Blame on the Drivers

Unfortunately, drivers are blamed for most of the traffic accidents in Nepal, although there could be other more significant reasons. The Federal Parliament also launched an investigation into the issue in 2020, revealing different factors. The parliamentary investigation report has identified major factors resulting in a road accident such as non-compliance to road discipline measures, the shortage of qualified and experienced drivers, road structures below-standard, a lack of knowledge on traffic rules among vehicle users, the poor condition of vehicles and negligence of road users.

Experts say there are some technical factors besides some human errors in vehicle accidents on the Mid-Hill Highway (Nepal, 2019). Most of the big accidents have involved public vehicles. This exposes the vulnerability of transportation in Nepal. Most people are highly likely to witness at least one traffic accident during a long journey (Manandhar, 2016).

Whereas the number of accidents is on the rise, mitigation measures against this have been seen as weak. Existing policies, regulations, and plans have not been implemented; a long-term strategy needs to be formulated to ensure traffic safety.

According to a report of the Vehicular Accident Study Subcommittee, 2020, eight people on an average die of road accidents in Nepal every day. The report has identified unsafe road structures, a lack of a regulation mechanism to monitor vehicles, unsafe public vehicles, disqualified drivers, negligence, and ignorance of traffic rules as significant causes of vehicular accidents (Tamang, 2021).

As the causes are diverse, so are suggestions for a solution, but they have not been implemented. An investment in effective road crash fatality and injury prevention will contribute to the accumulation of human capital in Nepal, which will contribute to sustainable and inclusive economic growth and overall country wealth (World Bank, 2020).

Pushkar Acharya, the president of the Nepal Trade Union Congress (NTUC), says the condition of public bus drivers is miserable in terms of occupational health and safety. "The roads are poor and the vehicles dilapidated. The drivers have to work for several hours, suppressing their hunger and need for sleep," he says, "There is no one to pay attention to their food and health, neither is there any provision for a regular health check-up. Instead, they are forced to work for minimum facilities."

He demands the government take initiatives to ensure drivers' basic health and safety issues are taken care of, all rules and regulations are effectively implemented, and road infrastructure is improved.

Negligence of Owners

Many vehicle owners do not conduct technical tests of their vehicles regularly. Consequently, they cannot know if the vehicles are already old and unusable and if the engines or brakes have already failed. As long-route vehicles reach their destinations, drivers and other staff straight-away go to take rest leaving the vehicles at bus parks. The next day, they start the engine without any check-up.

Further, the vehicle owners do not care about the health of drivers and staff; hence they rarely undertake any check-up unless a problem occurs. Saroj Sitaula, the general secretary of the Federation of Nepalese National Transport Entrepreneurs, accepts this. “This greed could invite a bigger loss. The bus operators let a single-driver drive for the longest possible distance. This makes the driver tired, likely inviting an accident.”

The country has not produced qualified bus and heavy-vehicle drivers for the past 20 years. Sitaula says, “Therefore, hiring two drivers for a long route has been difficult. As drivers in a big number are outside the country with the hope of better earnings, the country has a scarcity of skilled drivers.”

Another more important aspect is the drivers’ desire for more money, for which they have to work more. Many drivers propose driving long-route vehicles alone, which their employers easily agree on, as it saves them money. Whenever a driver offers to work alone, they are likely to agree on an additional payment of 50 percent, although overtime work earns a double payment in other sectors. It is also a winning deal for the owners as they would have to spend another 100 percent if there were another driver. Looking at the monetary benefits, both parties just ignore the safety of drivers, passengers, and vehicles. The exclusion of drivers in social security schemes is also a likely factor contributing to drivers accepting these risky terms.



A bus just below a landslide on the Muglin-Narayangadh road, one of the riskiest roads in Nepal on 8th of August 2021.

Photo: Anil Dhakal

General Secretary Sitaula says, “The government has not been able to formulate a policy that could attract educated people to this profession. If that had been the case, the number of traffic accidents would have been significantly lower.”

Poor Condition of Roads

Many of the highways in Nepal are damaged and full of potholes. Sitaula says, “If the roads had been wide and fully blacktopped, around 50 percent of the accidents could have been prevented. Many accidents are results of narrow turnings and unsafe roads.” Moreover, locals keep construction materials on the roadside, encroaching the blacktopped area.

There are rowdy crowds too. The roads do not have as many zebra crossings as necessary. Wherever there are, pedestrians do not always follow the rules. All this is attributed to the driver.

“You cannot see traffic signals on the highways. There are hardly any traffic lights. The dividers are not strong enough,” Sitaula says, “Accidents are the results of the absence of signals about turnings, narrow roads, possible landslides, and other important risk factors.”

On the other hand, many drivers are found to be ignoring such signals. Previously, the drivers would reduce the power of their headlights, and they would help prevent accidents. These days, most vehicles have excessively bright headlights, which the drivers would not bother to reduce in any situation. It renders the driver of the opposite side cannot see the front, inviting accidents. Likewise, rhymes and stanzas written on the backside of the vehicles have also been blamed for accidents as many vehicle drivers following such vehicles want to read them, thereby losing control over the wheels.

In many places, local farmers leave their crops and grains on the road to dry. There are stray animals and birds too. The trend of keeping vending stalls on the roadside is increasing for trade purposes.

Neither Standardization nor Repairs

Nepal’s law requires bus owners to examine if their vehicles are technically fit to travel regularly, but they rarely do this. Also, there is a lack of skilled and competent technical human resources and workshops. Some workshops use sub-standard spare parts and other tools, which result in brake or steering failure.

Sitaula, as a leader of the bus owners, accepts this but demands the government do the check-ups. “The owners and drivers might neglect the safety sometimes, but the government has to set up control measures. It has to make a provision that the vehicles stop for 30 minutes after passing a certain distance when the government checks their condition. It also allows the drivers a short break.” He adds that such a provision has to be implemented strictly so that the owners or drivers can be severely punished if there is any fault in the machine.

But, around 8,000 small and big vehicles in Nepal are already past their estimated life. The government does not have any specific policy to replace them, although they have been significant causes of road accidents and insecurity of drivers and passengers.

Sub-standard Food on the Highways

Nepali highways, in a sense, are black marketing hubs where no one is concerned about quality standards. Monitoring agencies also turn a blind eye to this menace.

Some market areas by the highways have thrived just because of the food trade. They have been known as food stops for drivers and passengers of long and short-route vehicles. But, the food they serve is below par.

Ram Sundar Sunar, a driver, comments about the status of eateries at Ram Nagar of Chitwan, “They cook low-quality rice. They cook once in the morning and keep it open for use until the night. Most of the time, it is not only cold but also covered by houseflies. There is no next option; hence, you are forced to eat it, knowing its worst that you can get anywhere.”

Ignorance of Health Protocols

Nepal has already faced threats from new variants of the coronavirus. The country went into a lockdown for the first time in March 2020 for nine months. The government gradually lifted restrictions as transport owners agreed to comply with the health protocols. They followed the rules for a few days before they suddenly started to ignore them.

The consequence was the second wave of the Covid-19 pandemic. The country was on another round of lockdown in March 2021 that lasted in fullest measure for around three months. Public vehicles resumed operations, but negligence too came calling. There is seemingly no authority to monitor the situation.

For example, a Mahakali Yatayat bus does not even have a bottle of hand sanitizer. And, not everyone is masked. The bus driver, Harish Karki, says, “We had sanitizer, but it’s over now. We would have that if the owner had bought it.”

Leave the sanitizer aside; most public busses even do not have a first aid kit.

Laws That do not Translate into Action

Nepal has a long list of acts, regulations, and guidelines about road safety concerns. However, most of them are not implemented yet.

There is the Motor Vehicles and Transport Management Act, 1993, to regulate the overall sector. Other major legal instruments include Road Consumer Guidelines, National Transport Policy, Motor Vehicles, Transport Management Guidelines, Strategic Road Network Master plan, Public Vehicle Code of Conduct, Vehicle Training School Curriculum, Nepal Road Standard, Bus Body-building Standard, and School Bus Guidelines, among others.

Who uplifts them!

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Photo credit: Anil Dhakal, Sundar Kumar Thakali, Sitaram Guragain, and Harihar Singh Rathaur

References

- Manandhar, H. (2016, Oct 30). Frequent Road Accidents: Is it Nepal's Fate?. *Annapurna Post*. <http://annapurnapost.com/news/57941>
- Nepal, M. (2019, Dec 18). Substandard Spare Parts and Mobile Phones Responsible for Frequent Road Accidents in Nepal. *BBC*. <https://www.bbc.com/nepali/news-50834115>
- Tamang, S. (2021, August 2). Road Accident Decreases, Fatality Increases. *Ekantipur*. <https://ekantipur.com/national/2021/08/02/162787036205951536.html>
- World Bank. 2017. Delivering Road Safety in Nepal. Leadership Priorities and Initiatives to 2030. Washington, DC: World Bank.

DELIVERING OSH RIGHT FOR DIGITAL WORKERS

Rekson Silaban

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Delivering OSH Right for Digital Workers

By Rekson Silaban, KSBSI Indonesia

Abstract

In the last decade, the emergence of digital platforms created new jobs and brought precarious working conditions to the workers. In particular, digital transport workers, as the largest group of digital workers in Indonesia, experience occupational Safety and Health (OSH) problems due to high competition coupled with insufficient regulation in this sector. Increased precarious employment has led to increased ill-health among workers. New labor regulations and an alternative way of organizing digital workers are needed to prevent these workers from falling into labor exploitation.

Keywords: Indonesia, Safety, Health, Job insecurity, digital platform, worker, OSH, KSBSI

Introduction

The number of digital workers worldwide continues to grow, driven by technological advances and high economic competition that requires efficiency and flexible work systems. Digital labor platforms are defined as digital networks that coordinate labor service transactions in an algorithmic way. Its rapid growth has forced all governments to adjust labor market policies that suit their circumstances. In Indonesia, according to Digital Report 2021 data ⁽¹⁾, the number of internet users in Indonesia increased to 27 million (+16%) between 2020 and 2021. So, the penetration reached 73.7% (January 2021), or around 93.4 million internet users. Smartphone device users connect as many as 71 million. Even McKinsey estimates that by 2022, Indonesia's online commerce will directly or indirectly support about 26 million jobs, compared with four million today. ⁽²⁾

While some praise the rise of this digital economy due to its role to the employment creation, particularly for low skill workers and the unemployed, it is also caused dismantling the standards of employment protection benefits such; wages, working time, collective bargaining, social insurance programs, etc., that it is driven by the concerns of businesses to lower labor wages costs which it shifts more of the burden of economic risk onto workers. Most workers in the digital business sector do not have legal protection when carrying out their activities. That is why the International Labor Office (ILO) in 2015 classified these digital workers as "non-standard employment forms of work" which characterized in four forms, namely: (1) temporary work; (2) part-time work; (3) work temporarily for other parties or other forms of work involving several parties; and (4) covert working relationships ⁽³⁾. These workers are also called vulnerable workers because labor laws and

social security protection do not cover the majority. ⁽³⁾ Arne L. Kalleberg mentions “non-standard workers” are disadvantaged by unclear work rules; low-quality work; low wages; do not have a trade union representative; they are less likely to get health insurance or a pension plan; jobs tend to be of limited duration. ⁽⁴⁾

President KSBSI Indonesia Elly Rosita said, “the escalating growth of digital workers in Indonesia has boosted the number of non-standard employment forms of work, which is directly threatening Indonesia to reach decent work targets as formulated in Goal 8 of Sustainable Development Goals.”

⁽⁵⁾

List of Online Digital Transportation in Indonesia

NO	NAMA PERUSAHAAN	NO	NAMA PERUSAHAAN
1	Go-Jek	29	PROJEG
2	GrabBike	30	TransJek
3	BluJek	31	ReSmile Taxi Motor
4	Ojek Syar'i	32	Gejek (Global Ojek)
5	Taxi Bike	33	Bangjek
6	O'Jack Taxi Motor	34	SIS-0 (Sister Ojek)
7	Jeger Taxi	35	Pro Jack
8	Mas Ojek	36	Get e Jek Bandung
9	Ojek Aja	37	Wheel Line
10	City Jek	38	Yellow Jek
11	Smart Jek	39	TopJek
12	Taxi Jek	40	Argo Taxi Motor
13	OPEX	41	Ojek 86Taxi Motor
14	Ojeku	42	Uber Jek
15	CaJIJek	43	Taxi Motor Jogja
16	OK	44	Limo Bike
17	Antar id	45	Mr Jek
18	Jek OS	46	LadyJek
19	GetJek	47	Anterin
20	Maxim	48	Bitcar
21	In-drive	49	Bonceng
22	Fast Go	50	Ok Jack
23	Bojek	51	Indo Jack
24	Hello Jek	52	Tekno Jek
25	Get Indonesia	53	Asia Trans
26	Nujek	54	Ojek Argo
27	She Jek	55	klik Go
28	CyberJek		

Source: <http://www.fantasticblue.net/2015/09/List-nama-ojek-online-complete.html>; tirto.id and others sources. ⁽¹¹⁾

The Development of Indonesian Digital Workers

The work system through digital applications began in Indonesia with the emergence of the Go-Jek application company in October 2010,⁽⁶⁾ continued with Grab June 2014,⁽⁷⁾ Uber August 2014⁽⁸⁾ and then followed by hundreds of other application companies. The ease of getting a job in the digital sector—because it only requires minimum requirements—provides employment opportunities to millions of low-skilled workers. Indonesia, with many low-skill workers, is fortunate with the job opportunities offered by this digital sector. That is why the growth of the digital worker sector is growing faster than other sectors. Of the total number of digital workers, the fastest growing is in the transportation sector. That is why the author chose digital transport workers as an analytical study, primarily related to the OSH situation in the digital platform that the drivers face.

Indonesia Managing Director of Google Southeast Asia, Randy Jusuf, said: “there was an increase in the growth of digital work by an average of 49 percent per year”⁽⁹⁾. The most significant development is the ride-hailing sector, a digital-based mass transportation business with its vehicles (Gojek and Grab). According to estimates by the Director of Road Transport, Ministry of Transportation (Kemenhub) Ahmad Yani, projects that the number of online motorcycle taxi drivers is around 2.5 million people.⁽¹⁰⁾ This number is only an estimate because so far, there is no official data available, both from application owners and the government. It is believed that the number is much greater than that number. Since the digital transportation platform business started in 2010, digital transportation companies’ growth has continued to grow, as shown in the data.

Main Challenges of Digital Transport Workers

There are several problems related to digital transport workers as factors that refrain them from getting labor protection. as follows:

- **Being excluded from labor inspection**

Similar to other digital workers, digital transport business practices take place without the presence of labor regulations. Even the Ministry of Labor does not have the authority to oversee these business practices. Sanction decisions are commonly based on IT system input displayed on the monitor screen. Even though IT systems are often inaccurate, it is workers who become victims. In a work dispute, the Ministry of Labor cannot mediate, and the case cannot be trial in the Industrial Relations Court.

The existence and operation of online car transportation companies are regulated in the Minister of Transportation Regulation number 118 of 2018. While for two-wheeled vehicles regulated by the Minister of Transportation Number 12 of 2019 and the Decree of the Minister of Transportation (Kepmenhub) Number KP 348 of 2019. The ministry of communication and information gives permission for Electronic Transactions in accordance with Law No. 11 of 2008.⁽¹²⁾ Furthermore, the Ministry of Small and Medium Enterprises provides legality for business entities.

- **Work without a contract**

All digital transport workers do not have work contracts with management when starting their job. It is enough to apply for an appointment to the company's system online by following the minimum requirements set in becoming a driver. After being approved, they can work with "partner business" status. As a result of this partnership status, digital drivers are no longer considered as workers since the partnership working relationship is unknown in the existing employment law. This means there is no need to make a work agreement contract.

A Driver's Testimony

As the testimony of a driver named Purnomo revealed to the author, due to high competition in digital business transport he has rarely in getting passengers, and he has to work with excessive working hours to meet the daily income target. He worked without time limit, only determined by minimum income need. The decision to get rest at home if he already reached a net income (after deducting gas and food costs) of a minimum of IDR 100,000 (USD 6.4) to feed his two kids and a wife. What he most worrying is what happened if one day get sick or accident, how he will bear the medical costs and to feed his family?



- **Unclear remuneration system**

The issue of remuneration is one of the big problems for digital transport workers due to not being covered by minimum wage policy coupled with uncertain income. The work system within the concept of "partnership" created by the application owner makes it difficult for workers to get a living wage. And being worsened by the practiced discount fares --triggered by the presence of new application companies-- driver piracy by offering cheaper driver fees, resulting in drivers often not getting enough income for their family needs. As the testimony of a driver named Purnomo revealed to the author, due to high competition in digital business transport, he rarely gets passengers, and he has to work with excessive working hours to meet the daily income target. He worked without a time limit only determined by minimum income need. The decision to rest at home if he already reached a net income (after deducting gas and food fees) of a minimum of IDR 100,000 (USD 6.4) to feed his two kids and a wife. He is most worried about what happened if he gets sick or accident; how will he bear his medical costs and feed his family?

- **No social security protection**

As mentioned earlier, the status of a “business partner” creates difficulties in determining the contribution obligations of each party. Indonesia Social Security Law Number 24 of 2011 stipulated that work status determines the number of social security contributions. The rules only recognize two types of work status: Wage Recipient Worker or regular workers and Non-Wage Recipient Workers (employers or self-employment). The monthly dues are determined based on those two categories. Employers are required to pay more than workers. The problem is that digital workers do not fall into either both categories. On this basis, there are difficulties in determining the dues rate. From the data released by BPJS Employment in May 2021,⁽¹³⁾ platform drivers registered as social security participants by paying themselves are only 162.429 drivers.

No.	App Company	Registered to social security
1.	Mitra Grab	8.850
2.	Mitra Gojek	153.579
Total registered to employment social security		162.429

*The recap is processed based on the report as of May 18, 2021

For the reason of financial ability, of the five schemes of minimum social security, digital drivers are generally only able to bear for the two minimum protection programs, namely, Work Accident and Death Insurance. Meanwhile, the other three social security programs (Health Insurance, Pension, and Old Age) could not pay for insufficient financial reasons.

- **No Work-Life Balance**

With online work systems, the problems of work balance and privacy boundaries are disappearing. Working with the internet makes workers lose much privacy, especially during the Covid-19 pandemic when the dominant force is forced to work from home. There is no boundary between work and privacy/family because it is always connected to company applications. Even when they are constantly connected to the application, there is no calculation of wages based on work hours.



KSBSI extend solidarity for Platform driver during lockdown

- **No labor union**

Due to the vacuum of labor regulations coupled with the complexity of the work of digital transport workers, labor unions have enormous difficulties in effectively organizing these workers into a trade union. Although there are several initiatives that the Transportation Federation of FTA-KSBSI has carried out to recruit digital transport workers to their union, due to a nature work system of this digital sector which is entirely different from other workers, i.e., drivers are always scattered in many locations, high competition between drivers, no final labor referrals regulation, and others, caused makes it difficult for trade unions to organize these, digital drivers.

Occupational safety and health (OSH) issues on Transport Digital worker

High competition in the digital transportation sector has brought further problems in the OSH field. While many corporations are still absent on the importance of OSH protection or, if any, rely on the conventional OSH model, which focused on the workplace setting and emphasized work conditions in shaping workers' safety, health, and wellbeing. The new concept of OSH, as formulated by current OSH experts, such as Glorian Sorensena, Jack T. Dennerlein, Susan E. Petersa, Erika L. Sabbathd, Erin L. Kelly, Gregory R. Wagner, 2021)⁽¹⁴⁾, emphasized that external factors in subsequent developments, social, political, and economic environmental factors, including structural forces, influence employment, and labor patterns are shape working conditions at the enterprise level, and ultimately impact worker safety and health as well as enterprises outcomes.

Economic globalization in the industrial revolution 4.0 era makes the work system increasingly fragmented into various flexible work patterns, impacting OSH protection. As stated by the ILO in 2019⁽¹⁵⁾, the employment relationship is increasingly fragmented, and workers face many different working conditions and working arrangements. These conditions can also have adverse health effects, which may increase the burden on public health. Competition among digital transport drivers to get orders continues to grow side by side, worsening workers' health. This situation is triggered by social, economic, and political factors that make it easy to do digital application business without considering its impact on digital driver health. Furthermore, competition between digital application businesses on fare cost discounts has been lower, making it more difficult for drivers to fill daily deposits and pay monthly vehicle installments fully.

Based on the author's interview with 187 Grab drivers on October 22, 2020, ⁽¹⁶⁾, it was found that there were eight main problems faced by drivers, as follows:

- a. high competition between app owners
- b. unilateral account suspension (suspend)
- c. change fee by the company
- d. pressure to pay vehicle loan installment

- e. management policies often change unilaterally (bonuses, incentives, loyalty fees, account suspensions, priority orders, vehicle withdrawals (Revo), rental fees.
- f. income is getting smaller
- g. accuracy of the GPS guidance sometimes does not match the GPS instructions
- h. the driver's safety and security are very vulnerable

From these eight problems, the most considered worst is competition on fare order and drivers fee, because since the competition run without proper regulation has brought negative implications on continuing decline driver income. These pictures are almost similar to the ILO survey of crowd workers that found four main concerns: pay the tasks, ability to get tasks consistently, unfair treatment by requesters, and lack of responsiveness to the workers' matters. ⁽¹⁷⁾

Below are examples of the competition order fare rates and car driver fees from four digital transport companies.

Order rates and car driver fees for four digital transport companies

Company name	Driver Fee	Others
Grab	30%/order	Rp. 4,000/day(admin)
Go Car	30%/order	
Maxim 10% / order		
In-drive	0%	Fare cost is negotiable

Source: Author Interview May 2021

Looking at the above practices, companies that cannot compete potentially will lose drivers and passengers because passengers will always look for the best rides. This is one of the reasons why drivers often experience stress due to insufficient income, and they are forced to work long hours, which affects their safety and health. This is in line with the findings of Emile Tompa, Heather Scott-Marshall, and others (2005) ⁽¹⁸⁾ in their research "The health consequences of precarious employment experiences." They found that there were eight dimensions of precarious experiences that adverse health outcomes. The first hypothesis is a clear correlation between workers with contract status or part-timers who will have an increased risk of adverse health outcomes. The second hypothesis is that precarious conditions may give rise to stress, strain, and ultimately poor health.

The health consequences of precarious employment experiences

Developed from Rodgers' (1989) framework

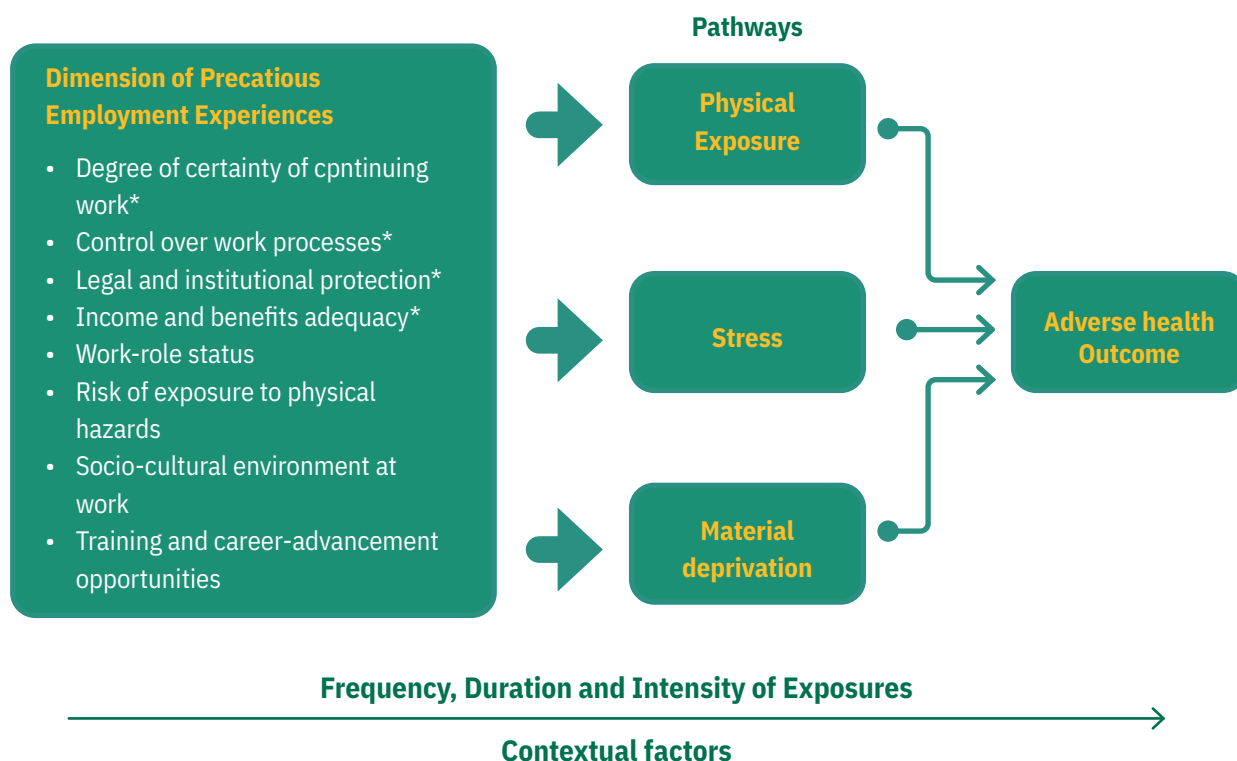


Fig 1. The health consequences of precarious employment experiences, Developed from Rodgers (1989) framework

Source: Emile Tompa, Heather Scott-Marshall, Roman Dolinski, Scott Trevithick, and Sudipa Bhattacharya

High Work Accidents for Digital Workers

If you look at the previous data, millions of digital transport workers are not covered by social security. If there are health problems and work accidents, workers have to pay for their own medical expenses. Such a system will make them vulnerable to falling into absolute poverty. Meanwhile, the work accident data for Indonesian workers is still high, as stated by data of Employment Social Security or BPJS Ketenagakerjaan. The number of work accidents above is not an actual picture of Indonesia's total number of work accidents because the data only represent 20 million workers registered with BPJS Ketenagakerjaan. In comparison, there are 128 million total Indonesian workers. Therefore, it can be ascertained that Indonesia's number of work accidents can be five times greater than the above data.

Conclusions

1. Digital work offers new opportunities for workers to earn income, but the lack of labor standards regulation governing the platforms makes most digital workers vulnerable. In particular, digital transport workers as the most significant contributor to the digital sector.
2. The first thing needed to promote labor protection in digital workers is to fully recognize them as workers. This is important, as many labor rights are tied to employment status. Recognition would immediately and automatically grant workers several benefits and privileges guaranteed in labor laws.
3. The OSH challenges in the future of work will increase due to the increasing fragmented employment relationship with different working conditions and working arrangements that can have adverse health effects, which may increase the burden on public health. Indonesia needs to review its old OSH regulation to meet the new circumstances
4. Workers should have a legal right to be union members, making them have the right to collective bargaining. The entitlement to that right should not be “based on the existence of an employment relationship, which is often non-existent,” for example, in the case of self-employed workers (see decision committee of an expert of ILO, 2006).
5. Considering the growing number of digital transport workers, there is an urgent need to extend social security protection for them by lowering or removing minimum thresholds concerning the size of the enterprise, working time, or earnings. IG Metall has successfully done the “Grand Coalition” government in Germany in 2018 established as a policy goal the inclusion of all self-employed workers in the statutory pension scheme and the reduction by almost 50 percent of minimum contributions of self-employed employed workers to statutory health insurance.
6. While waiting for the issuance of Manpower regulations or CBA that regulates the protection of digital workers, digital companies need to take the initiative to create a code of conduct for the digital transport business as a way to prevent business “race to the bottom.” This can use The ILO’s Tripartite Declaration of Principles concerning Multinational Enterprises and Social Policy (MNE Declaration), 5th Edition (2017). This has been done by three German platforms (including Testbirds) signed the first version of the Code of Conduct, and the German Crowdsourcing Association (Deutscher Crowdsourcing Verband) joined as official supporters. the Code of Conduct, released late in 2016, including a refinement of the “fair payment” principle to orient payment toward “local wage standards.”



Acknowledgment

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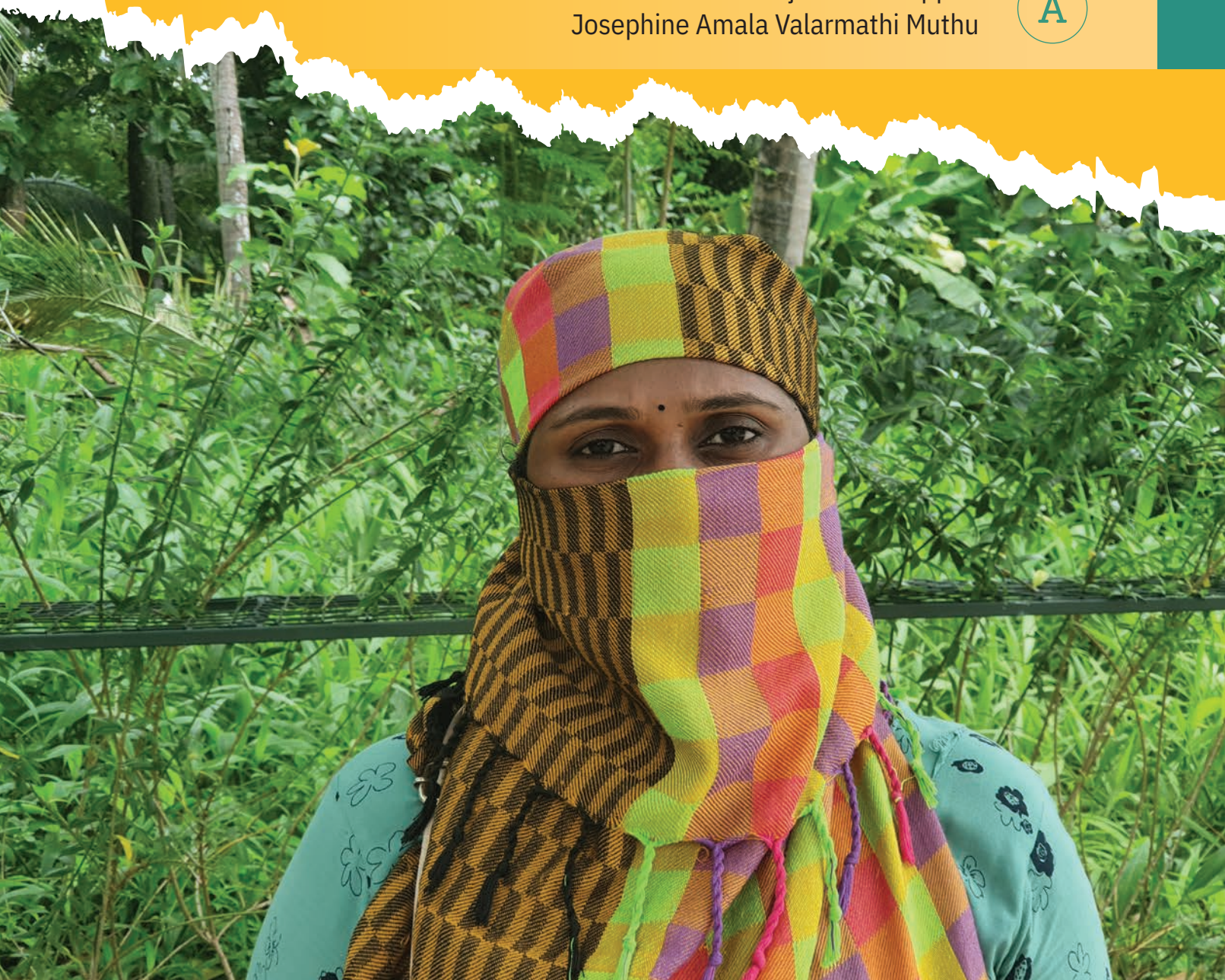
References

1. Indonesia Digital Data Report, 2021 <https://datareportal.com/reports/digital-2021-Indonesia>
2. McKinsey, 2018. The digital archipelago: How online commerce is driving Indonesia's economic development
3. 2015. Conclusions of the Meeting of Experts on Non-Standard Forms of Employment, Governing Body, 323rd Session, Geneva, 12–27 Mar. Available at: http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_354090.pdf [Oct. 2016].
4. Arne L. Kalleberg. 2009 "Precarious Work, Insecure Workers: Employment Relations in Transition.
5. Interview with the president of KSBSI May 2021
6. <https://id.techinasia.com/infografis-perjalanan-go-jek-dari-berdiri-to-unicorn>
7. GrabTaxi Launch in Indonesia. Vulcan Post.com. 2014
8. Information [www. Uber.com](http://www.uber.com), August, 2014
9. [Bisnis.com](http://bisnis.com). November 12, 2019
10. [Bisnis.tempo.co](http://bisnis.tempo.co). 13 November 2019.
11. <http://www.fantasticblue.net/2015/09/List-nama-ojek-online-complete.html>; tirto.id and others sources.
12. Ministry of Transportation Regulation number 118 of 2018. For two-wheeled vehicles or regulated by Minister of Transportation Number 12 of 2019 and Decree of the Minister of Transportation (Kepmenhub) Number KP 348 of 2019.
13. Data of BPJS Ketenagakerjaan, May, 2021
14. Sorensen, G., Dennerlein, J. T., Peters, S. E., Sabbath, E. L., Kelly, E. L., & Wagner, G. R. (2021). The future of research on work, safety, health and wellbeing: A guiding conceptual framework. *Social Science & Medicine*, 269, 113593. <https://doi.org/10.1016/j.socscimed.2020.113593>
15. Safety and health at the heart of the Future of Work: Building on 100 years of experience, 2021. ILO (2019)
16. Author Interview to 129 Grab car online by collaboration with KSBSI, May 2021
17. Berg, J. (2016), "Income security in the on-demand economy: Findings and policy lessons from a survey of crowd workers", Geneva: ILO.

18. Emile Tompa, Heather Scott-Marshall, Roman Dolinski, Scott Trevithick and Sudipa Bhattacharyya. 2005. Precarious employment experiences and their health consequences. Institute for work and health, Toronto, Canada.

PERILOUS LIVES OF INDIAN DOMESTIC WORKERS

Rejimon Kuttappan
Josephine Amala Valarmathi Muthu



Perilous Lives of Indian Domestic Workers

By Rejimon Kuttappan

Josephine Amala Valarmathi Muthu (NDWM-India)

Abstract

There are around 4.6 million domestic workers in India, says ILO. Unfortunately, the Indian government does not have data on how many Indian domestic workers work in the country, which has not ratified the ILO Convention 189. An Indian woman who has been working as a domestic worker for the last 36 years in a South Indian city told in a story that she and other domestic workers in the city still feel unsafe. She told the author that, most of the time, she has been abused physically for silly reasons by the employer during the last three decades. Unfortunately, those abuses go unrecorded as they are not registered and recognized as workers by the Indian government. Workers' rights activists, sociologists, and government board members also agree with the domestic workers on exploitation and the risk of occupational safety hazards they face. Indian parliament documents reveal that the government is working on a national policy to protect domestic workers. One of the domestic workers said that they are seen as slaves, bought for hours.

Keywords: India, Tamil Nadu, Safety, Health, Domestic worker, Exploitation, Unorganized, Insurance, ILO Convention 189, COVID-19, NDWM

Introduction

Pushpa Saravanan started to work as a domestic worker when she was seven years old by accompanying her mother and grandmother, who were also domestic workers in Chennai, the bustling capital city of the South Indian state of Tamil Nadu. When she turned 10, she had become an expert in cooking spicy South Indian food, wash dozens of greasy utensils in a short time, and clean the houses neatly, including the heavy curtains and wide windows. This June, Pushpa has turned 43 and completed 36 years as a domestic worker.

"I have to say we, domestic workers, always feel unsafe, abused, and exploited. Every day is a struggle. Every day is worrisome," Pushpa said, adding that her monthly salary was 5 USD when she started and, now it is around 100 USD for the same work.

While detailing her three-decade-long experience as a domestic worker, she said that most of them were depressing, and they always feel unsafe.

“Uncaring employers, sexual abuse, mental abuse, long working hours, denial of due wages, apathy from government...the list is endless,” Pushpa said. “When I was nine-year-old, I was abused by the employer while I was at work. He molested me... I got scared and ran to his wife on the ground floor. Shockingly, she was not ready to hear my complaint. She also shouted at me, saying that I was lying. For the first time, I realized that we domestic workers are not treated with dignity,” Pushpa said, adding that even after growing up, many of her employers have tried to abuse her. However, by then, she had learned how to handle the situation.

“Many domestic workers face severe physical abuses here in this city. But as they do not have any other earning options, they adjust,” she added. Pushpa says that abuses and rights violations go unrecorded as they all are not registered anywhere in the Indian government system.

Health and Safety



According to Pushpa, many domestic workers are struggling with different health issues developed from hazardous working conditions.

“Many have spinal cord issues as they stand for long working hours. Many develop skin allergies as they are forced to use cheap detergents to wash piles of clothes and utensils. Recently, I am hearing that many are developing uterine prolapse too, which is due to the lifting of heavy things at workplaces,” Pushpa said, adding that she is also suffering from the same condition but has failed to prove it as an occupational safety hazard.

Alphonso Abhinanth, a 33-year-old domestic worker in Kerala, also confirmed that using cheap detergents without gloves will result in skin allergies.

“I go for house cleaning. However, the employers do not give us gloves. And I cannot buy gloves daily because of their cost. And as they are not doing the cleaning, the detergents, lotions, and dishwashing liquids they provide are the cheapest ones. Most of the time, I get burns and itching. Once I developed some stomach upset problems too. The medic told me that some strong chemicals in my hand had gone inside while eating food, which resulted in a stomach upset. He advised me to use gloves, which is unaffordable for me,” Pushpa said.

According to Alphonso, even though she is being hired only to do cleaning jobs, she says that she will be forced to do the cooking in most of the houses.

“As there is no better job available these days, I agree with what they say. I know I am risking my health, but there are no other options now,” Alphonso said, adding that even if it is a four-hour job and it gets extended to six hours, what she gets for the meal from the employer is only a two-piece of bread and a tea.

“Working for long hours without any proper food has also resulted in ulcers. Now, I am taking medicines for that too. When I was hired, I was told that I would get breakfast or lunch. But what I get is two-piece of bread as I said earlier,” Alphonso said, adding that sometimes, they face sexual abuses too. “In the initial days, I used to get frightened. But now, I am courageous enough to resist and say no,” Alphonso said.

Mini Mohan, a sociologist, psychologist, and women’s rights activist in Kerala, explained that as private homes are not considered domestic workers’ workplaces, the occupational and safety hazards go unnoticed in India.



“Additionally, the domestic workers are being put in the section of unorganized workers. So, their cries are never heard,” she added.

Aswathi S, a 43-year-old domestic worker in Kerala, said that in 2019, she suffered an electric shock from a faulty power supply box while washing clothes in a washing machine at her workplace in a flat in the city was not given proper care by the employer.

“The area where the washing machine was kept was wet. I knew that the power supply box was faulty. I had told the employer several times to fix it. But they did not. It was a Sunday afternoon. When I had completed the cooking and cleaning, they told me to wash the clothes and go. After putting the clothes in the tub and closing the lid, I switched on the machine. I felt that somebody hit me strongly on my right hand. I screamed, and I fell,” Aswathi said.

“The employer and her child came to the area shouting at me for making noise. They thought that I slipped. They pulled me up... I told them that I had been shocked, but they disagreed. They did not even look at my right hand. They were annoyed that I screamed, and when I switched on the machine, the power supply of the house got fused,” Aswathi added.

“The employer told me to leave. They did not even ask me whether I need to go to a hospital or not. So, I left...,” Aswathi said.

Unfortunately, on the following morning, Aswathi realized that the pain in her right hand had not been subdued, and with her husband’s help, she met a doctor, who gave pain killers and an anti-inflammation ointment.

“I called the employer and told her about my situation and expenses that occurred for my treatment. She ignored my talk and told me not to come for work,” Aswathi added.

Meanwhile, Omana A, a 65-year-old woman, said that the COVID-19 outbreak makes it hard to get a job, and even if she gets one, it is very problematic.

“We have to do the COVID-19 tests by spending money from our pocket if we are going to be a live-in domestic worker. Additionally, we have to take our sanitizer and masks. Now, if we are daily workers, then there are other restrictions. They would not allow us to touch anything in the house other than what is required for work. They see us as COVID-19 virus carriers,” Omana said.

“You know, they do not allow us to use their plates, glasses, and their washrooms. So, for some four to six hours, it is quite hard to put stay without using the washroom,” Omana added.

Omana had been a domestic worker for a long time in her life, and she had stopped going to work in 2020. Her three daughters were taking care of her needs after her husband’s demise in 2017.

But as her children and sons-in-law are all daily wage earners and are struggling to make ends meet during the COVID-19 induced financial crisis, she is forced to look for a domestic worker job again.



According to Omana, as she is above 60, she is more afraid of getting infected when washing washrooms and washbasins.

“We cannot say no when the employer insists. And as a job is a must for me now, I take up the risk,” Omana said, adding that she now carries her towels.

Confirming what Omana said, Aswathi added that following the COVID-19 outbreak, travel has become expensive as well.

“What we get is around 5 USD for four or six-hour work. Out of that, we have to spend 1 USD to hire an autorickshaw as the public buses are not running in all routes due to COVID-19 restrictions,” Aswathi said, adding that when guests arrive, it is them who have to serve food and all, where they would not be able to maintain social distancing.

“It is all risk. But we do not have any other option. We cannot do anything about it,” Aswathi asked.

Meanwhile, Sonia George, a member of the Kerala government’s unorganized workers’ board, said that the main occupational safety hazard domestic workers face is sexual abuse.

“We would not be able to tell an average number of cases because workers’ do not complain immediately as they fear job loss. However, they open up later on,” Sonia said.

“Interestingly, in India, the domestic workers’ workplace is not seen as a workplace. So, let it be any kind of violation occurring there, the abuser would not be punished,” Sonia said, adding that domestic workers are not included in the OSH section of the new labor code of India.

Meanwhile, Poonkuzhi M, a 40-year-old domestic worker in Tamil Nadu, said that the occupational safety risks they face go unresolved most often.

“At houses, the employers often give us cheap detergents to wash clothes and strong chemicals to clean washrooms. Due to the repeated use of cheap detergents, I have split on my palm and feet.

And once, when I used a strong chemical given by the employer to wash the toilet, the moment I opened the bottle, the strong odor made me vomit,” Poonkuzhi said.

“We tell the employer to buy usable detergents, but only a few listen. And as we cannot give up the job, we adjust and continue,” Poonkuzhi added.

Meanwhile, Sister Josephine Valarmathi from the National Domestic Workers Movement (NDWM) said that neither the government nor employers see occupational hazards as an essential issue to be addressed.

“In my 14-year work with NDWM, I have seen hundreds of domestic workers suffering from different health issues. They have become sick only because of the workplace risks they face,” Sister Valarmathi said.

According to Sister Valarmathi, most domestic workers do not get food on time due to erratic and long working hours.

“Eventually, they become a diabetic and ulcer patient,” she said.

“And I know a few who are having uterus issues too as they are forced to move or lift heavy items in houses. However, we would not be able to prove in front of any authority that these health issues are the result of hazardous working conditions. So, we often fail to get justice,” Sister Valarmathi added. Sister Valarmathi says that more awareness has to be created on the occupational safety hazard front.

“Currently, we are working on awareness programs to sensitize workers, employers, and even policymakers to recognize the importance of occupational safety, Sister Valarmathi said, adding that

No Numbers

The Indian government does not have proper data on domestic workers. In response ¹ to a query raised in the lower house of Indian parliament in March 2020, Santosh Kumar Gangwar, the Indian Minister of State for Labor and Employment, said that “the government is not maintaining any data

of registered or unregistered domestic workers.” However, he added that as per the National Sample Survey (NSSO Statistics-2011-2012, 68th round) estimates, there are about 3.9 million employed as domestic workers by private households, 1.3 million of whom are male, and 2.6 of whom are female domestic workers.

However, an International Labor Organisation (ILO) report ² published in June 2021 says that in 2019, there were around 4.76 million domestic workers in India, and 2.87 million of them were women.

“As the government does not maintain a platform to count and recognize us, often our demands go unheard,” Pushpa, who is now a leader of 1,500 domestic workers union in her city, said.

In India, only seven states — namely, Andhra Pradesh, Bihar, Jharkhand, Karnataka, Kerala, Odisha, and Rajasthan — have notified minimum wages for domestic workers under the Minimum Wages Act, 1948. Moreover, only three states — Kerala, Maharashtra, and Tamil Nadu — have constituted a Welfare Board for Domestic workers.

Even though the Rashtriya Swasthya Bima Yojana (RSBY is a government-run health insurance program for the Indian poor) was extended to cover domestic workers in 2011, only a few states such as Kerala, Jharkhand, Chhattisgarh, and, recently, Haryana have implemented it. The scheme aims to provide health insurance coverage to the unrecognized sector workers belonging to the Below-Poverty-Line category, and their family members shall be beneficiaries under this scheme. In a nutshell, there is a requirement for comprehensive and uniformly applicable national legislation that guarantees fair terms of employment and appropriate working conditions.

In India, the federal government enacted the Unorganized Workers’ Social Security Act, 2008, to provide social security to all unorganized workers, including domestic workers. The Act provides for the formulation of social security schemes viz. life and disability cover, health and maternity benefits, and old age protection by the federal government and the state governments are mandated under the Unorganized Workers’ Social Security Act, 2008 to formulate suitable welfare schemes for unorganized sector workers including domestic workers relating to provident fund, employment injury benefits, housing, education schemes for children, skill up-gradation of workers, financial assistance & nursing homes.

Insurance Schemes

The Indian Federal government in 2017 converged the social security scheme of Aam Aadmi Bima Yojana (AABY) with Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY) to provide life and disability coverage to the unorganized workers, depending upon their eligibility. The converged PMJJBY/ PMSBY scheme is for the beneficiaries in the age group 18-50 years and provides for coverage of 2700 USD, in case of natural death and 5,400 USD, in case of accidental death.

The converged schemes are being implemented through the Life Insurance Corporation of India. A premium of 5 USD per annum is required to be paid for the converged schemes. The premium is shared between the state government and the federal government in the ratio of 50:50. According to Indian government data tabled in the parliament, around 283,000 beneficiaries have been covered under this scheme.

The federal government also launched Pradhan Mantri Jan Arogya Yojana (PM-JAY), which will cover 107,400,000 poor and vulnerable families, providing coverage up to 6,700 USD per family per year secondary and tertiary medical care and hospitalization. This scheme will also cater to eligible domestic workers.

Additionally, the federal government had also introduced a pension scheme, i.e., Pradhan Mantri Shram Yogi Mandhan (PM-SYM) Yojana, in 2019 for unorganized workers who are mainly engaged as rickshaw pullers, street vendors, mid-day meal workers, head loaders, brick kiln workers, cobblers, rag pickers, domestic workers, washermen, home-based workers, agricultural workers, construction workers, beedi workers, handloom workers, leather workers, audio-visual workers or in similar other occupations.

Each eligible unorganized worker, including domestic worker registered under the PM-SYM Scheme and who makes regular monthly age-specific contributions ranging from 0.75 USD to 2.68 USD, is supposed to receive an assured minimum pension of 41 USD per month after attaining the age of 60 years. The federal government contributes an equal amount as contributed by subscribers towards the pension fund. On the beneficiary's death during the receipt of a pension, the spouse will get 50 percent of the pension.

Currently, the Indian federal government is working on a draft national policy ³ on domestic workers. The salient features of the draft policy are the inclusion of domestic workers in the existing legislations, provide the right to register as workers, which will facilitate their access to rights & benefits accruing to them as workers.

Additionally, the draft policy aims to provide them the right to form their associations and trade unions. It also will provide the right to have minimum wages, access to social security, protection from abuse, harassment, violence, and enhance their professional skills. The policy will also protect domestic workers from abuse and exploitation, have access to courts, tribunals, etc. The policy also feature that a mechanism for regulation of concerned placement agencies will also be established.

Reference

- 1 <http://164.100.24.220/loksabhaquestions/annex/173/AU4734.pdf>
- 2 https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_802551.pdf
- 3 <http://164.100.24.220/loksabhaquestions/annex/171/AU406.pdf>

SAFETY AND HEALTH ASPECTS OF AGRICULTURAL WORKERS IN INDIA

A. Palani
Arokiasamy Lourthu Samy





Safety and Health Aspects of Agricultural Workers in India

By. A. Palani

Arokiasamy Lourthu Samy (AREDS India)

Abstract

Among all the workers, agricultural workers are considered as high-risk and voiceless populations. Not many are aware that agrarian work is the most dangerous and hazardous one. Though farming activities fetch good revenue, the agricultural workers, who are primarily responsible for farming activities, are neglected. No sufficient research and studies have been done on the plight of agricultural workers. There is hardly anyone to voice their political will is lacking in ameliorating the condition of the workers. They are unorganized, ignorant, illiterate, divided, and poor. Efforts must be taken to improve the condition of workers and their children, including girl children. This study reveals the plight of the socially neglected section in society and recommendations to improve their condition.

Keywords: India, Safety, Health, Worker, Agriculture, Caste, Rural, Landowner, Poverty, Green Revolution, MGNREGA, AREDS

Introduction

India is at the threshold facing a major agrarian crisis. This time, it is not because of poor yield, but it could be because of the dearth of agricultural workers. Various factors led to the sorry state of affairs. The history of agriculture could be traced back to Indus Valley Civilization. For centuries, agriculture was a prime profession. Before the arrival of Britishers, the number of agricultural laborers was too less. According to the 1881 census, the total numbers of landless laborers were 0.75 crores, and in 1921 the number increased to 2.1 crores, which constituted nearly 17.4 percent of the entire working population.

The total working population was 48.3 crore, and of this, 26.3 crores were agricultural workers in 2011. Their population is expected to dip in the coming decades when compared to the total population. The country's population was 121 crore in 2011, 136.64 crores in 2019, 132.3 crores in 2020, and it is expected to touch 161.2 crores in 2050—however, the populations of agriculture workers are likely to take a nosedive in a few decades. The total number of agricultural workers in 2020 was 23 crore, and it is expected to decrease to 20.2 crores in 2050.

India is the second-largest producer of rice, wheat, cotton, sugarcane, sheep, goat, fruit, vegetable, and tea and the largest producer of milk, pulses, and spices. About 195 million hectares of land are under cultivation, and of this, more than 60 percent are rain-fed, 30 percent are irrigated. Agricultural workers are the most exploited unorganized people in the country. Over the centuries, they were abused and victimized by landlords, feudal and zamindars. The neglected lots remained less than slaves or bonded laborers and were forced to remain in the system generation after generation.

Factors responsible for the perilous status



Until the introduction of Green Revolution, the country was a pioneer in organic farming, which benefited not only human beings but also animals, birds, and ecology. Most villagers depended on farming activities as it offered a wide range of livelihood support systems. However, after the invasion of fertilizer, everyone, including farmers, agricultural workers, birds, animals, and the environment, have significantly been devastated. Even though the Green Revolution solved the food shortage crisis, it caused long-lasting adverse impacts, especially soil. Now the proponents of the Green Revolution recommend Organic Farming.

Even after decades of Independence, they live in wretched conditions and social alienation. They are socially, economically, educationally, politically, and culturally alienated in society. In several parts, they are prevented from casting their votes freely and their votes polled by their masters, said K Packrisamy, State Secretary, All India Agricultural Workers Union.

The contribution of agriculture and allied sectors in national GDP is about 14%, and about 52% of the workforce depends on agriculture for its livelihood. The industry also plays a vital role in generating employment opportunities for the people's rural terrain. Even though the agricultural workers play an essential role in the Indian Economy, most of them remain oppressed more severely in Northern India.

Most of the agriculture workers are Scheduled Castes and Scheduled Tribes, victims of the social divisions. According to 2011 Census, the SCs constitute 16.63% (20,13,78,086) of the total population and 16.91% of them are in villages and STs comprise of 8.6 % (10,42,81,034) of the total population.

Social Status of Agricultural (Agri) workers

The peasant-laborer relationship is not conducive. Agricultural laborers are highly unorganized, ignorant, illiterate, divided, poor, and voiceless. They are not united under a single platform, even in block levels in districts. They lack the courage to bargain in securing a fair wage for the day-long hard work. Their habitation is located far away from other dwellings of other communities. They are even abused for entering residential pockets of other communities in most of the villages.

In many places, they are not allowed to enter temples and eat the food of their choice. Over the decades, their food habit has been affected due to job nature and low economic status. For K Vasantha (63) of Konur village in Thanjavur district in Tamil Nadu, eating non-vegetarian food is a distant dream. She cooks non-veg during festival times. Similarly, they cannot afford fresh vegetables and groceries due to a steep rise in prices. People walk for long distances to get public transport. They should wait for the motorcycle man to bring vegetables and groceries. Though 3G and 4G connectivity reached their towns, we cannot get bus connectivity to our village, Sundaravel said, from the same village.



Pathetic Housing Infrastructure

The workers live in pathetic shelters. The Socio-Economic and Caste Census survey states that 30 % of the rural population does not have any land, and more than 2 crore households do not have houses. This explains the enormity of the problems they face. They live in houses worse than cow sheds in many places. Several housing schemes implemented by Central and State Governments had benefitted only a tiny fraction of their population as the schemes come with many riders.

The Central Government had constructed group houses for the SCs and ST in the 1970s. Since then, there has not been much improvement in their housing facilities. They live in government *poramboke* lands, including pond *poramboke*, water channel *poramboke*, river *poramboke*, and lake *poramboke*. As the Court prevented the authorities from distributing *pattas* for areas located in and around water bodies, they have not issued *patta*. In Tamil Nadu alone, 20 lakh agricultural workers do not have *patta* for the houses.

The toilets constructed under a Central Government sponsored scheme remained unused as they were under dilapidated conditions. The colonies (residential pockets are called colonies) do not have sanitation facilities, and houses lack individual toilets. Their colonies have been located in the middle of agricultural land. Therefore, they constantly face imminent threats from poisonous reptiles since they defecate in an open place in the dark. K Bhuvaneswari of MGR Nagar, Melavenkudi, Thanjavur district said, “many of us live in houses that resemble ghost houses and are in dilapidated condition. People do not use the toilets since they are in worst condition”.

A committee chaired by PC Alexander, appointed by former President of India, KR Narayanan, said that the government owns enough land to provide a viable extent of agricultural land to every rural SC family. However, this report has not been implemented since 2008. Several governments have schemes to purchase housing plots for them. However, many lack the political will to implement the schemes.

Perennial indebtedness

Agriculture largely depends on monsoons; river and lake water, and during drought or the onslaught of natural disaster, employment opportunities come to a grinding halt. Hence, during drought, the farmers and workers are put to hardship. During the off-season, they land in dangerous alternate employment. Since they are illiterates, they cannot switch to other occupations.

Unlike the industrial worker, the agricultural laborers are neither well organized nor well paid. They are forced to carry out all sorts of work throughout the day. However, they are not offered various benefits, which are available to industrial workers. They cannot fight for coolie. They are forced to accept whatever coolie is given to them. As they get meager wages, they live under poor and unhygienic conditions and remain perpetual indebtedness. Poverty and indebtedness affect the workers and their families. Their meager wages force them to stay in vicious indebtedness.

Banks and primary agricultural cooperative banks do not extend helping hand to the agri workers. This makes them depend on local moneylenders, who often fleece them with hefty interests. They have pledged whatever little gold jewelry they have and valuable utensils with the moneylenders. For few years, in the garb of assisting the farmworkers, microfinance companies have entered into rural terrain targeting them. Instead of assisting them, the companies mount them with more burdens. The companies collect the principal amount with hefty interests and force them to repay every week irrespective of their condition. They force them to repay the repayment even if a person in the family died.

Former IAS officer from Karnataka, Sasikanth Senthil, praised as people's collector before he resigned from the coveted post, says "Debt is a significant debilitating burden amongst agricultural laborers. Often the vigor of the burden is manifested as suicides amongst them. Debt amongst the rural landless laborers is a special case. It is predominantly informal with a high social connotation. The percentage of informal debt is around 80 to 90% of all the outstanding debt amongst the agricultural laborers".

He said, "In the Indian context, debt also has a substantial social meaning. Social norms like caste and class hugely shape the availability of credit and credit worthiness. Debt is also used as an instrument to maintain caste and class hierarchies strongly resisting the socio-economic mobility of the agricultural laborers. Liberalization and consumerism have only exacerbated the problem. In India, debt is often the tool of choice to maintain permanent serfdom. It is the manifestation of modern-day day slavery".

Malnutrition/ Health Condition

Hunger, food scarcity, and poverty affect their health. Spending on food in rural went down for years. Food inflation averaged 5,6 percent from 2012 till 2019. The agricultural workers and their family members consume fewer calories, proteins, and micronutrients. The women and children are severely malnourished and require nutritious food and a large number of women face difficulties during childbirth due to lack of nutrition.

Despite hard physical work, they cannot consume adequate calories due to the nature of work and poverty. According to Food and Agricultural Organization (FAO), India has the highest number of undernourished people globally (19.46 crore or 15 percent of India's total population in 2014-16). As per National Family Health Survey data for 2015-16, 36 percent (urban: 29 percent, rural: 38 percent) are underweight, and 58 percent of children aged between 6 and 59 months (urban: 56 percent, rural: 59 percent) are anemic. Primary Health Centres or nurses must be roped in to issue nutritional supplements to the agricultural workers and their families.

Mahatma Gandhi National Rural Employment Guarantee Act / Public Distribution System

Despite anomalies in MGNREGA/PDS, the schemes have helped the farmworkers fight against poverty and hunger, said K Packrisamy, a Central Committee member of All India Agricultural Workers Union. The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) was launched in 2006 to give a flip to the rural economy by providing the rural poor with 100 days of guaranteed public employment and rising rural wages. The scheme was introduced in 200 districts in 2006, and now it is implemented in 7,145 blocks in 715 districts.

The Centre allocated Rs 73,000 crore to the MGNREGA for 2021-'22, which was lower than the actual expenditure of Rs 1.11 lakh crore in 2020-'21. However, the number of people registering for jobs under MGNREGS has increased to 4 crores in April from 3.6 crores in March 2021. This rise in demand for rural jobs can be attributed to the second wave of covid-19, which has hit India badly and resulted in reverse migration.

“They are at the mercy of local *panchayat* and local revenue officials to get the job under the scheme. In many villages, the job is allotted to the workers in various wards on a rotation basis. Wages are kept pending for long”, he said.

The Public Distribution System (PDS), the largest distribution network in the world, plays a vital role in ensuring food security to the poor and vulnerable section of society. It distributes food grains, including rice, wheat, sugar, edible oils, kerosene, at a subsidized rate to below and above the poverty line. In 2011 there were 5,05,879 fair price shops/PDS across India. Over the years, the PDS has excluded several crores of most deserving agricultural workers, he said. Some states give 20 kg of rice to the Below-Poverty-Line families, and some lesser. “As a result of successful implementation of these two projects, the workers able to fight against poverty and able to bargain for wages,” he added.

Child Labor/ Child Marriage

According to the 2011 census, 82.2 lakh children are employed in illegal labor. Dr.P. Bala Murugan, Advisor, Tamil Nadu Alliance, says every three seconds, one child gets married across the world. However, they are not reported by the governments. There is a direct correlation between child education and poverty, mostly in agricultural families. Rates of child marriage are higher in the North-West and lower in the South-East of the country.



Because of poor economic conditions and low social status, the agricultural workers marry off their sons/ daughters before attaining legal age to marry. Not all child marriages go on record. However, one can witness an increase in pregnancy among teenage girls.

The pandemic lockdown made things worse a total of 790 child marriages were prevented during the pandemic across Maharashtra, and 58 cases were registered. Similarly, cops prevented child marriages, and 18 cases were registered under the Protection of Children from Sexual Offences Act and the Prohibition of Child Marriage Act, 2006, in Chennai alone in June 2021. The accused and family members, who harbored them, were also arrested.

Migration/Alternate employment

Various factors lead to the migration of workers from rural to urban areas. Among others, low productivity in agricultural activities, social negligence, mechanization of the agriculture sector, stark poverty, and atrocities against SCs and STs are the major reasons for the migration of agricultural workers. As farmers do not treat the agriculture workers with dignity, their sons and daughters do not prefer the job and migrate to towns and urban areas for various kinds of employment. According to Census 2011, over 45.58 crore people migrated for various reasons, and it was 31.45 crores in 2001.

During off-seasons, they land in hazardous employment. When farm work was unavailable, the agricultural workers in Kurungudi, near Kattumannarkovil, in Cuddalore district, Tamil Nadu, had opted for a firecracker manufacturing unit on September 4, 2020. In a gory incident, seven women were killed, and two others sustained severe injuries in an explosion at the unit. Recalling the incident, A. Radhika, 21, said, “I lost my mother Rukumani, 46, in the blast. She opted for the job since the farm work was not available”.

Hazardous nature of work:

Not many are aware that agricultural work is the most dangerous and hazardous one. Among all the workers, agricultural workers are considered a high-risk population. They perform long, backbreaking labor under the hot sun for long hours. They lack public transport from their place to the field. The barefoot soldiers have no protective gear and toil in the area containing broken bottles. They are also open to the attack of insects, reptiles, and rodents, causing injuries and death at times. They also face health threats from natural disasters and pesticides.

They are prone to heat-related illnesses, and pesticide exposure is linked to all kinds of medical and health issues, including but certainly not limited to reproductive problems, congenital disabilities, Alzheimer's, diabetes, cancer, autism, and memory loss. Their work can be categorized as dangerous.

Workers have become victims of lightning across the country. Before coming out from his hut, Thiagarajan offer prayers to the portrait of his wife, Padmavathi, 56, who was burnt to death when lightning struck the farmers when engaged in the work in Radhampur in Cuddalore district more than a year ago. He said, “After her death, I have become an orphan.”



Similarly, agri workers also become victims of snake bites across the country. An ex-serviceman, Balakannan of Radhambur, was bitten by a poisonous snake when clearing garbage in a water channel in November 2019. When rushed to the hospital about 25 km away from his village, doctors had not provided him with treatment for a snake bite. It was too late when the doctors in the other hospital realized it was a snake bite and began anti-venomous treatment. “I spent nearly Rs 50 lakh so far and still not recovered. He thanked the friends and relatives for assisting him with the money required for the medical expense.

On 16th July 2021, a seven-year-old boy from Poosivakkam village in Kancheepuram was fishing in a pond when a venomous snake bit him. He killed the snake and carried it to the hospital to help the doctors identify it and select the anti-venom to treat him. In the majority of the cases, it is not possible to carry the snake, causing delay and reluctance in treatment.

Recommendations

These are some recommendations to improve the safety and health of agricultural workers in India:

- A well-designed minimum wage system exclusively for agricultural workers can reduce inequalities and alleviate poverty.
- All the employees in the agricultural department, agricultural primary cooperative banks must be made aware of the plight of agricultural workers.
- Awareness about the adverse impact of the inhuman caste system must be raised among the farmers and landlords.
- Agri women must be protected from sexual abuse.
- To end child marriage in India, we need to focus on the poorest and most vulnerable girls and their families.
- Snake bite/anti-venom treatment protocol must be changed to suit the prevailing condition.
- They must be covered under public insurance with the active participation of farm laborers, Central and State Governments.

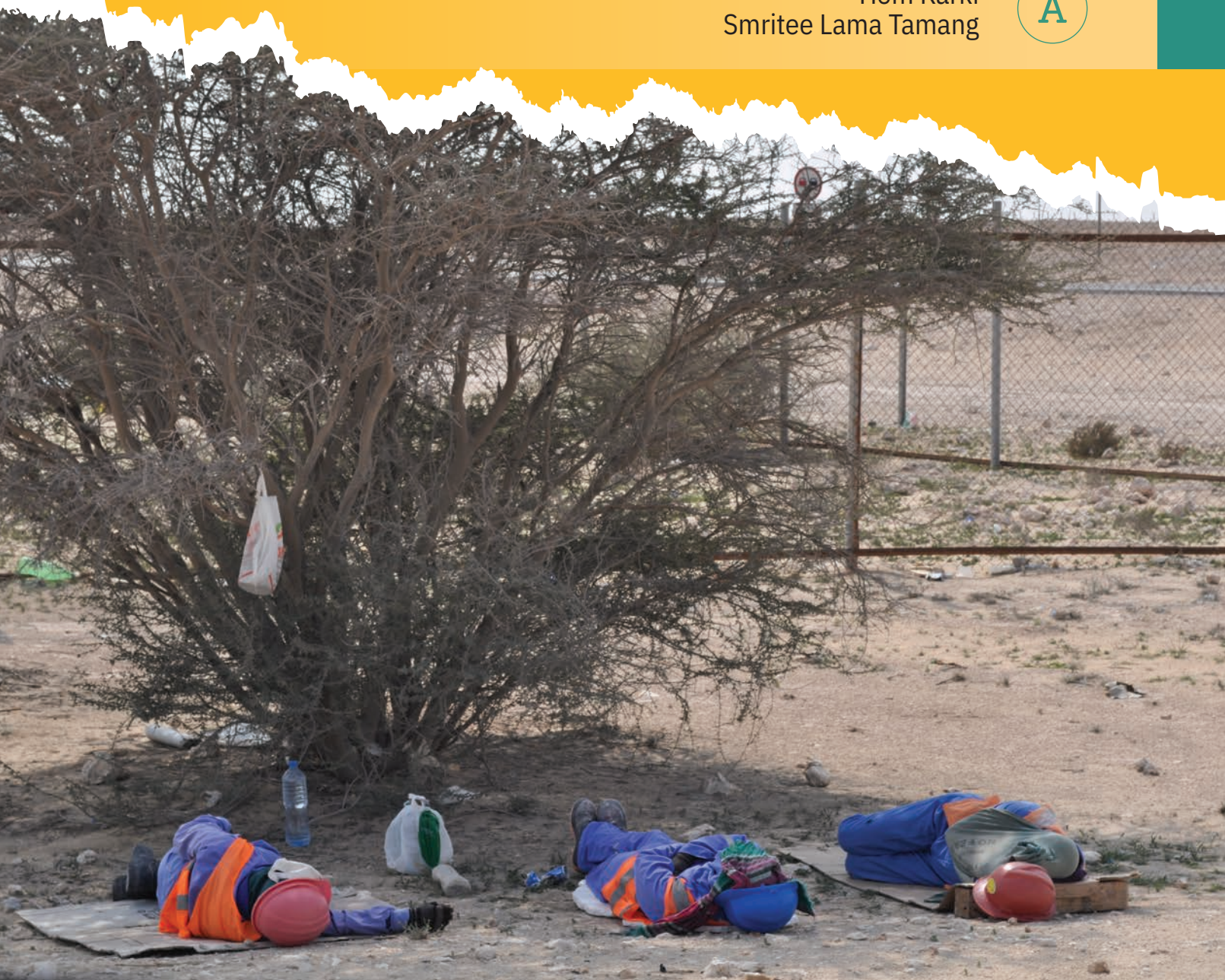
- The village *panchayat* must be strengthened with more participation of women and agricultural workers.
- They are vulnerable to heat-related illnesses when their employers do not provide them with potable water.
- Public transportation and healthcare facilities must be made easily available to them.
- They deserve stronger workplace protections, such as water and shade breaks, protection from reptiles, pesticides, and disasters.
- Houses with sanitation facilities should be built for the agri workers.
- Rope in volunteers should be employed to raise awareness about their rights among the workers.
- All-round care must be given to children of agri workers.
- Free education must be given to girl children up to college.
- The functions of PHCs must be improved to cover agri workers and their families. Doctors in PHCs must attend to the emergency health care need of workers before the 'Golden Hour'.
- The functions of MGNREGA must be enhanced and the Government should allocate more funds.
- Food grain allocation to the agri workers must be increased under PDS.
- Legislation to safeguard workers must be enacted from usury.
- Steps must be taken to prevent injuries from machinery.
- The workers must be protected with first aid facilities and potable drinking water at the workplace.
- Life-saving drugs and medicine for snakebite and rabies must be kept at all the PHCs.

Glossary:

- *Poramboke* is common land that belongs to the government
- *Patta* is a legal document issued by the Government in the name of the actual owner of a particular plot of land
- The Green Revolution in India refers to a period when Indian Agriculture was converted into an industrial system due to the adoption of modern technology, such as the use of fertilizer and pesticides
- Scheduled Caste (also known as Dalits) is the official name given in India to the lowest caste
- Scheduled Tribe is an indigenous people officially regarded as socially disadvantaged
- *Zamindar* is a landowner, especially one who leases his land to tenant farmers
- Lakh: 10 lakhs is equal to 1million.
- Crore: 10 million.
- 'Colony' is a name given to a place where Dalits reside -habitation

OCCUPATIONAL SAFETY AND HEALTH SHORTAGES ACHE MIGRANT WORKERS IN QATAR

Hom Karki
Smritee Lama Tamang





Occupational safety and health shortages ache migrant workers in Qatar

by Hom Karki

Smritee Lama Tamang (GEFONT-Nepal)

Abstract

As international pressure mounting, in the past few years, Qatar government made labor law reform for migrant workers including laws to ease exit permits for migrant workers to leave the country, change of employment, non-discriminatory minimum wage and established insurance fund for workers' support. Qatar has been recruiting Nepali workers since the 1980s and intensified in the run up for the World Cup 2022. Qatar will spend 220 billion USD to build not only football stadiums, but also a new airport, hotels, public transports, and other infrastructure. Labor agreements were signed between the two countries since 2005, however there are persistence problems related to the occupational safety and health working environment, such as extreme heat, accident at work, diseases, unhealthy camps, and many other problems which caused fatalities. Covid-19 pandemic added to those problems as many workers getting sick and lack of food during lockdown. In the runup to the World Cup 2022, it is very urgent to see the impact of Labor laws reform to improve the safety and health working environment in Qatar. As a host country, Qatar must guarantee the safety, health and social security for all migrant workers.

Keywords: Nepal, Qatar, Construction, occupational Safety, Health, Migrant workers, Heat stroke, Sudden death, GEFONT

Introduction

Qatar has been importing workers from Nepal since the 1980s, when Qatar was laying a foundation for modern urban development. Since then, the number of Nepali workers flying to Qatar has increased every year. Qatar needed a strong workforce. Nepal needed employment. To meet each other's needs, a labour agreement was signed between the two countries in 2005 and recruitment of workers within the institutional mechanism started. However, the agreement seems inadequate as it speaks only about admission fee and airfare of workers to be borne by the employers but remains silent in other related arrangements. Although the issue of social security is included, the agreement does not address issues such as security of employment, guarantee of payment of wages and facilities. Nepal is lobbying Qatar for amending its labour agreement to make it compatible with the International Labour Organization's (ILO) policy on recruitment and protection of workers' rights.

Nepali workers are recruited through two processes in Qatar: one, institutional recruitment which is according to the agreement between the manpower company and the employer, and the other, individual recruitment that is through the direct contact between employers and the workers. The Government of Nepal has been encouraging institutional recruitment, saying that the recruitment process based on personal access has put workers at risk of exploitation. Nonetheless, costs to be paid even in the institutional recruitment process is not less.

Qatar's labour law has made the employers responsible to bear the costs of visa and airfare of the workers but only in paper. It is not implemented in practice. Even though the Government of Nepal has implemented the policy of charging only NPR 10,000 as service cost for a worker to Qatar, the manpower companies have not adhered to the policy, and in a sheer violation of it they are charging up to NPR 50,000 to NPR 100,000. Enough to say that Qatar and Nepal have not been able to remove the financial burden on the recruitment process.

A large share of Nepal's population is occupied by young human resource. The country's unemployment rate stands at 11.4% and one-third of it is historically unemployed. Every year, 500,000 people enter Nepal's internal labour market. Since all of them are not accommodated in the domestic labour market, foreign employment has become a mandatory option. Employment opportunities for Nepali workers have increased in the Gulf countries because of their rapid development owing to the large income from petroleum products. East and Southeast Asian countries such as Malaysia, Japan and the Republic of Korea too have become the employment destinations for Nepalis due to the shortage of workers in these countries. Youths in the age group of 18 to 24 years constitute the highest number of workers going abroad for employment and their share in it is 39%.



Nepalis are mainly migrating to the countries of the Gulf Coordinating Council and Malaysia for foreign employment. According to the Department of Foreign Employment, Malaysia, Qatar, the United Arab Emirates, Saudi Arabia and Kuwait have received 88% of total labour migration in 2018-19. Of it, 31.8% went to Qatar. This trend continued even during the time of Covid with 54,472 people migrating to Qatar for employment. Statistics of the last two decades gives us that 1.7 million Nepalis have already worked in Qatar. Nepal has been sending workers on a two-year contract and there is a provision to renew it as per the mutual understanding between the workers and the employers. The number of people returning to the same company after completing their first two-year contract before Covid is 31.6%.

Majority of the migrant workers in Qatar are involved in the construction sector. It is evidenced by the report of the Department of Foreign Employment-2020 that accounts 14.8% workers engaged in construction sector followed by 8.3% in driving and machine operation, 8% in electrical and mechanical sector, 56.8% in general services, 7.9% in service works and 5.2% in other sectors. Nepalis outnumber the locals in the labour market in terms of human resource in Qatar. According to Qatar's Ministry of Planning and Statistics, 12.5% of the total population in the country is Nepali labour force.

The irony is that the salary and service facilities these workers receive does not equate with the labour they put at their service. Qatar, one of the world's richest countries, has brought to implementation a minimum wage of 1,000 riyals in the Arab world since 21 March 2021. The local companies are obliged to pay this salary for their employees. Nonetheless, the minimum wage is still minimum as compared to the labour. 'The riskiest work is in the construction sector', says Bhim Taramu Magar, president of GEFONT Support Group in Qatar, 'We can earn even in Nepal as much we are earning in construction sector here in Qatar. We have to toil under the biting sun, have left our family for the work. In fact, we have no feeling of working in a rich country. The wages we are paid are not practical or scientific.'

The selection and employment process of migrant workers have not been made transparent. Those with weak economic status are forced to take high interest loans for foreign employment. The tendency of employers to change and violate contracts is huge which as a result has weakened the realization of occupational health and safety for the workers. The workers are compelled to work even under such conditions.

Poor occupational health protection

Workers have to expose to two different environments on the same day in Qatar. The natural environment outside is scorching while a very cold environment is created inside under AC. They work at a temperature of 16 to 22 degrees inside the rooms but when it comes to the outdoor workplace, they have to toil at a temperature of 40 to 49 degrees. Because of high temperature many workers fall unconscious. A resting room is available but without AC and it is not enough to take rest

in a real sense as the heat inside the room constantly makes the body sweat profusely. 'We have to take off our clothes 10-12 times a day and break a sweat. Sweat wets clothes and clothes dry inside with time, but it affects the body even more,' says Taramu. 'It's not only sweat but also the salt of our body flows together,' he adds.

Says Taramu, incessant sweating makes the body dry, and it causes a lot of loss of mineral in body. Sweating also gives a way to the loss of potassium, calcium, and glucose from the body. Too much loss increases the heart rate. Excessive dehydration leads to fainting. It is our compulsion that we must finish the assigned work on the same day. The supervisor emphasizes work. We have to work under pressure and when working in such a way, one who is strong nothing happens to them but for those who are weak become faint and fall.'

Companies do not provide enough glucose and salt water for workers in every workplace. We must reach 15-20 floors while doing scaffolding work. Water is rarely consumed when we are in such work. Also, we do not carry too much water along to avoid coming up and down for loo,' Taramu added.

The biggest concern of workers in Qatar is sleeping death. There seems no health problem when the workers return to the camp after working hard all day. They play games with friends, eat, talk to their families over the phone before going to bed. But when we do not see the friends at the time of duty next morning and call them, they are already dead. The rate of sleeping death is the highest and it is not categorized as occupational health and safety concern. That is, neither the Qatari government nor the employer takes the responsibility for such deaths. In the medical language, such deaths are known by different names including heart attack, natural death, cardiac arrest, sudden death, and stroke.

On 1 April 2020, Anil Shrestha, 23, of Basaha – 3, Udayapur, was found dead in a camp bed by his co-workers. He used to work at Arctic cooling company. 'He had to stand in the company all day like 10-12 hours and make motor sets and jet coils', Anil's own brother Padam said – 'I took shower after work, ate and drank and went to bed. But when he did not show up at duty the next morning and a friend went to wake up him, he is found dead. According to a medical report by Hamad Hospital, the death was due to acute cardiorespiratory failure. Anil had gone to Qatar through Chandani Management Service, a manpower company, on 7 March 2018, on the condition that he would be paid 900 riyals per month. When Padam heard that his brother Anil had died of a heart attack at the age of 23, he could not believe it. 'We had sent a very healthy person. I had never heard of him falling ill from his employer. How can we believe the news of sudden death?', he said, 'We were not even given the post-mortem report when we got the body. Such deaths should be investigated.'



According to the Nepali Embassy in Doha, 47.45% of Nepali workers succumbed to death to this nature in the last decade (2010 to 2020). During this period, 1,884 workers died, of which, 894 deaths are related to acute cardiorespiratory failure. The mortality rate is highest in May, June, July, August, and September when a worker died every day. In other months, 7 to 15 deaths are recorded per month. It can be claimed that heat stress could be the main cause of death.

Nepali doctor Narendra Shakya examined health of 40 workers daily at a private clinic in Al Khor, Qatar's second city, from 2009 to March 15, 2020. According to him, 'Workers suffer the most from high blood pressure. Their blood pressure was found to be 230/130. The main cause of death is high blood pressure. Then other common health problems with the workers were diabetes, ulcers, kidney failure, respiratory diseases, colds, runny nose and pneumonia.' 'All these diseases are related to the nature of work, food and shelter,' he said.

According to him, the companies do not seem to be paying attention to healthy food and shelter for the workers. 'Workers don't know what kind of disease they have to suffer from while working and how to stay safe from it. The companies have not sensitized to workers on ways of staying safe from occupational hazards' he said.

According to him, the main reason for kidney failure and kidney stones is constant sweating. 'Exposure to chemical is also the cause of kidney failure. Prolonged dehydration can lead to kidney failure. One needs to drink water when sweating. But how much attention does a worker pay to that is a question', he said. According to the Nepali embassy, 17.7% of Nepali workers died of kidney disease in 2020. The number of Nepalis returning home with kidney failure and kidney stones is yet to be recorded. Skin disease is equally rampant. The sun eats away at the skin, and it is a disease associated with the workplace. There are many workers who go to the clinic with skin diseases.

The Ministry of Labour, Employment and Social Security of Nepal has formed an expert committee with the involvement of Nepali doctors to take care the health security of the unwell returnee migrant workers. According to Bishwaraj Dawadi, member of the Committee, the condition of those returning with kidney disease is worrying. "Why are workers working outside the Gulf, including Qatar, suffering kidney failure is a topic to be studied', he said - Is there adequate water facility for the workers in the outdoor workplace and whether they drink it as required by the body, and to what extent are the workers forced to work long hours are the questions to be researched.' According to him, even if only regular health check-ups are provided, the lives of many workers can be saved.

Unhealthy camp: A factory of diseases

Apart from the workplace, food and sleeping rooms in the camp are the source of disease. There are three ways to cook food in the camp. Large companies do not allow workers to cook. They keep cooks and prepare food at a very low cost. That food is not of good quality as it is oily, with more fatty chicken and does not include green vegetables in the menu. Some companies hire a second party to prepare food on contract, but the food is also not healthy and nutritious either. Only a few workers

prepare food in their own but they too compromise quality to save money due their low income. 'The food that the company provides never tastes good. We have to eat it compulsively', says Rajesh Waiba - 'We prepare food in the evening, keep it in the fridge to take it when we go on duty tomorrow and eat it after 16 hours the next day. Though there is refrigerator in the room, such facility is not available at all duty sites to keep food safe. When we open the tiffin, we can smell the taste and we sometimes feel like if we're eating poison or food.'

In fact, the company should have prepared lunch and provided it to the workers. Only very few companies have managed to do so. Qatari officials have failed to monitor whether workers are guaranteed quality food. 'What kind of food do we eat? How does it get to the duty sites? How is that food placed to keep it safe on the sites? I don't know if anyone has checked that', says Umesh Shrestha, who has been working in the construction sector for 10 years. Workers have a big problem of back pain because of cold at resident at night. "We work in the heat all day and sleep in cold at night. Because of this we have a big problem for low back pain'. Dr. Shakya added, 'Workers also have problem related to male genital organs.'

The company does not pay attention to preventing the workers with blood pressure from heavy work and not doing duty at night. Due to long hour's duty, there is no facility to eat food on time and it has caused gastritis and even ulcer. 'I see that the workers are dying due to worsening ulcer and internal bleeding. By the time they come to the clinic for check-up, their haemoglobin is already down to 3-4 while a healthy man should have it at 12', says the doctor, 'Workers do not have access to health check-ups.'

Medical card has been made mandatory for workers. After receiving the card, free health care and medicine are available at Hamad Hospital. Due to the flow of people for medical treatment at Hamad, there is no immediate time available for general health check-ups except for emergencies. The companies do not care about the health of the workers except for calling an ambulance. Workers do not have direct access to the top management to report the problem. The management keeps Boss in the camp to coordinate with workers. Camp Boss is responsible for taking the problems of the workers to the next level.

Workers have a direct access to Camp Boss. If any health issue is reported to the Boss, he says to manage it themselves. When time for treatment is not available easily and quickly at the government hospital, the alternative is a private clinic where the services and medicines are very expensive. Language is also a barrier for the workers to tell the doctors clearly about the disease they have contacted. 'I can't express my problem if there is no Nepali health worker. There should have been four to five hundred health workers considering the number of patients. But there are only 7-8 health workers available in total.

There is a rule to keep nurses and doctors in each camp based on the number of workers. But there is no implementation of the rule.

Occupational accidents

When the workers arrive at work, they feel as if they are going for a fight. Every worker fear that if they will return safely to their camp in the evening. It is written on the walls of the workplace - 'Safety comes first', but it gives a feeling that the slogan is mocking at the employers. There is a commitment to prioritize safety in Mega government projects, but this is not the case in practice.

Tej Narayan Tharu, 23, died of falling like a bird while working at the Al Wakrah Stadium, the venue of the 2022 World Cup. Chaudhary had fallen from 35 meters while he was walking carrying a large board. Renuka, the wife of Chaudhary, was informed about this by phone from supreme committee for delivery and legacy, the body organizing the world cup. 'I wouldn't be a widow if it was a safe workplace for my husband. My eight-year-old daughter should not have been an orphan', says Renuka. Giving money will never heal our wounds, she laments.

Accidents are different by the nature of the workplace. Even if safety equipment is provided to those who work in scaffolding to construct tall buildings, workers are seen falling and dying. Their work is not managed in a subtle way. Even when a simple mistake is made, a person falls and loses his life. 'Workers like us who work by hanging on walls are at risk. There is an obligation to complete the work within the stipulated time and we fully concentrate ourselves in work. In such situation we cannot trace lapse we make in regard to our own security, says Tejendra Gurung, who has been supervising Scaffolder in Qatar for 10 years, 'I think the company needs to pay special attention to make the workplace risk-free with special training for workers.'

The incidents of fracturing and losing hands and feet are common. Construction sites other than government projects are very risky for workers. Projects implemented by small companies are not found to following safety standards. According to the Embassy of Nepal in Qatar, 184 workers died between 2010 and 2020, which is 9.7% of the total deaths. Most of those who lost their lives are masons, scaffolders, and electricians. Although the embassy has the details of the workers who died of falling, it lacks the details of those who are mutilated and recovered after treatment at hospitals.

Indoor workplaces do not have adequate ventilation. Proper temperature is not managed. As only AC is used to protect the goods from the heat, the workers are suffering from cold-related diseases. Measures to protect from cold are not taken. Noise pollution is excessively high in the workplace but no actions are taken to control it. Large workforce in Qatar is working in the gas plants. Workers there for a long time are found to be suffering from respiratory diseases. They are also found suffering from erectile dysfunction. 'I worked inside the gas plant from the age of 23 to the age of 33. I didn't have a baby despite treatment. Doctors say it is the effect of workplace', says Devkaji Dhungel of Jhapa – similar problem is found in some of my friends, and they have quit the job fearing further complication.'

As many as 9.7% workers are receiving compensation for workplace accidents in Qatar. Apart from that, 16.5% of those died in road accidents while on duty are also getting the compensation. Remaining 73.8% has not received any compensation. Companies have arranged insurance facility to

cover accidents happened only at workplace. The family of 33-year-old Mangal Bahadur Tamang, of Kamarepani-09, Bhojpur died of a heart attack on 25 March 2020. But his family did not get any compensation. Deceased Tamang was an outdoor security guard at Bakra port. 'The company provided rest of the salary and bonus but did not give insurance saying that he died inside the camp,' said Elisa, wife of Mangal, - 'What can we do when the company says we are not entitled to that facility?'

Workers in Covid-19 pandemic

Qatar government imposed targeted but not a complete lockdown in various parts of the country to fight coronavirus pandemic. But the companies have forced their workers to take different types of leave even though the companies were not shut down. Citing the lack of works, companies provided only half of the salary, forced workers to sign termination letter or tender resignation. Some workers are kept in rooms for months saying that the salary could not be paid. Although some companies have provided food, some others could not even arrange that.



A complaint was filed at Qatar's Department of Labour and the Dispute Committee and the Ministry of Labour demanding that the workers be paid salary and provided with other facilities. But the hearing on the complaint could not happened on time. Those hit the hardest are the illegal workers who are not affiliated with any companies and the limousine drivers who have to arrange their own food by paying daily contract. As many as 1,637 workers have filed applications to the Nepali embassy during peak Covid hours saying that there is a shortage of food and problem of salary. Those 705 workers who have lost their jobs or made redundant came to the contact of embassy. 3,401 workers who lost their jobs and had problems in finding food and accommodation had appealed to the embassy to provide the same immediately.

Ministry of Administrative Development, Labour and Social Affairs in Qatar provisioned that the companies should provide the workers with minimum wage, food and accommodation and other services continuously as agreed in the contract letter. This decision was applicable only to the companies that have not stopped work even during the lockdown. For the companies that have stopped working, they should allow workers to take paid leave, annual leave or reduce working hours during the time. However, the employers should provide food and accommodation for the workers who are getting these facilities before the lockdown. Employers are not let to escape this provision in any pretext. According to the government decision, employers cannot deduct the facility if the workers are receiving money for food or accommodation. Employers must pay the workers a basic salary and benefits while in isolation or quarantine. Even if they are on sick leave, they will not be deprived of this facility as per the decision.



A rule was issued that the employers can expel workers whose contract has expired. But the employers should provide the workers with return tickets at the time of eviction, free food and accommodation until the workers return home after cancelling the contract and should provide necessary money and all expenses incurred in the repatriation process. But it was not respected by all companies. Workers got paid only for the days they worked. Workers living in isolation were also deprived of their salaries. 'What to do when the company's financial situation has deteriorated?

The Ministry of Administrative Development, Labour and Social Affairs has acted against some companies that keep too many workers in the same room, do not maintain social distance and keep workers in crowds, but that's not enough.

Conclusion

Workers' safety, occupational health and social security should be guaranteed. It is not enough for Qatar to take responsibility for injuries at workplace alone. It is also important to pay attention to the damage done to the workers by the heat workstation. There is an urgent need to reduce the death rate of workers dying in camps to zero. For this, Qatar should set up a high-level mechanism to investigate into it and solve it. Representation and involvement of the officials of the Ministry of Labor, Health and Law should be guaranteed in such mechanism.

Arrangements should be made for workers to rest in the workplace and develop a culture of working and resting during the summer. Unnecessary pressure on workers to complete the assigned work on time should be avoided. If such a situation arises, employers should increase the number of workers. Healthy food for workers also outside the workplace should be guaranteed. The situation of providing stale food at the workplace must be ended. Workers should not be forced to bring stale food for them to workplace. Instead, companies should arrange healthy food at workplace. Safety should be made mandatory not only in government Mega projects but also in projects run by the private sector. In order to free the workplace from occupational diseases, labour inspectors should be continuously deployed to make the monitoring effective. The progress of the labour inspector should also be monitored from the top level.

Arrangements should be made for regular heart and kidney check-ups of the workers. Worker's urine should be tested at least once in six months to rule out any possible disease or to ensure timely treatment if any symptoms are tested. In case of death due to any reason, arrangements should be made to provide compensation for the members of deceased family. Workers-friendly hospitals should be run with a focus on workers.

Workers should be insured not only for 8 hours but for round the clock. Additional arrangement should be put up in government's structure to provide access of workers to health care. Health services should be expanded to the areas where there is a large number of workers. Preference should be given to health workers who know and understand Nepali language so that Nepali workers can openly explain their illness to the doctor. It has been urgent to work on the mental health of workers because the number of workers committing suicide is worrying.

The tendency to deduct workers' wages during Covid should be eliminated. Companies should not carry out any work that will cause mental stress to the workers living in isolation. Balanced diet should be guaranteed to the workers living in isolations. Instead of expelling workers directly from the company, a conducive environment should be created for them so that they can change their employers.

SAFETY AND HEALTH FOR GARMENT WORKERS IN CAMBODIA DURING THE COVID-19 PANDEMIC

By Doung Vutha
Ath Thorn

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Safety and Health for Garment Workers in Cambodia during the Covid-19 Pandemic

By Doung Vutha

Ath Thorn, (CLC-Cambodian Labor Confederation)

Abstract

Garment workers working with a lack of a safe and healthy environment at the workplace in Cambodia is a major challenge that requires leverage actions from relevant stakeholders including employers, government, trade unions, labor rights organizations, civil society as well as international actors. Prevention mechanisms and enhancements in relation to occupational safety and health (OSH) at the workplace and during the commute to prevent workers from death, injuries, especially amid the Covid-19 transmission and other health issues are needed. Factory workers in the entire country are in dilemma and working with a greater risk. This article presents an overview of OSH, worker fainting, negative effects of using unsafe collective transportation form, current treatment, and protection mechanism through the National Social Security Fund (NSSF) and its progress, and the impact of Covid-19 in the garment sector. Additionally, the article outlines health care benefits for women as well as maternity protection, promotion, other benefits, and challenges in the garment sector.

Keywords: Cambodia, Safety, Health, Garment, Workers, Fainting, Transportation, NSSF, and CLC

Introduction

The health issue for garment workers that has received the most attention nationally is worker's fainting. There is no agreement about the causes of fainting: some point to lifestyle choices of workers (e.g. staying out late) and others to workers' inability to access nutritious food. For brands, addressing fainting is a major reputation issue, as fainting is increasingly seen by the international community as a sign of poor worker treatment.

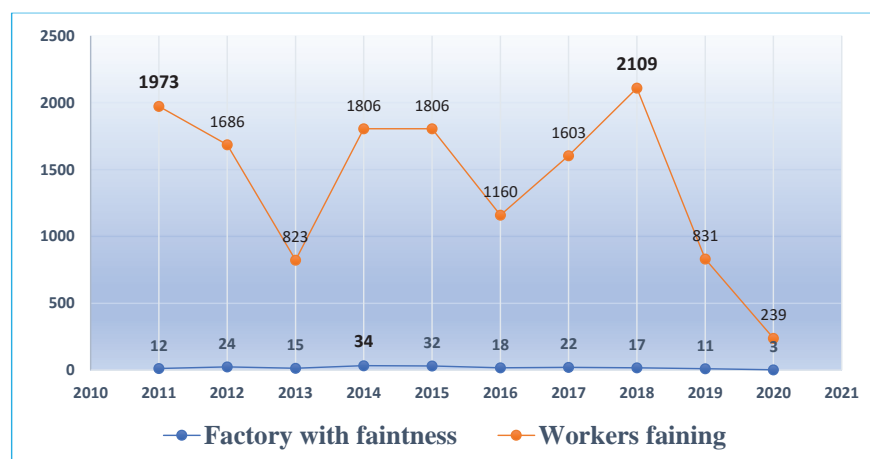
Cambodia is coming out of the beneficiaries in the garment export market, having emerged from three decades of the genocidal regime (Khmer Rouge), civil war, and internal conflict from the late 1960s to the 1990s. The US-Cambodia bilateral Textile Trade Agreement (1999-2004) was meant to insert Cambodia's economy into the global economy and facilitate the country's transition from a centrally planned economy to a free-trade economy. The country started gaining benefits from

the “Every Thing but Arms” (EBA) in 2011 under the European Union’s (EU) Generalized Scheme of Preferences (GSP). The withdrawal of preferential access to the EU market concerned approximately 20% of Cambodia’s exports to the EU. Cambodia might still export those products to the European Union, but they would be subject to general tariffs applicable to any other member of the World Trade Organization. The remaining 80% of Cambodia’s exports continued to enjoy preferential (duty-free, quota-free) access to the EU market. The formal garment sector was the main source of government revenue, especially direct revenue. The sector was the largest formal and paid employment industry in the economy. However, it was ranked third in terms of its contribution to real economic growth, providing about 17.0 percent of real GDP growth in 2019.

Cambodia has the first OSH master plan 2009 – 2013, which was developed with the tripartite consultation and composed of the following priority areas: strengthening national OSH systems; improving safety and health inspections and compliance; promoting OSH activities by employers’ and worker’s organizations; implementing special programs for hazardous occupations; extending OSH protection to small enterprises, and informal and rural workplaces; and promoting collaborative actions with hazardous child labor and HIV/AIDS projects and activities. Cambodia has not ratified any of the key conventions on OSH. The Labor Law, however, contained provisions for OSH protection of individuals as well as general requirements for safe, healthy, and hygienic workplaces, including workplace medical care, access to safe drinking water, noise levels, lighting, heat, and ventilation. Several Prakas addressed some of the key issues related to OSH issues, but the legal framework suffers from a lack of coherence.

Due to the lack of prevention mechanisms concerning safety and health promotion at the workplace, several workers died during their employment services. The Covid-19 pandemic has led governments, employers, workers, and the general population to face unprecedented challenges due to the virus and its negative effects. In Cambodia, the World Day for Safety and Health at Work is now marked every year. Developing partners in the labor sector including trade unions, employer associations, government, and ILO Cambodia are participating in that. It will focus on strategies to strengthen national occupational safety and health (OSH) systems to build resilience, to face crises now and in the future, to draw on lessons learned and experiences from the world of work.

Figure 1: Data of factory worker fainting between 2011 and 2020



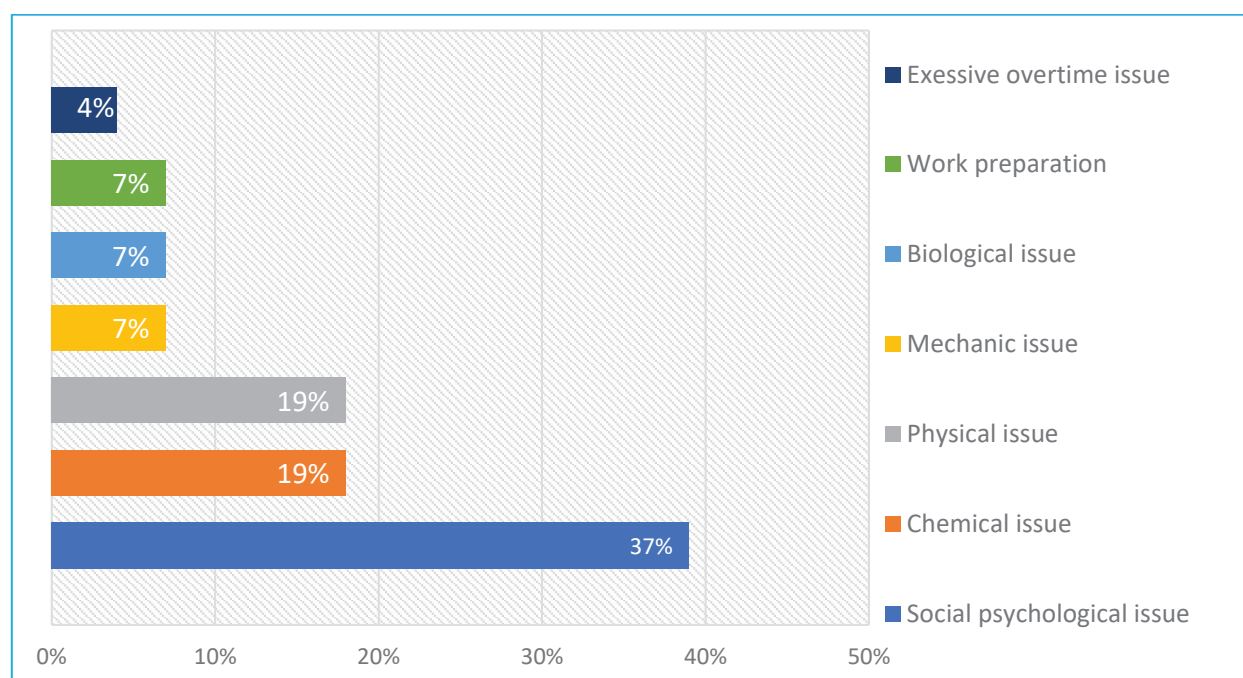
Sources: Graph is constructed by the author using data from MoLVT and NSSF

Worker with faintness in Cambodia

Cambodia has diverse religions, cultures, and history. Cambodia emerged as a newly independent nation in 1953 with notable growth and development through the expansion of the industry. Unfortunately, forced labor with the worst condition and genocide by Khmer Rouge regime took place for almost 4 years, with more than 2.5 million innocent people -including workers- were killed between 1975 and 1979. Over the past two decades, Cambodia has undergone a significant transition, reaching lower-middle-income status in 2015 and aspiring to attain upper-middle-income status by 2030. Driven by garment exports and tourism, Cambodia's economy sustained an average real growth rate of 7.7 percent between 1998 and 2019, making it one of the fastest-growing economies in the world.

The faintness of the workers is a mysterious phenomenon. It has plagued many garment factories in Cambodia for years, and the garment sector has a higher risk of fainting across factory settings in Cambodia. From 2011 to 2019, the report of NSSF and MoLVT (Ministry of Labor and Vocational Training) revealed high and fluctuating fainting cases in the garment sector. 2018 had the highest figure, with more than 2000 workers being reported fainted, and the majority were the workers in the garment sector.

Figure 2: 2019's factory worker fainting from 11 factories in garment and footwear factories



Source: Graph is constructed by the author using data from NSSF

The government formed a team for the prevention of faintness and worker injury (TPFWI) under the coordination of NSSF because of the prolonged existence of the case in garment factories. In 2015, they held an investigation and defined 7 major root causes of workers losing their consciousness at workplaces. Those causes of faintness were derived from social-psychological issues, reported at 37% among other root causes. Other causes were 19% of chemical issues, 19% of physical issues, 7% of mechanic issues, 7% of biological issues, 7% of work preparation, and only 4% of overtime issues.

In addition, a study conducted by the International Labor Organization (ILO) found that purchasing practices by brands in supply chain industries – and especially in the textile, apparel, and footwear industry – had direct, negative impacts on working conditions and workers' rights in factories. These root causes of poor working conditions included short lead times for orders; last-minute changes in product specifications; unilateral requirements for supplier compliance with social and labor standards; and, most significantly, the 'price squeeze', or the prices paid by brands to suppliers that were too low to cover production costs. The labor rights violations that resulted from suppliers adapting to these demands included poverty wages; poor health and safety conditions; irregular working hours; excessive and mandatory overtime; unrealistic performance targets; harassment and abuse by management; and lack of investment in training and proper equipment.

Unsafe transportation form for commuting garment workers



Picture of garment workers who are commuting from and to work

In 2019, there were almost 13,700 injuries and more than 2,000 deaths due to traffic accidents – with an average of 5.4 people dying daily in Cambodia. This makes road traffic one of the leading causes of deaths and injuries in the country. The number of fatalities caused by road traffic accidents

has increased nearly 25% over the past 11 years (2009-2019) according to the National Road Safety Committee (NRSC) and the United Nations Development Program (UNDP) new report on road traffic accidents in the country. Every day, traffic accidents in Cambodia cause not only many deaths and injuries but also hardships and burdens to the victims's families. The loss of garment workers' lives, disabilities, and physical damages was due to the road accidents during the collective transport that are commuting workers to or from home. The workers in garment factories daily commute to and from their workplaces by buses, vans, motorcycles, remorks, Tuk-tuks, cargo trucks, bicycles, and on foot, facing unacceptable risks to their safety. Many collective transport vehicles in Cambodia are illegal for transport and are often poorly maintained or frequently overloaded and unsafe.

Road traffic safety team for worker prevention (RTSTWP) was founded as an inter-ministry team by Decision No.002 LV/D, dated 25 January 2013, comprising Ministry of Labor and Vocational Training, Ministry of Interior, Ministry of Health, Ministry of Public Work and Transportations, International Handicap, Garment Manufacturing Association in Cambodia (GMAC), and Trade Unions.

Asia Injury Prevention Foundation (AIP Foundation) in Cambodia indicated that hundreds of factory workers were injured each year – and some killed – in road traffic accidents that took place while they were going to or from their jobs. The number of garment and footwear workers who died in traffic accidents while commuting in 2019 was more than the combined number of deaths due to malaria and landmines. Each year, about 20 percent of total traffic accident victims in Cambodia are garment factory workers when they are commuting to work.

Social distancing is one of the Covid-19 preventative measures announced by the government amid the virus outbreak. However, the garment sector likely fails in applying this measure, while collective transportation forms are still used. In this regard, the workers in the garment sector, especially women, have faced not only a high risk of virus infection but also unexpected traffic accidents during the commute. Therefore, female workers are disproportionately affected.

“Although workers who were injured in traffic accidents were provided with occupational injury and health insurance coverage from the NSSF, they still have to deal with the consequences of their injuries in their daily lives.” said Mrs. Heng Chenda, Vice president and head of Gender Committee of CLC.

Covid-19 impact in the garment sector

The latest updates from the industry show that most factories will have only limited orders after the first half of 2020. This is because some orders have been either frozen or canceled. Consequently, about 130 garment and footwear factories (12% of total) have suspended operations either partially or fully since mid-April 2020, laying off close to 100,000 workers. Official data shows that as of February 2020, the export garment, footwear, and travel goods industry consisted of 1,087 factories and employed 941,000 workers, representing 21%, 17%, and 10.7% of paid, non-farm, and total employment, respectively. At least 1.76 million jobs are currently at risk due to the Covid-19

outbreak. The collapse of the key sector for economic growth has not only hurt the economy of the country but has also caused unemployment to soar nearly 20%. It is estimated that the three main growth sectors—tourism, manufacturing exports, and construction—that contributed to 71% of economic growth and 20% of total employment have been directly affected by Covid-19.

The pandemic and efforts to slow the spread of the virus led to factory closures, layoffs, and unpaid absence affecting the lives and livelihoods of approximately 900,000 garment sector workers. Women account for 80% of the garment sector workforce and are disproportionately impacted by the pandemic, exacerbating inequalities and deepening poverty.



Crowded, close contact, and confined settings (3C) are high-risk for Covid-19 virus transmission. Garment workers tend to live, work, and commute in 3C settings, where social distancing is not possible, placing them at greater risks of exposure to the Covid-19 virus within and beyond their workplace. The workers in the garment sector make up a large share of the Covid-19 cases within Cambodia, with 1,673 workers from 206 factories tested positive since the latest outbreak began in February 2021, according to the Ministry of Labor and Vocational Training (MoLVT) at the inter-ministerial press conference on 28 April 2021.

NSSF: Social Security insurance

After the 1993's general election in Cambodia, the Department of Social Security was formed. The entitlement of workers and employees to social security benefits was enshrined in the Constitution of Cambodia and policy objectives were emphasized in the main national development frameworks, including the Rectangular Strategy, the National Strategic Development Plan (NSDP), and the Financial Sector Strategy adopted in 2011. The recent implementation of the Social Security Law (2002) through the establishment in 2008 of the National Social Security Fund (NSSF) was a large step forward along the path defined in the NSDP; it reflected a political commitment to fill the void and enhance the protection of workers and employees. These policy developments aimed to enhance social security for workers and employees in the formal sector and to protect the poor and workers in the informal economy, as laid out in the National Social Protection Strategy (NSPS) launched in early 2012.

Social Security Law, which was stipulated by The National Assembly, dated September 2002, is being currently known as Law on the Social Security Schemes for persons defined by the provisions of the Labor Law. Sub-Decree on the Establishment of the National Social Security Fund (NSSF) outlined in 2007 was established to replace the Department of Social Security.

The NSSF is supervised by a tripartite governing board consisting of high-ranking public officials from relevant ministries and representatives from both employers and workers and presided by an official from the MoLVT. It is noted, however, that there is little awareness of the details of this policy among unions, employers, and the government. It is under the commitment of the Royal Government of Cambodia and trade unions in Cambodia to promote social dialogue on the labor issue especially social security for workers/employees in this entire country.

“I think it is important for us to urgently address occupational safety and health issues related to Covid-19 and enabling effective social dialogue at factories and a national level,” said Ath Thorn (President CLC-Cambodian Labour Confederation). Ath Thorn represented an independent trade union confederation of workers/employees in Cambodia, nominated by jurisdictional instrument (Sub-decree no. 846 OrNkr/TT dated 09 August 2010) for its four mandates of governing body member of NSSF.



CLC with MoLVT and NSSF conduct dialogues and discuss possible opportunities for garment workers to access public or private healthcare services that are closed to their workplaces to ensure that workers/ employees are provided with NSSF health care benefits. NSSF has signed an agreement with 1,438 healthcare service providers, including national hospitals, referral hospitals, health centers, and private hospitals throughout

the country. Health facilities, polyclinics, or general practitioners are recognized by the NSSF. NSSF has been implementing social security schemes, namely: Occupational Risk and Health insurance schemes. Since November 2008, it contributes to promoting the safety and health of the workers at their workplace and health care for workers in garment factories. All workers of garment factories registered in NSSF are entitled to enjoy the employment injury benefits when they are suffering from injury during employment services. Employment injury consists of work injury, commuting accidents, and occupational diseases.

Health Care Scheme refers to social health insurance, including benefit provision, health prevention, medical care services, and provision of daily allowance for the abstention from work due to sickness or other accidents in the exemption of work injury and maternity leave. Since 01 January 2018, the formal and informal women workers registered in NSSF will be provided with additional allowance when delivering babies. Allowances will be given as follows: (1) one child = 400,000 riels represents 100 USD; (2) twin = 800,000 riels equals to 200 USD; and triplet = 1,200,000 riels equals to 300 USD. The female workers are also eligible to have 90-day maternity leave and receive 120% of their wage (70% from NSSF and 50% from employers).

Conclusion

Cambodia sees a step by step progress of social security development through NSSF in which workers in garment sectors are provided with health care, health prevention benefits, and occupational risk benefit from NSSF, especially for formal workers. Unfortunately, garment workers under non-standard employment, e.g., short-term contracts, outsourcing, casual, etc., are not covered by the schemes due to lack of employer's commitment to registering all their employed workers to NSSF.

Commuting to and from work is one of the most dangerous parts of the job in the garment and footwear sector in Cambodia. Most of the workers are using collective transport to commute to and from the factories. These collective transports are usually old, lacking proper seating or overcrowded, and many drivers do not have appropriate licenses. Poor national traffic safety is putting workers at a high risk due to frequent road accidents. Alternatively, they are using motorcycles, and drivers often do not use helmets. Accidents can be devastating physically, mentally, and financially for the workers and families who have lost their breadwinners.

In this pandemic situation, the government, especially MoH (Ministry of Health), was issuing Covid-19 prevention measures, but the implementation of those measures failed because employers did not find any appropriate solution for the commute. In addition, most of the factories are located on national roads and lack proper lighting near the premises. Most of the factories do not provide waiting spaces, therefore workers often wait on the roadside of busy national roads, which increases the risks of being hit by vehicles.

Existing tripartite platforms must be strengthened to develop a joint vision to ensure strong Occupational Safety and Health rules for garment and footwear workers. Active and effective dialogue is needed with the involvement of representatives of worker organizations like CLC, employer associations such as the Garment Manufacturers Association in Cambodia (GMAC), the government, and other important stakeholders, like buyers and brands.

Reference:

- NSSF's report on annual achievement report 2019, and 2020. Link: <http://www.nssf.gov.kh>
- World Bank Group Cambodia: Economic update
- The Social Security Law (2002) and related by-laws on the establishment of the Social Security Fund and identifying NSSF as the implementation agency.
- Sub-decree No. 01 on the Establishment of Social Security Scheme on Health Care for Persons Defined by the Provisions of the Labor Law (January 2016).
- Sub-decree No. 140 (August 2017), stipulating the extension of NSSF to all enterprises with more than one or more employees, and that SHI contributions are to be fully paid by the employer at 2.6% of insurable wages (capped at one million Cambodian riel per employee (KHR)) (USD 1 = KHR 4,000).
- Royal Decree on the Establishment of Social Security Schemes for Occupational Risk and Health Care for Public Sector Employees, Former Civil Servants, and Veterans (SN/RKT/0217/078) (February 2017), establishing work injury and SHI coverage for public employees, retired civil servants, and veterans, to be managed by NSSF.
- COVID-19 (ECONOMIC UPDATE-WRLD BANK GROUP May 2020)

SAFETY AND HEALTH AT WORK – ESSENTIAL STEP TOWARDS FUTURE GROWTH OF THE GARMENT SECTOR

Syed Tarique-Uz-Zaman
Manzur Kadir Ahmed





Safety and Health at Work – Essential Step towards Future Growth of the Garment Sector

By Syed Tarique-Uz-Zaman

Manzur Kadir Ahmed (GK-Gonoshasthaya Kendra, Bangladesh)

Abstract

Occupational Health and Safety (OHS) at work is an important element for sustainable industrialization and this issue is gaining importance along with the modernization and sophistication of machines and instruments. The world is on the verge of the Industrial Revolution 4.0, and the successful transition will depend on the OHS situation to a large extent. All ILO partners are getting aware of that and the misconception of some of the employers regarding excess cost, and benefit loss is fading away. However, many studies conducted around the globe showed the opposite. More investment in OHS may bring more benefits in the long run – a win-win situation is revealed. For example, the well-known severe Rana Plaza accident of Bangladesh in 2013 forced all stakeholders to take far-reaching measures to ensure safe factories for garment workers. In May 2013, the Accord on Fire and Building Safety was concluded between (international and national) trade unions and brands and retailers sourcing from Bangladesh. According to the latest report by the Accord, the safety of 1700 RMG factories has improved, 93% of the safety issues identified were remediated. On top of that, 1,022 safety committees were established and 1.2 million workers received training. The key elements of the Accord: a binding mechanism, a regime of inspections and follow-up inspections and extensive transparency. The impressive impact of the Accord shows that binding measures are far more effective than voluntary measures. With the conclusion of the new International Accord on Health and Safety in the Garment and Textile Sector, the programme will be expanded to at least one other country within the next 2 years.

However, there are still some other sectors with high risks, e.g., few days before a fire engulfed a food processing factory, Hasem Foods Ltd., near Dhaka in Bangladesh. 51 people died, and some of the workers were adolescents and children. 30 people were wounded, 23 of whom were in serious cases. There is no scope of complacency on the overall prevailing OHS measures. OHS standards should be strictly followed everywhere, in all countries, in each factory irrespective of type. Thus all partners of ILO should come forward to make the OHS standard universally applicable; it has to bring under one of the core conventions.

Keywords: Bangladesh, RMG, Ready Made Garment, Safety, Health, Worker, Rana Plaza, Accord, Accident, Fire, HCIS, GK, Gonoshasthaya Kendra

Introduction: OSH Situation in Bangladesh

To date, Bangladesh has ratified 35 conventions, 7 of which are fundamental. 138 conventions that are related to minimum age have not yet been ratified. Bangladesh has prepared a road map on the labor sector of Bangladesh (2021-2025) with a long list of reform agenda and is also trying to bring reform as per EU suggestion to bring Bangladesh labor act and rules in line with ILO standards. At the same time, Bangladesh is now busy working on: 1. labor law reform; 2. trade union registration; 3. labor inspection and enforcement; and 4. addressing acts of anti-union discrimination/unfair labor practices and violence against workers. After the restructuring of the Department of Inspection for Factories and Establishment (DIFE) in 2014, the number of inspectors has been increased from 131 to 575. These steps were speeded up after the deadly Rana plaza incidents in 2013. All partners, stakeholders including ILO, Accord, Alliance etc., suggested and supported some reforms.

In Bangladesh comprehensive labor laws, Bangladesh Labor Act (BLA), enacted in 2006 and thereafter amended in 2013 and 2018, has many important and useful sections to deal with OHS. Detailed provisions of workplace conditions, facilities, cleanliness, and safety measures are mentioned, which can ensure a safe and healthy workplace. Health facilities should be available in factories. There should be a safety book for workers over 25 people, at least one first aid box to be in a fixed place for workers over 50 people, a safety committee for workers over 50 people, one dispensary with a patient room for workers over 300 people, one welfare officer for workers over 500 people, and one permanent health center having doctors and nurses for workers over 5000 people. In addition, in case of work time injury, full treatment to be ensured with the cost of owners are mentioned there. In most of the garment factories, these facilities are now available, thanks to enhanced efforts by the government, ILO, national and international social partners after the 2013 Rana Plaza incident. However, all the factory dispensaries or medical centers are not running with full capacity yet, not well managed and responsive to many health ailments, especially work-related ones and injury treatment. Further improvement is necessary, especially if employers want to reduce absenteeism and labor turnover affecting productivity to a reasonable extent.

However, many garment workers do not have access to the existing healthcare system due to their long working hours and financial constraints. Similar to the economic sector, women are more vulnerable to poor health care services in RMG factories. GK health care insurance scheme (HCIS) midline survey final report conducted by three researchers found that about 3 million women working in the garment sector in Bangladesh faced myriad health issues that negatively impact their productive potential. The major issues affecting female workers' health in Bangladesh include anemia, family planning, general health and disease prevention, health-related rights, HIV/AIDS, and sexually transmitted issues that negatively impact their well-being in addition to their infections (STIs). However, available health care facilities for RMG workers are still scarce.

Accord mentioned complaints of garment workers, number, and type during Covid-19 up to 1st January 2021. They received 249 complaints with the nature of the allegations that came from a pandemic situation, the types can be perceived from the following list.

- a. Non-payment of severance entitlements
- b. Retrenchment / forced resignation / termination of workers
- c. Non-payment / under-payment of wages
- d. Lack of adequate protective measures in the factories to prevent the spread of Covid-19 (particularly during the first months of the crisis)
- e. Non-payment of maternity benefits and forced resignation/termination of pregnant workers.

Steps Taken to Improve Safety and Health Situation

Different bodies including Bangladesh Garments Manufacturers and Exporters Association (BGMEA), national and international NGOs, and other private enterprises have launched several projects to provide health care services to RMG workers, some of which are mentioned above. Some of the initiatives taken to improve health services availability of the garment workers are:

- Industry Initiative: BGMEA Medical Centers
- BGMEA-UNFPA-Joint Initiative: Family Welfare and Reproductive Health Education Services for Garment Workers
- Government Initiative: Universal Healthcare Coverage (UHC)
- THE VINTAGE DENIM MODEL: An initiative from an individual factory with usual claim settlement
- Provider-Based NGO/NPO Health Insurance Schemes for RMG Workers.



All programs have mixed experiences with limited success, but the coverage is limited. Compared to these experiments, GK health insurance has seen a much wider scope, better success with greater sustainability and scope of expansion, which is explained below. The health insurance market is not like other traditional insurance services; a special modality is required to make such projects successful. GK launched an HCIS for RMG workers in 2017.

Health services are given under this HCIS to four garment factories' workers with a total of 19,960 workers (12,222 Male, 7,738 Female workers) by GK. A health sector NGO, for the last 1-4 years (different factory, different duration) has revealed a positive experience. They gave support to 149,046 workers from December 2017 to May 2021. Premium support given by WOF has been reducing year by year with the objective of attaining self-sustenance by the respective factories. WOF is going to withdraw from next November, after the completion of a 4-year support agreement from the Echotex factory.

Earlier, all local employers disagreed with the implementation of any such HCIS even with donor support. However, later with practical experience and positive gain, the owners of those factories expressed their willingness to continue the scheme even with their own money after the contract period is over and the donor withdraws their support. The actual average cost of GK per worker in May 2021 was Tk. 389 or \$4.58 only (Monthly report of GK).

Few findings from the Mid-term Evaluation Report of this HCIS may be useful:

- a) Using the project evaluation methodology suggested by OECD, this evaluation was conducted on the Rationale, Effectiveness, Impact, and Sustainability criterion of the project, with special emphasis on sustainability with some recommendations at the end. Overall, the project was running effectively with lots of potential for development including the expansion of its scope of services.
- b) At present in Bangladesh, the government, other donors, and the private sector are providing only 36% of total health expenditure, while the remaining 64% are borne by the private households. While discussing the accessibility of the service to RMG workers, the HR Manager of the Echotex garment factory admitted that many RMG workers initially had a negative impression of the GK Health care service. However, over the period of adjustments and improvement in factory clinic, e.g. providing an ultra-sonogram machine to Echotex, now GK is in a much better position in attaining their main target i.e. providing low-cost quality health care services to RMG workers.
- c) During KII, both the Senior Executive and HR Manager of Echotex also admitted that their initial objective to join GK HCIS was to arrange low-cost quality health care services for their workers.
- d) A comparison of GK HCIS with all five barriers (availability of female doctors for females, lack of money, extra permission from the family, distance, and traveling alone) indicates that the existing HCIS sheds a positive light on almost all of the barriers at different degree. For instance, as women get health care services at factories, it removes the barrier to access female doctors because female doctors are always assigned in factory clinics. It also removes the barrier of lack of money, as at present RMG workers are getting it free. Furthermore, to attend factory clinics, female workers do not need to take any extra permission as they go to the factories every day. Available health care services at factory clinics mostly eliminate the barrier of distance in accessing health care.

- e) Productivity increased because higher compliance demand from buyers increased too; as well as retention of workers increased by 36.64% from 2018 to 2019. Productivity also improved due to a reduction in absenteeism among workers over time. For instance, as informed by the HR Manager of Echotex, workers' absenteeism reduced from 65.88% in 2017 to only 41.33% in 2019, or around a 25% decrease in over two years after the inception of GK service at the factory.
- f) One senior executive of Echotex also admitted that if the project period was extended, they might consider a part of the premium from their workers, but still, a handsome part would be shared by the factory. A partial contribution was also important because workers sometimes did not value a free service. Male and female RMG workers, several participants from both groups admitted to contributing to their healthcare expenditure. On several occasions during the training sessions conducted by the GK beneficiary, workers showed their willingness to pay as much as Tk. 200-220 for their health coverage. As GK was not willing to make workers contribute more than 50% of the premium (Tk.300), still there was a scope to sensitize workers to pay a bit more for the health care service. As mentioned earlier, under the current legal provision, providing healthcare to workers was mandatory for factories and they paid Tk. 600 pm as medical allowance with wages, but the contribution of workers to get health insurance remained voluntary. Therefore, GK needed to convince both workers and employers of the benefits of taking health insurance.

Field Level Observation of HCIS

This factory management maintains a good and healthy environment inside the factory premises, viz., better floor cleanliness, less congestion, better toilet facilities, restroom, child care facility including free food and dress for the children, breastfeeding room, better canteen facility and free lunch for all workers. To know health care facilities including the HCIS, the researcher conducted KII with three workers/employees, two doctors, and one senior administrative official (see acknowledgment section). detailed findings are mentioned in the 'Field Study Occupational Health Situation in garment factory'.



Overall, it was found that all workers and management people were happy with the HCIS. Most health care services are now available inside the factory, including tests and medicine. However, as and when secondary services are needed, viz., specialist doctors' advice or complicated tests are needed, the workers have to visit the small hospital of GK in Panisail, about 7/8 km from the factory. For tertiary health services (surgical intervention), workers have to go about 17 km to GK's bigger hospital at Nabinagar. In a year, health services cost up to Tk. 25,000 is free. If it exceeds that amount, the concerned workers have to pay the remaining. Normally, that situation is very rare, maybe less than 1%, so workers are happy. Management is happy too. This helps better health and retention of workers and better productivity.

However, they mentioned one challenge, going to the GK hospitals to get secondary and tertiary health services in that situation required time and money for transportation. Management is contemplating on the arrangement of a vehicle so that workers suffer less and spend less time and give more time for production.

Conclusion and Recommendations

Money spent for better Safety and Health is normally considered as a cost by some employers, but it is a wrong concept. It should be considered as an investment since it brings more benefit and profit in the long run, especially for large enterprises. An eminent economist and researcher of Bangladesh found that "After Rana Plaza, the transformation of safety measures in RMG factories has shown that profits and safety compliance are not mutually exclusive" (Dr. Hossain Zillur Rahman). Worker retention and turnover, productivity, and sustainability are closely linked. Retention and productivity depend on among other circumstances, the condition of work including safety and health support.

As mentioned, the RMG industry currently holds a 6.8% share in the global apparel market. Workers of this industry are contributing to earning 83% of the total export earnings. After compliance with basic safety issues in collaboration with some international and national organizations, the image of Bangladesh garments has improved to a large extent, and more orders are coming. A group of global reputed buyers who left before is now coming back. More orders would be coming if Bangladeshi employers could sustain and enhance their image further. Even in this pandemic, export earning of Bangladesh has increased in 2020-21 by 13%, mainly because it increased OHS reputation.

Therefore, considering all these facts and figures mentioned above, for universal impact, the time has come to consider OHS as a core convention by the ILO partners.

Appendix

Table -1

Work Place Accident Death and Injury *					
Sl no	Year	Number of deaths (Total)	Number of injuries (Total)	Number of deaths in garment factories	Number of injuries in garment factories
1	2009	1639	1858	122	820
2	2010	2453	1841	238	505
3	2011	1121	636	95	105
4	2012	233	172	12	61
5	2013	1727	2307	1170	1748
6	2014	465	444	23	108
7	2015	951	907	36	78
8	2016	1240	547	88	547
9	2017	1242	371	52	31
10	2018	898	341	28	29
11	2019	945**	266	36***	30
12	2020	729	433	0	37
13	Total	12698	10123	1864	4099
* Up to 2019 from OSHE Foundation. For 2020, the number was the total of 2019 and 2020 on the garments sector from BILS since OSHE-F does have the updated data yet,					
** 269 workers in formal sectors, 676 in informal sectors, most accidents took place in the informal sector, mainly in the Transport sector.					
*** January to October 2019					

* Accord brands made 184 factories ineligible for business, 163 closed, 167 relocated, 69 out of scope.

** Alliance suspended 178 factories. 181 factories with democratically-elected safety committees.



Field Study on Occupational Health Situation in the Garment Factory

Information from Management (Mr. Shotadal Islam, Sr. Manager (HR and Ethical Trades))

Earlier, they had their medical centers with two doctors and six medical assistants/paramedics. The HCIS started about 4 years ago with external support and was managed by GK. One small hospital nearby was 7-8 km away at Panishail, and one big hospital was about 17 km away at Nabinagar. Therefore, they provided primary health care at the factory level, secondary services (complicated pathological examination and specialist doctors' services) were in that nearby Panisail hospital, and tertiary health services (surgery) were done in that Nabinagar hospital. One worker could visit as many times as s/he needed for different health services free of cost, but get coverage up to Tk. 25,000/ year. If it exceeded that amount, then s/he had to bear the extra cost by themselves. Earlier, all medical tests cost, except that pregnancy had to be borne by respective workers. Two doctors (one male and one female) and health assistants/paramedics were working on behalf of GK. A basic health examination was needed by the new workers before joining back and was done by the doctors and health assistants. Then, all health workers were given a health card in which the history of diseases and treatments, sick leave taken, and other information were recorded.

From the management side, no study has yet been done to see the before-after effect of the introduction of health insurance schemes, like on absenteeism, sick leave, or productivity. Monthly leave and absence average was 3-6% (depending on the season, i.e., after Eid type festival holiday, absenteeism is more) of which leave maybe around 2%. However, as mentioned above, an independent study showed that absenteeism and sick leave were reduced, and that must have affected production positively. They introduced provident fund, gratuity, and also gave attendance, good behavior, production bonus, child care, free lunch, and health care for all workers and children, and overtime as per law. However, on average, workers' job period was about 2.5 years despite different long-term benefits in this factory. When they became skilled, workers left to another factory when they got higher wages offers.

The important positive side and strength of this HCIS was satisfaction and feeling of security of the workers. Thus, they could work with mental satisfaction. The workers had financial benefits and almost all health care costs were borne under the scheme, not from their own pockets.

There were weaknesses too. Some workers from other factories came here to join when they had a critical illness to get health insurance benefits. For complicated tests and surgery, when needed, workers had to travel to GK's hospital which is far, with their own travel cost and spending time, sometimes with sickness that was severe.

Overall, the management was quite satisfied with the HCIS, but there were two weaknesses they mentioned, namely GK's secondary and tertiary services were available but those hospitals were a bit far, and as an NGO they did not have all modern and sophisticated test equipment. Still, considering its overall benefits, they would continue this scheme when the donor leaves. According to their record, a total of 22 staff got affected by Covid-19, 21 of them were executives and one worker, but no death case was reported.

Information from Doctors: Dr. (Mrs.) Shafia Sultana and Dr. Abdullah Al Murad

Female Doctor: They got around 40-50 patients on Saturdays and Sundays, and 30-35 patients on other days. Daily, 5 to 6 workers needed to be referred to nearby GK hospitals for specialist doctors' advice, complex pathological tests, and dentists. Weekly, 1 to 2 workers needed to be referred for surgical intervention to a big GK hospital.

They had basic investigation equipment like different blood, routine urine, stool examination. Ultrasonography was done here once a week. For sophisticated tests, they have to refer to GK Panishail hospital or Nabinagar main hospital. They did not have adequate basic equipment to handle all emergencies. However, there was a tendency of many workers to come and visit doctors just to get sick leave. Here, all over-the-counter medicine, primary treatment medicines were available and given, but sometimes it might not be sufficient. They had to purchase other medicines from outside. Overall, workers were happy since doctor's prescriptions, tests, and some medicines were available and free of cost. However, they were unhappy mainly due to the travel effort and cost they needed to bear for going to GK Panisail or the main hospital to visit specialized doctors for complex tests or operations. If they were late in those hospitals, they might be treated as absent by the authorities, or sometimes when they faced major problems such as leg or hand fracture and need to stay at the hospital, they preferred going home since no one was allowed to stay in hospital with them. If factory doctors gave certification, they would not face the problem. In the case of Covid-19 symptoms, they were referred to the local government health care center and sent for 14 days quarantine if the report was positive. To go back to work, they had to bring a Covid-19 negative certificate. This female doctor joined here 2 months ago after a long maternity leave and has not found any covid cases until now. At the gate of the factory, when workers are coming in the morning, their temperature is examined. If they have a fever, they are sent back home. Inside the factory, almost all, not less than 98% workers are found wearing masks.

The male doctor has been working here for 4 and a half years. According to him, they get around 50 patients per day. However, many workers who have minor problems do not come to the doctor. They would rather go to the pharmacy and take medicine from the salesmen's advice. They have all first-aid-related facilities and medicine and also all primary level medicine in their stock and these are free for the workers. He gave all other information the same as the female doctor.

Information from Workers:

Worker-1 (Ms. Roksana Begum)

She was about 34-35 years old and has been working in this factory for 12 years. This was her first job in the garment sector. She was a finishing sticker-worker. She visited this HCIS center for a certificate after visiting the GK Panisail hospital with a dental problem 2 days ago. The last time she visited the medical center was in December 2020 with the same dental problem. After the introduction of HCIS, their medical facilities were better than before. Now they even get free dental treatment and other complicated health problems treatment free of cost. If the doctor of this center certifies, it is easy to get sick leave. The problem was visiting GK hospitals at far places when she was very sick and needed to travel at her own cost. Last year (2020) she took 3 days of sick leave, which is recorded on her health card. Overall, she was happy.

Her basic wage was Tk. 6238, with a total of Tk. 11,207. In addition, last month she got an attendance bonus Tk. 200, good behavior bonus Tk. 600, production bonus Tk. 2900, and for overtime work, she got about Tk. 5000, however, the bonus amount varies month to month.

Worker-2 (Ms. Shantana Khatun):

She was only 24, but had better education (secondary school certificate completed), joined 2.5 years ago, and was working as a supervisor. She worked here for 3 years during 2012-2015 but left when she got a child. This time, she came to this HCIS center with a skin problem. Last month was the first time she was here. In the last 6 months, she came only once. Last year, she did not visit hospitals for tests and specialist consultation. For her, due to this HCIS here, almost all treatments were free of cost and were easy to get sick leave when she was really sick. She also mentioned the same problem as others, going to GK hospitals when they were very sick. Last month, this was the first time she came to the medical center, and in the last 7 months of 2021, she took 2 days of sick leave. To her, this was a very good HCIS. She got basic Tk. 8061, total Tk. 14,098. She also got the same bonuses with little variation, but as a supervisor, she did not get OT allowance, but Tk. 75 for refreshment if she stayed up to 9.00 pm.

Worker-3 (Mr. Nazrul Islam):

He was a junior audit officer, aged 39, working here for the last 11+years. Before, he once worked here, but then worked in some other companies. In the last 6 months, he was here in the HCIS center for the first time. Two years ago, he had one gallbladder laparoscopy operation. Since laparoscopy was not available in GK hospital, he had to go to his district hospital to do that. Otherwise, most services were available under this HCIS. This HCIS was good. Two years ago, he got good dental care treatment free of cost. Many tests were available free of cost. All basic medicines were available here free of cost too. For others, he has to purchase from outside. Before the introduction of this HCIS, he used to get health care services from outside private clinics, and some costs could be reimbursed. However, due to this HCIS, he got some extra services, a specialist doctor's good advice/prescription, dental treatment, and some other tests – all were free of cost. Some complex and sophisticated tests were not available under this HCIS, and he had to arrange for which conveyance cost has to be borne by workers. He took very little sick leave, only 3 or 4 days last year. After the Eid Al-Adha festival, except for very few workers, who are sick or decided to resign, all came back and joined the factory work by 1st August. He got the basic salary Tk. 14500 and gross Tk. 23,608. He also got bonuses like others and instead of OT refreshment allowance Tk.75 if he works up to 9.00 pm.

HARVESTING SAFETY AND HEALTH FOR WORKERS IN THE PALM OIL INDUSTRY

Timboel Siregar
Sulistri
Yatini Sulistyowati





Harvesting Safety and Health for Workers in the Palm Oil Industry

By: Timboel Siregar
Sulistri and Yatini Sulistyowati (INSP!R Indonesia)

Abstract

Indonesia's performance on palm oil export continues to rise and makes Indonesia the biggest exporter of palm oil products globally. With enormous potential, this sector is overshadowed by several problems that are in the public spotlight, such as occupational safety and health. There are different reports from workers from several palm oil plantations and factories about their safety and health conditions. OSH are the constitutional right and human right for Indonesian people. This means that occupational safety and health is a fundamental right at work for all workers in Indonesia, including casual daily workers, seasonal workers, peasants, self-employed and all workers under non-standard employment. As OSH is a fundamental right at work, all Indonesian workers have the right to preventive, curative, and promotive efforts of OSH, including access to social security and healthcare. These forms of protection will guarantee workers to work safely, be healthy and be productive.

Keywords: Indonesia, Safety, Health, Palm Oil plantation, Casual daily workers, BPJS, KSBSI, INSP!R Indonesia

Introduction

In the first five years period of Indonesia President Joko Widodo, the focus of economic development is directed to build infrastructure for supporting job creation to reduce the open unemployment level. In the second period, the government focuses on developing human resources, which is also devoted to increasing job creation. One of the instruments to develop human resources are workers protection at work and after work.

The best way to develop reliable human resources is by ensuring the safety and health of the workers at work. Safe and healthy workers will improve the productivity of the workers and enhance their living conditions. According to Grossman, health is an investment. It is a form of capital in the sense that it is accumulated and depreciated. It is similar to the stock of other economic goods that can decrease and increase as time goes by. Better health allows people to have more productive time, which means more work and fun.¹

1 Grossman Michael. *The demand for health: theoretical and empirical investigation*. New York: Columbia University Press; 1972

John Ridley stated that occupational safety and health are related to equipment, the workplace, environment, and ways to do the job. The meaning and purpose of occupational safety and health ensure the condition, wholeness, and completeness of the human being, both physical and spiritual, and their creativity and culture focused on social welfare in general and human beings in particular.²

In a developed country, in general, the industry and companies have a better understanding of Occupational Safety and Health. Therefore, they have better attention to the health of their employees and prevention of accidents at work. These efforts on keeping their employees' health and the prevention of accidents at work have proven to be fundamentally essential to increase the productivity and profit of such companies. The effort to reduce the sickness and non-productive handicapped are always guarded to prevent loss of productivity.

Promotive and preventive efforts are pro-investment efforts that will be returned in the form of the reduced possibility of workers becoming sick and companies losing productivity. Of course, healthy workers can be productive at work and maintain their income and contribute positively to society's economy. Therefore, promotive and preventive efforts on safety and health must come first, as it is also more 'cost effective' than curative effort.

The Indonesian Constitution (UUD 1945) has laid down Occupational Safety and Health (OSH) as a constitutional right for Indonesian people, including Indonesian workers. Indonesian constitution Article 28A mandates that everyone has the right to live. With the availability of quality occupational safety and health, every worker can maintain their life and fulfil their productivity at work.

Article 28H paragraph (1) of the Indonesian constitution (UUD 1945) mandates that everyone has the right to have prosper living, physically and spiritually, to have a proper house and a healthy environment. Primary healthcare is the right of workers. Therefore, workers' health must be guaranteed, among others, by creating a safe and healthy working environment and access to affordable quality health services.



2 Ridley, John. 2008. *Ikhtisar Kesehatan & Keselamatan Kerja*, Edisi Ketiga. Jakarta: Erlangga.

Article 28H paragraph (3) of the Indonesian constitution (UUD 1945) states that everyone has the right to social protection, which will enable them to develop themselves entirely as dignified human beings. It gives reassurance to every worker to have protection when they (including their family) get illness through social security instruments policies like the national health benefits scheme (JKN) and when they get accident at work through occupational accident benefits scheme (JKK).

Article 34 paragraph (3) of the Indonesian constitution (UUD 1945) mandates the government to take responsibility for the provision of facilitating quality health services for all people, including workers, to have easy access to affordable health services during sickness, diseases, or accident at work. This mandate will ensure that the curative and rehabilitative efforts can make workers healthy and productive again.

It does not stop there. The Article 34 paragraph (2) of the Indonesian constitution (UUD 1945), it gives a mandate for the state to develop social security system for all people, more importantly, to empower vulnerable groups of people to have human dignity. The development of this social security system for all people is also devoted to supporting the prosperity of workers and their families.

As the mandate of the Indonesian constitution, the government adopted provisions on occupational safety and health regulated in Law number 1 in 1970 on Occupational safety and Law number 36 in 2009 on Health. Moreover, to ensure the organizing and financing of workers and their families who get sick or workers who get an occupational accident, Law number 40 in 2004 on National Social Security System (SJSN) and Law number 24 in 2011 on Social Security Body (BPJS) are regulating curative and rehabilitative process, including compensation for inability to work.

At the international level, health is part of human rights. In Universal Declaration of Human Rights Article 25 that is included in World Health Organization (WHO) constitution, says: “everyone has the right to a standard of living adequate for the health and well being of himself and his family, including food, clothing, housing and medical care.” Universally, human rights can be interpreted as the right to be free from fright, violence, torture, oppression, terror, discrimination, freedom of expression, thought and opinion, and others.

Occupational safety and health is a constitutional right and human right of Indonesian people, including Indonesian workers. Therefore, OSH should be placed in an important position as a fundamental right, and therefore should be added to ‘the ILO Declaration on Fundamental Principles and Rights at Work’ that is freedom of association and collective bargaining, abolition of child labor, elimination of forced labor, and non-discrimination of men and women at work.

As OSH is a fundamental right at work, all Indonesian workers have the right to have preventive, curative, and promotive efforts of OSH, including access to social security and healthcare. These forms of protection will guarantee workers to work safely, be healthy and be productive.

The occupational safety and health system describes preventive and promotive efforts according to legal requirements that apply to every industry. The OSH system, in order to create a safe and healthy working environment at the workplaces, among others include adequate lighting, controlled temperature, good ventilation, maintained cleanliness, available storage and waste disposal, the building has to be constructed well and made from non-combustible material, hygienic arrangement for personnel needs, availability of personal protective equipment, available system and procedure in case of fire, etc.

The curative and rehabilitative efforts when workers get sick, or when there is an occupational accident or occupational disease, are inseparable parts of the OSH system. The National health security scheme (JKN) and security scheme for an accident at work (JKK) are essential for supporting workers to become healthy again and keep productive.

Occupational safety and health are the fundamental needs of Indonesian workers. Workers in all types of employment, formal, informal or any other non-standard type of employment, have the right to protection at work. All workers must be covered by the social security program and understand the importance of OSH to make preventive and promotive efforts at work.

The working population in Indonesia per August 2020 is 128,45 million, composed of workers in the formal sector by 39,53 percent and workers in the informal economy by 60,47 percent (BPS, August 2020). By 31 December 2020, wage-earning workers who are active participants of the Occupational injury scheme (JKK) is 19,963,696 workers, and who are active participants of death insurance (JKm) is 16,786,051 workers. Non wage-earning workers, such as workers in the informal economic sectors, migrant workers and casual construction workers who are active participants of JKK-JKm, are as follows: 2,494,994 workers, 376,601, and 7,521,392 workers.

One group of workers with precarious working conditions is those working in the palm oil industry, including in the plantation. The working environment in the processing factory have loud engines and use chemical materials. At the plantation, there are many bushes with thorns that can hurt skin and mosquitoes, which may bring dengue fever. Therefore, the level of vulnerability for being injured, sick or getting diseases is high. These vulnerable workers are needed protection to stay safe, healthy and productive.

Palm Oil Plantation in Indonesia

Palm oil plantation is spread over several provinces and 190 municipalities in Indonesia. Sumatera islands has 7,944,520 hectares of palm oil plantation, the most extensive number of palm oil plantations in Indonesia, followed by Kalimantan island with a plantation area of 5,820,406 hectares. Law number 18 year 2004 (UU No.18/ 2004) has the purpose of giving protection for investor, workers, and the community to stay healthy and productive.

Management of palm oil plantations in Indonesia is dominated by private. By the end of 2020, 8,285,370 hectares (55.76 %) of palm oil plantation managed by private, 6,003,764 hectares (40,4%) managed by the community and 569,166 hectares managed by the state. Compare to 2019, private plantation increased by 343,035 hectares (4.31%), community plantation increased by 106,989 hectares, and in-contrast state plantation shrunk as much as 48,335 hectares (7.82%)

Millions of workers work at these palm oil plantations. By the end of 2020, 4,427,273 workers work at private and state plantations, while 2,566,066 others work at community plantations. Expansion of the plantation area managed by the private and state means that the number of workers employed in those plantations increases. Compared to 2019, there is also an increase of 56,852 (2.26%) in the number of peasants working in community plantations.

Compared to 2019, in 2020, there is an increase in production of community palm oil and state plantation during the production of private plantation decrease. Total production of palm oil plantation in general is 48,297,070 tons, consist of 16,310,781 tons (33.77%) produced by community plantation, 2,174,936 tons (4,5%) produced by state plantation, and 29,811,353 tons (61.72%) produced by private plantation. In contrast, production from private plantations decreased as much as 248,050 (0.82%) compared to 2019.

Indonesia is the primary producer of palm oil with a 55% share of the world market. This commodity contributes about 3.5 percent of national economic growth. The production of palm oil plantations impacts the economy of the people in that area and brings socio-cultural impacts.

Indonesia's performance on palm oil export continues to rise and make Indonesia the biggest exporter of palm oil products globally. In 2019, Indonesia export 30,232,555 tons of palm oil products valued at US \$ 16.03 billion. The volume of export for palm oil and palm kernel oil keeps increasing from year to year, and therefore palm oil is the mainstay of Indonesian plantations.

With enormous potential, this sector is overshadowed by several problems that are in the public spotlight, such as environmental problems, monoculture, employment, deforestation (forests that are converted to oil palm plantations), the polluted environment, spatial planning, to various conflicts over land and other natural resources.

Regarding employment issues, one of the most critical issues in the palm oil industry is improving the quality of human resources, which focuses on protecting workers. In factories and plantation areas, where workplace conditions are prone to occupational accidents or diseases, workers need to be educated about occupational safety and health, as well as personal protective equipment as preventive measures and the importance of being covered by social security as a curative and rehabilitative effort.

In total, 4,427,273 workers are working in private and state palm oil plantations, and only around 29.54% of workers in this sector are registered in the employment social security program (BPJS Employment). In palm oil plantations, casual daily workers are a group of workers who are not covered by the social security program, compared to permanent workers.

As for casual daily workers, they usually work in maintenance, fertilization, spraying insecticides, and removing pesticides, many of which come into contact with pesticides, which also have the potential to affect the reproductive health of women workers.³ Casual daily workers are very vulnerable to occupational accidents or occupational disease because of their precarious working conditions, and they are working with minimum Personal protective equipment, while BPJS Employment does not cover them.

Indeed, the condition of casual daily workers is not as much different from that of the peasant who manages community palm oil plantations. Their workplace conditions are similar, and many of them are not covered by employment social security programs, making peasants also vulnerable in terms of their safety and health. Many factors cause casual daily workers, peasants, and other workers under non-standard employment to not participate in the social security program. Those factors are regulatory factors, lack of willingness, understanding and knowledge of employers about the importance of social security, lack of socialization of social security to the community, and weak law enforcement.

Implementation of safety and health in Palm oil plantation

The incidence of occupational accidents in general recorded in BPJS Employment continues to increase. In 2017, the number of occupational accidents recorded was 123,040 cases, increased in 2018 to 173,415, and rose again in 2019 to 182,835 cases, and again in 2020 to 221,740 cases. It is evident that continuing increase in the number of accident cases at work is a signal for the urgent implementation of the palm oil industry's occupational safety and health system, focusing on improving preventive and promotive aspects to reduce occupational accident cases.



On average, occupational accidents are dominated by occupational accidents in the work area (72.6%), followed by traffic accidents (20.12%) and occupational accidents outside the work area as much as 7.25%. Several forms of occupational accidents that often occur in oil palm plantations are eye contact with palm reeds which can cause blindness, injury caused by cutlass or sickle to harvest palm fruit from trees, animal bites such as wasp and snake stings, *Aedes aegypti* mosquito, which caused dengue fever, road accidents in the process of transporting palm oil fruit due to the location of the muddy road, up to the workers plunged into holes resulting from illegal mining around the plantations.

³ Delivered by Herwin Nasution, Ketua Umum Serikat Buruh Perkebunan Indonesia in a discussion in Jakarta, Sunday, 28 April 2019

At the palm oil processing factory, occupational safety and health have not been fully implemented properly. Several companies have protected their workers, but some do not maximally protect their workers, causing occupational accidents and sickness in the workplace. “Socialization on the importance of Social Security is also given by the union, together with the employer, BPJS and local Manpower office”, said Sulistri, Secretary-general of KAMIPARHO KSBSI. We received different reports from our members in various palm oil plantation and factories about their safety and health conditions and discussed it regularly on how to improve it,” add Sulistri.

The palm oil company of PT ANI 2 Wilmar Group, in Landak – Pontianak is one example of a company that has protected its workers by implementing occupational safety and health.⁴ Efforts made, among others, are socialization of occupational safety and health by the company’s OSH committee regarding the use of chemicals, standard operating procedures and the use of OSH equipment, and providing complete Personal protective equipment such as helmets, shoes, gloves, and masks. This OSH protection is not only for factory workers but also for security workers who guard the factory.

The company conducted general health check-ups regularly about three years ago. The company provides extra meals after 3 hours of overtime work for the workers who work overtime. All factory and security workers have been registered with all five social security programs, namely National Health Security (JKN), social security for Occupational accidents (JKK), Death insurance (JKm), Old-age compensation (JHT) and pension fund (JP). Although occupational accidents are rare, there have been occupational accidents in the conveyor. The worker suffered a broken leg, and all medical expenses were borne by BPJS Ketenagakerjaan, including benefits for Unable-to-Work compensation for loss of leg organs.

Not much different from the workers at PT. ANI 2 Wilmar Group, Landak – Pontianak, workers of PT. Tanjung Sejahtera is an outsourced worker at PT. Multimas Nabati Asahan, a member of the Wilmar Group in Batubara Municipality, North Sumatra, received quite good personal protective equipment such as helmets, uniforms, shoes, glasses and masks. Likewise, they are registered in the employment and health social security programs. The standard operating procedure for handling occupational accidents is posted, and fire extinguishers are also provided.

During the Covid-19 pandemic, hand washing facilities are provided by the company and socialization of health protocols is carried out by the K3 committee.⁵ PT has provided masks. Tanjung Sejahtera but on a limited basis. Outsourced workers who work in processing facilities with ash, chemicals, and inhale a lot of carbon dioxide or CO₂, only get four masks a week for six days, and the shortage must be purchased by themselves. However, after negotiation, in the end, the shortage of masks is provided by PT. Multimas Nabati of Asahan.

4 Interview with Mr. Akuang, worker at PT. ANI2 Wilmar Group, Landak, Pontianak, Kalimantan Barat

5 Interview with Mr. Jalaluddin, worker PT. Tanjung Sejahtera, Kabupaten Batubara, Sumatera Utara

PT. Wawasan Kebun Nusantara in Bengkayang, West Kalimantan, part of the KPN Group, has also implemented occupational safety and health in the workplace. The OSH committee carried out the socialization of occupational safety and health. All permanent workers have been covered by all programs of BPJS Employment and Health. However, almost all of their casual daily workers are only covered by two programs, namely Accident insurance (JKK) and Death insurance (JKm), since the end of 2019 due to the Covid-19 crisis.



Implementation of occupational safety and health at PT Swadaya Indo Palma (SIP), at Desa Sungai Rengit, Banyuasin, South Sumatra have also been implemented in the workplace. Workers receive personal protective equipment according to their type of work, such as safety shoes, helmets, gloves, wear packs, glasses, and masks. Workers who work in factory areas with high noise levels, such as in the powerhouses and engine rooms, received earmuffs.⁶ Medical check-ups are generally done once a year, and all workers have been registered with BPJS Employment and Health.

However, workers feel that there is still a lack of counselling from the OSH committee to promote OSH implementation for all sections at the workplace. We received a report of a worker falls into hot water during the boiler process. Fortunately, it was not fatal, and after health treatment where BPJS Employment paid all costs, he returned to work in the boiler section. Others reported that work-related sickness that often occurs is ear problems due to noise. However, this treatment is also funded by BPJS Employment. The first aid kit is still not provided in every section but only in the production office. Extra meals for workers who work overtime are only sweetened condensed milk, but it is often given late.

In contrast, casual daily workers at PT BMK, Hartono Plantation Indonesia (HPI) Djarum Group in Kalimantan did not have a proper occupational safety and health system. Previously in 2018 and 2019, workers received personal protective equipment in the form of masks, shoes, and helmets.⁷ But from 2020 to June 2021, workers must bring their own personal protective equipment.

⁶ Interview with Madianto, worker at PT. Swadaya Indo Palma (SIP)

⁷ Interview with Ms Murliana, casual daily worker at PT. BMK Hartono Plantation Indonesia, Kalimantan Barat



This PPE case was brought for mediation at the local Manpower office, and as a result, as of June 2021, the company provided PPE for harvesters, fertilizers, and samplers, but casual daily workers did not receive PPE on the grounds since PPE was limited. The employment social security program does not cover these casual daily workers. They are only covered by health insurance as 'JKN PBI' participants, which means they are considered self-employed/informal workers/ poor where the Regional Government fund pays their premium.

There have been cases of occupational diseases reported of fertilizing workers who got lung disease in 2018. Some workers fell into the canyon and broke their hands but were only partially compensated by the company. Some workers also fell from motorbikes because of the rugged terrain. Workers must walk from home to work, commuting, for 6 hours because the company does not provide transportation cars. In addition, there has also been sexual harassment in the workplace which was not responded to by the company, so that the settlement was left to customary law. Casual daily workers who carry out maintenance work, fertilizing, spraying, harvesting up to deliver it to the factory, have work vulnerabilities. One example of a relatively severe occupational accident is when a worker's eye is exposed to the sap of palm flowers when harvesting, which may cause blindness to the worker.⁸

Those are examples of occupational safety and health implementation in several palm oil companies, which are not yet fully implemented. It is hoped that by placing occupational safety and health as a fundamental right by the ILO, there will be improvements in Indonesia's occupational safety and health regulations. We expect the revision of Law no.1 of 1970 concerning work safety, more massive socialization and education to workers and employers about the importance of the OSH system, better compliance and law enforcement regarding OSH implementation, and coverage of all workers BPJS Health and BPJS Employment. Casual daily workers, seasonal workers, peasants, and all workers under non-standard employment must be covered by BPJS Health and BPJS Employment. By properly implementing the OSH system at the workplace, hopefully, fewer workers experience sickness, occupational accidents, or occupational diseases, so that productivity of workers and companies will increase to support economic growth and create more decent work.

8 Interview with Mr Supardi Yusuf, worker of PT. Wawasan Kebun Nusantara, Bengkayang –Kalimantan Barat, KPN Group.

WEATHERING THE SURGES: FISHERMEN'S PLEA FOR SAFETY AND HEALTH IN THE SEA AND BEYOND

Andy N. Predicala
Errol Samarista Alonzo





Weathering the Surges: Fishermen's Plea for Safety and Health in the Sea and Beyond

By Andy N. Predicala

Errol Samarista Alonzo (YCW ASPAC)

Abstract

Because of the country's archipelagic features and the many aquatic resources that come with it, fishing is one of the most important means of livelihood for Filipinos. This article attempts to describe issues relating to fishermen's safety and health to facilitate the formulation and implementation of more productive and purposeful laws and regulations. Fishermen and their families have the right to be protected and benefit from labor regulations for their safety and health, and welfare.

Keywords: Philippines, Safety, Health, Fisherman, Fishing, Livelihood, Young workers, Job security, YCW

Introduction

The Philippines' fishing sector is a vital contributor to the development of the national economy and a primary reason why people have jobs. According to the Philippine Statistics Authority (PSA), the Philippines produced an estimated 4.4 million metric tons of fish in 2019, and the fishing industry contributed \$5.9 billion to the country's Gross Domestic Product (GDP). It was also mentioned that the fishing industry employs 2.9 percent of the workforce, equating to 1.2 million fishermen.

Mercedes is a coastal municipality of 26 barangays in Camarines Norte, Bicol Region. According to the municipal government's 2015 records, the population is around 50,841 people. Fishing is the town's main source of income, with 80 percent of the people employed in the industry. San Miguel Bay, which surrounds the town, provides a diverse range of marine resources. Among these aquatic resources are rounds card, milkfish, tiger prawn skipjack, yellowfin tuna, mud crab, frigate tuna, big-eyed scads, bali sardinella, squid, blue crab, grouper, threadfin bream, slip mouth, cavalla, and many more.

If your job is not secured, neither is your income.



Fishing is classified as part of the informal sector. Despite the abundance of the sea in Mercedes, the poverty percentage remains in high tides. According to PSA, the poverty rate in 2015 was 43.7 percent. Most of the fisher folks were under the informal sector and had to face the challenges of poverty because of irregular income, no security in terms of income especially during bad weathers, issues on occupational health and security, lack of benefits, assurance in their welfare, and minimal support from the local and national governments.

According to the ILO, “informal economy” refers to any economic activity by workers and economic units that are not or insufficiently covered by formal arrangements, either in law or in reality (ILO R.204 of 2015 Chapter 1 pr. 2A). Most workers in this industry are not covered by national labor laws that would protect and uphold their rights and welfare.

Job security is nonexistent. Primarily, this appears to be the biggest wave fishermen must weather. “I have known fishing since day one and it has been a decade since I became a fisherman,” said Jesus Aguilar, a member of the Philippine Young Christian Workers (PYCW), 28 years old, single, and a resident of Barangay 6, Mercedes. “Our work has no guarantees because everything is dependent on the weather. We could rarely catch a fish during the full moon, and the same is true in August and February. The Northeast monsoon creates large ocean waves. In times like these, we are forced to look for alternative sources of money. I used to sell dried fish or undertake carpentry work in the adjacent towns.” Fishermen must seek alternative sources of income due to a lack of job stability.

“The quantity of money earned varies from day to day, depending on the number of fish caught. You can make up to a thousand pesos (\$20) for an all-night shift if you’re lucky. When luck isn’t on your side, however, it’s possible that you won’t make any money at all. Even if I go fishing alone and own a little boat, and even if I work from three p.m. until six a.m. the next day, this is the situation.” Jesus narrated further.

Working by the sea is not the safest option

“Actually, this is my second opportunity in life. I spent a day and a night afloat in the big sea in March 2020. I felt free to go fishing that month because the sea was often calm, but that was not the case that night. The rain fell heavily, and the wind picked up, causing my boat to capsize. After floating for

more than twenty-four hours, I was fortunate enough to be discovered by the seashores of a nearby town. I am grateful to God for my second chance at life. Two of my companions were never found after that dreadful night.”

The local administration does not have conclusive information on how many fishermen died because of harsh weather. However, according to the fishermen, this is a common occurrence. Despite their terror, they prefer to battle the storms and endure the surges of both life and weather because that is the only way they know to live.



According to the Food and Agricultural Organization of the United Nation (FAO), “Every day hundreds of fishermen are injured, and more than 80 fishermen died while involved in fishing operations. Fishermen often work long hours under harsh weather conditions, which increases the likelihood of accidents or injury. Climate change has aggravated the hazardous conditions under which most fishermen work, as extreme weather events continue to increase in number and severity, and natural disasters become more prevalent and destructive.”

Sea of dangers

Aside from the unpredictability of the weather, fishermen working for larger fishing companies must contend with the issue of occupational health and safety. Machinery and equipment on fishing vessels, such as trawlers, have an impact on the workers' health. Some of the people we spoke to had their fingers removed, their hands and feet amputated, or they had permanent wounds on their bodies. Others had their hearing impaired and their vision clouded because of the loud noise from the equipment and the ultra-light used for fishing.

The horizon line that separates work and personal or rest time is obliterated in the life of a fisherman. In Mercedes, many fishermen chose to live in their fishing boats, which are frequently cramped, hot, and filthy. In addition, there are also difficulties such as access to nutritional food, safe drinking water, and proper sanitation. Fishing, along with the agricultural sector, construction, and mining, is believed to be one of the most dangerous jobs on the international level, according to the International Labor Organization (ILO). They all fall under the 3D category- dirty, difficult, and dangerous.

Machinery and hazardous equipment for fishing are two common causes of accidents. Accidents with fishing machinery frequently end in the amputation of a finger, arm, or leg, or, in the worst-case scenario, death. Using such machinery at sea is riskier because the waves may cause the boat to move suddenly and unexpectedly.



"I could only provide for my family because of fishing," said Gilbert Segovia, 31 years old, married with two children, a Mercedes native, and PYCW member. "I was working in the middle of the sea when I had a tragic accident. My fingers were severed by the machine. We didn't have any personal safety equipment with us. What's more, the firm only paid half of the hospital bills, leaving us to foot the price. This is the saddest part during my recovery: I couldn't provide for my family."

The danger stays the same regardless of which boat or vessel fishermen use to work in the water, albeit the severity of the risk may vary. For example, Jesus in a small boat has fewer dangers than Gilbert in a large vessel equipped with high-voltage power, heavy machinery, and a longer stay at sea.

Health and diseases

Small fishermen-folks and those fishermen with employers operate in an unsanitary setting where diseases can spread quickly. The fishing boats are not always clean, and they could be a breeding ground for bacteria and viruses. Not to mention the fact that the fishermen occasionally bring parasites, bacteria, and even deadly substances with them, all of which can be damaging to their health.

Fever and flu are the most common ailments among fishermen when they are at sea, and they usually spread swiftly among the boat's passengers. They also get gastroenteritis, which causes them to vomit and have irregular bowel movements. They usually contract it by eating or drinking tainted food or beverages.

Fishermen are also susceptible to Hepatitis A. It is caused by consuming tainted foods and beverages, as well as incorrect feces disposal. Initially, symptoms may be difficult to spot until a few months have passed. Vomiting, stomachache, fever, itch, and physical weakness are some of the symptoms.

Exhaustion and long hours of work are common. Fishermen are frequently required to work for at least twelve hours every day. Fishing can be exhausting for those we've interviewed, but it's something they've come to embrace as normal. Furthermore, a lack of sleep or poor quality of rest exacerbates the problem. Houses in Mercedes are so close together that noise is unavoidable. Fishermen must work at night and sleep during the day. Fishermen, however, must deal with the exhaustion that comes with their hard labor. Experts say that in the long run, this is unhealthy and dangerous.

The lack of social security

Although the risks to fishermen's health and safety are evident, attention to this issue appears to be elusive. The free services of the Social Security System (SSS) and the PhilHealth System are only available to the most vulnerable members of society, such as old folks and indigenous people. Even though Universal Health Care has been mandated, the cost of care when someone becomes ill continues to be a major concern. SSS and PhilHealth are based on voluntary contributions, and the majority of fishermen neglected to pay their contributions when they were self-employed.

Due to their great poverty, fishermen would prioritize putting food on the table for their families over investing in their health and safety. It is a pity that they must work so hard just to eat one meal at a time.

Order No. 156-16 of 2016 was issued by the Department of Labor and Employment. It emphasizes that commercial fishermen should be safe and secure at work and that they should be able to exercise their rights and benefits as workers. The stated Order, however, did not apply to small-scale fishermen.

The culture and the young fishermen

However, the truth is that fishermen are being treated unfairly and that they are not receiving adequate care. The issue of workplace health and safety is a massive challenge for the fishing industry. It is a good thing that the ILO's constitution specifies that workers should be safeguarded from any illnesses and injuries caused by their jobs. In this light, all stakeholders, including the government, workers' organizations and unions, and organizations, must collaborate to develop laws and regulations for workplace health and safety to achieve proper change.

Despite the difficulties that young fishermen face, many families rely on the sea and its bounty for survival. They do not want to undertake new jobs; they just want to be safe and secure, especially in the event of a calamity. They also require assistance from the government, such as easy access to low-interest loans or alternative sources of income, particularly during the wet and stormy seasons.

Fishing is inextricably linked to Jesus and Gilbert's life as young fishermen. It is so important to their families that it must be maintained and appreciated. Furthermore, given the hardship of being a fisherman, many young people will not choose to work in this field when they grow up. Many of them will move to other places or changed careers.

A plea to an action

The YCW-Philippines, in collaboration with other organizations, continues to organize young and small-scale fishermen in Mercedes. The movement advocates for a just and equitable society for all. The focus of this call to action is on poverty alleviation as well as workplace security and safety.

Now that the country is dealing with the consequences of the Covid-19 outbreak, the fishermen are witnessing an even larger impact and difficulty. The municipal and national governments' lockdowns and protocols have also had an impact on them. This is why the YCW-Philippines works hard to organize young fishermen so that they may serve as a foundation for advocating for their sector's welfare and rights.

Recently, members and leaders of the young fisherman held consultations and discussions to clarify and expand their grasp of the need of organizing them. Plans have been made to hold a series of workshops this year on fisheries-related laws and development training for alternative livelihoods. It is also intended that they would be legally registered as a recognized association.

Conclusion

The safety and health of the fishermen, as well as all workers in general, are required to ensure efficient and effective production at all levels. It is possible that paying less attention to this component will result in accidents or the loss of lives. To avoid unjustified losses and life sacrifices, the government must devise methods and enact appropriate legislation to ensure workers' safety and health. Employees that feel secure in their workplace are more effective in their work. Furthermore, a nation's long-term development will be impossible if workers are unmotivated; they must be safe, healthy, and productive.

"The role and accomplishments of the workers must be acknowledged," said John Brian Geronimo, president of the PYCW. "That is why, in collaboration with other progressive and social organizations, unions, and institutions, PYCW is at the forefront of advocating for worker welfare and safety against all work-related illnesses and dangers, respect for the human rights of informal workers, and just wages and benefits for all in the pursuit of a respectable and decent life."



It is our solemn plea that health and safety at work are recognized as one of the foundations of the ILO's Fundamental Rights & Principles & Rights of Work, alongside the abolition of child labor, the elimination of discrimination, the respect of employment and occupation, the elimination of all forms of forced or compulsory labor, and the effective recognition of the right to collective bargaining.

This vision and philosophy of YCW are aligned with the ILO's fundamental direction, which is to provide possibilities for men and women to engage in just work while maintaining their freedom, equality, and dignity as individuals. In general, YCW and the voiceless workers demand those authorities, such as the government, employers, and unions, respect and properly implement laws protecting workers' welfare, as well as Conventions safeguarding workers' welfare. The following is taken directly from the International Labor Organization's (ILO) Centennial Declaration on the Future of Work (2019), "It is imperative to act with urgency to seize the opportunities and address the challenges to shape a fair, inclusive and secure future of work with full, productive and freely chosen employment and decent work for all. Such a future of work is fundamental for sustainable development that puts an end to poverty and leaves no one behind."

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References:

- 1) Palomares and Pauly 2014 (page 2)
<https://open.library.ubc.ca/cIRcle/collections/facultyresearchandpublications/52383/items/1.0354317>
- 2) Philippine Statistics Authority, Fisheries Situation Report (2019) page 17-19
(https://psa.gov.ph/sites/default/files/attachments/ird/specialrelease/Special%20Release2019_Annual.pdf)

- 3) Philippine Statistics Authority, Employment Situation in 2019
<https://psa.gov.ph/content/employment-situation-january-2019#:~:text=%EF%82%A7%20The%20labor%20force%20population,employment%20rate%20of%2094.8%20percent%20.>
- 4) Hazardous Work categorized by ILO
<https://www.ilo.org/safework/areasofwork/hazardous-work/lang--en/index.htm>
- 5) ILO Recommendation 204 (2015)- Transition from Informal Economy to the Formal Economy Recommendation
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:R204
- 6) ILO Work in Fishing Convention No. 188
Fishing Labour Convention: ILO Work in Fishing Convention No.188 (2007) enters into force
- 7) 11 fishermen went missing in Camarines Norte news
<https://www.pna.gov.ph/articles/1015430>
- 6) Fishing Safety
<http://www.fao.org/fishing-safety/en/>
- 7) International Labor Standards on Occupational Safety and Health
<https://www.ilo.org/global/standards/subjects-covered-by-international-labour-standards/occupational-safety-and-health/lang--en/index.htm>
- 8) ILO Centenary Declaration on the Future of Work
https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_711674.pdf





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We hope that this Journal can contribute to Make-Change-Happen.

Thanks

Bismo Sanyoto
Coordinator of INSP!R Asia

List of Authors

1. Rekson Silaban is a fellow researcher in Indonesia Labor Institute and member of advisory council in KSBSI. He was a former member of the ILO Governing Body, commissioner of JAMSOSTEK, Supervisory Board member of BPJS Employment, and President KSBSI Indonesia. He wrote several books; 'repositioning of the Labor Movement', 'Be united or drowned as history', and 'Borderless movement'.
2. Hom Karki, is a journalist and Qatar Bureau Chief for the Post's sister publication Kantipur Daily, covering Nepal's Labor migration sector, including hardships faced by migrant workers at home and abroad. His debut book 'Sanaiya' is based on his reporting experiences from various labor destination countries in Persian Gulf countries.
3. Andy N. Predicala was a former president of Young Christian Workers (YCW) Philippines and treasurer of YCW International
4. Rejimon Kuttappan is an independent journalist based in the South Indian state of Kerala. He is an ILO-Panos, Reuters, and NFI fellow on forced labor, human trafficking, and labor migration. His upcoming book on undocumented migrant workers is slated to be released soon in 2021.
5. Arul Palani is a senior journalist based in Chennai, India. Principal correspondent for Deccan Chronicle in Chennai, Regional manager (Media Relations) of Star Health and Allied Insurance, and Correspondent of The New Indian Express. He worked in the leading newspapers for more than two decades.
6. Doung Vutha is a senior technical project officer at the Project Department of CLC. Interpreter and translator at Siem Reap Food Bank (SRFB)
7. Janess Ann J. Ellao and Anne Marxze D. Umil are senior journalists of Bulatlat, one of the longest running online news outfits in the Philippines. For the past decade, both have extensively covered and produced in-depth, solutions-based, and investigative reports on human rights, women and children, and health, and the intersectionality's of these issues.
8. Timboel Siregar is a member of the Steering Committee of INSP!R Indonesia, advocacy coordinator of BPJS Watch, Secretary general of OPSI and Correspondent for several National Newspapers and televisions regarding Social protection in Indonesia
9. Syed Tarique-Uz-Zaman is a former Coordinator for South Asia Program for Decent Work of WSM, consultant for Social protection program of GK-Gonoshasthaya Kendra, National consultant for Ministry of Finance of the Government of Bangladesh.
10. Akhanda Bhandari is a journalist and chief editor for the Annapurna Post Daily National Newspaper in Nepal.



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7 in 10 people globally have no or inadequate access to social protection. Yet social protection is a human right. And it is also the best insurance against inequalities, poverty and exclusion. This is why a hundred social movements, in 25 countries in Africa, Latin America, Asia and Belgium, have decided to join forces within INSP!R: the International Network for Social Protection Rights.

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The Philippines: Alliance of Health Workers (AHW), Kilusang Mayo Uno (KMU), Young Christian Workers (YCW) Philippines, YCW ASPAC.

Contact:

INSP!R ASIA secretariat:

Graha STIO, KH Sholeh Iskandar number.2 , Kedungbadak,
Kec. Tanah Sereal, Kota Bogor, Jawa Barat, Indonesia 16164

Email: asiainspr@gmail.com or bismo.sanyoto@wsm.be

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