

Progress Report

on Health and Safety Training Course for Accredited Social Health Activists (ASHAs) of Keonjhar Industrial district of Odisha

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Background:

Worker health especially the health of ASHA workers and safety training is an important part of occupational health and safety programs. We assert that a focus on changing the working behaviors of ASHA workers exposed to hazardous conditions is less appropriate and scientifically rigorous than a focus on helping ASHA workers establish the power to reduce and eliminate workplace hazards. For training to lead to a decrease in morbidities and fatalities related to hazardous exposures, it needs to be integrated with ASHA workers' attainment of such power.

There are over 1,00,000 Accredited Social Health Activists (ASHA) workers employed by Health and Family Welfare Department, Government of Odisha under National Health Mission (NHM). It has been observed in industrial blocks in Odisha especially in Keonjhar, Khurda, Cuttack districts there are high level of Silicosis, TB and other dust born diseases in the area and the major victims / sufferers are women and children. These ASHA employees of Government of Odisha work on variety of settings, including in Primary Health Centre, Sub-Centre, Schools, Private home for caring of pregnant women, Children and new born. The demand for ASHA workers in Odisha is expected to increase by 10% by 2020.

ASHA workers perform variety of tasks including supervising and monitoring the occupational health and safety of women and children, preparing nutritious food/meals for pregnant women, helping with hygiene education, changing the diapers of infants and toddlers, organizing learning and training on occupational health and safety for mine workers, watching and reporting the occupational health hazards among women workers and children to government health professionals and family members, detecting TB, silicosis, cancer etc among the mine workers through health camps etc.

While ASHA workers come across following hazardous situation especially in industrial areas.

- Hazardous chemicals, and infections, disease at a higher rate than the general public
- In Odisha, India, 95% of the health care providers including ASHA workers reported job related stress. Prolonged stress can and does lead to other physical and mental health complications for providers.
- Occupational Health Hazards of Mine workers including workers, Children residing in stone crushers areas.
- Silica dust exposures that are common in stone crusher mills significantly increase the risk of acquiring active Tuberculosis (TB). Since TB is the most common cause of death among those with silicosis, reducing worker exposure to respirable silica would have a dramatic effect in reducing TB in this population. In addition, dust released from these operations often impacts the health of communities surrounding these sites and a significant amount of agricultural land is lost due to uncontrolled silica dust settling in surrounding areas. Livelihoods of surrounding communities are thus negatively impacted. ASHAs play a great role to educate the workers about this OH problems and its prevention.

To address this problem, there is a need for an effective training programme that will prepare health care workers especially ASHAs to identify and address hazards in their work places and also in the mining areas, including care identification and diagnosis for TB, Silicosis and other occupational health hazards.

This training was conducted for 50 ASHA workers of Telkoi block of Keonjhar mining area by trained occupational health professionals who have already participated in the train-the-trainer workshop organised by JRP in 2017 with the support of Occupational Knowledge International (OKI), USA and their professionals.

Objectives of Training

Training goals need to include improving ASHA workers' understanding of: the specific hazards in their work environment especially among mines workers; the morbidity and mortality risks posed by exposure to these hazards; the political, economic, and social contexts of work that determine the level of risk deemed acceptable for mines and industrial workers; and the extent to which workers participate in decision-making about the acceptability of these risks. An important goal is to support and advance ASHA workers' ability to take action to reduce and eliminate these workplace hazards so that they avoid injury, illness, and mortality. An important goal of training is "To improve the efficacy of ASHA workers who attempt to make workplace change."

The primary focus of the program was on:

- **Knowledge transfer/skills development** (e.g., a program designed to teach ASHA workers about the chemical hazards present in their workplace and occupational health hazards faced by industrial workers and the warning signs and labels associated with each);
- **Attitudinal change** (e.g., a program geared towards increasing ASHA workers' degree of concern about safety and health hazards in the workplace or enhancing the extent to which they believe that it is possible to reduce their exposure to such hazards and health hazards faced by industrial workers by taking certain actions); or
- **Social action or "empowerment"** (e.g., a program designed to encourage ASHA workers to talk with each other about job hazards, occupational health hazards encountered by mines and industrial workers like TB, Silicosis etc and to take collective action to solve problems).

Training and materials used- relating to occupational safety produced by JRP was provided both in English and Oriya language and group was limited to 50 ASHA workers. It was ensured that there was enough time and interaction to get the most out of the training. The representatives from Health Department, UNICEF etc were involved in the training as resource persons. The other tools and techniques of training were as follows:

Small Group Activity Method

Small group discussions and group problem-solving formed the core of a concept of training based on the Small Group Activity Method, which was based on the premise that adults learn best in situations that maximize active participation.

Risk Mapping

Risk Mapping was an effective tool for OSH trainers to engage participants in an active process of hazard identification that was centered on what the trainees themselves view as significant hazards. Trainees were divided into small groups and asked to create a schematic drawing of their workplace and work place of stone crusher workers. Armed with various colored markers, participants noted the specific hazards they identify in each area, associated with each process, machine, and so forth. Different colors were used for chemical, physical, ergonomic, safety, and stress hazards.

Body Mapping

Like risk mapping, body mapping allowed participants to identify work-related health symptoms through a process of graphic representation. Trainees were divided into small groups and given an outline of the human body, on which they place dots indicating where they experience pain in their bodies. The purpose of the activity was to enable participants to see common patterns of health symptoms that may be work-related.

Story-Telling Using Graphic Materials

Telling a story using graphic materials is an effective method for communicating information to low-literacy or limited-English trainees and engaging them in discussions. Materials that rely primarily on illustrations, with only limited text in simple language, were used effectively to train workers in a variety of settings. Such materials, when done best, were not simplistic, but rich in content, presenting a recognizable human drama that provides an interesting context in which to convey an OSH-related message.

Simulations

Hands-on exercises and simulations were a very effective method of engaging participants actively in a training program and requiring them to apply knowledge gained in real-life situations. This method could be used to practice relatively simple tasks, such as fit-testing a respirator, or for more complex operations, such as putting into practice an emergency response plan for a hazardous chemical release.

Role Plays

Role plays was used to present a problem to a group of trainees and to engage them in an active way in a process of reflection and development of possible solutions to the problem. In a typical role play, trainers might seek volunteers from among the trainees to read a simple script that presents a situation in which a worker faces a serious safety hazard at work, but fears losing her job if she raises her concerns to her employer. The trainer would then turn to the full group and ask them to voice their opinions on how the worker should respond in this situation.

Quizzes and Games

Quizzes, games, and similar activities were used as an effective and entertaining way to transmit and reinforce information. Rather than simply reading a list of rights that employees enjoy under the Occupational Safety and Health Act, for example, a trainer might present this in the form of a quiz, asking trainees to identify which statements are true and which false. Each quiz question was followed by more detailed explanation by the trainer, and the groups were invited to discuss issues or questions that arise. Games were used as a means to reinforce training messages, in lieu of a verbal or written review of material covered in the training.

Arts-based Approaches

“Photo voice” theater, video, and other arts-based approaches were used to engage trainees in creative processes to identify problems and reflect on

solutions in ways that often feel more “real” to participants than traditional training. One method, called Forum Theater, involved presentation of a simple theater piece presenting a problem relevant to training participants. Trainees were invited to step into the performance as actors at any point, in order to present their ideas and influence the course of the dialogue. This method was used successfully by OSH trainers to challenge trainees to reflect on how they would respond to a workplace health and safety problem and to address barriers to solutions.

Training Content

While training programs designed to reach underserved mining workers through ASHA, this also included a wide range of safety and health topics; we suggested a few basic principles regarding training content:

- All training programs for underserved workers should include information about workers’ rights under the Occupational Safety and Health Act (OSH Act) and pertinent state laws, where to get help in addressing workplace safety and health problems, and resources for more information.
- Training should encourage workers to take collective, rather than individual, action to address safety and health problems in order to reduce the likelihood that vulnerable workers will be exposed to retaliation.
- Training that provides leadership skills for organizing and taking action is likely to be more effective in achieving positive changes in workplace health and safety conditions than training that simply transmits knowledge or teaches skills. Such training is more likely to address the very real and powerful structural barriers to improving workplace safety and health conditions among underserved workers.
- Training programs should recognize that ideal solutions to OSH problems are not feasible for many underserved workers and so should seek to pose problems and provide a forum for collective analysis of these problems. In situations in which aggressive action by workers may result in retaliation by employers, trainers may want to encourage trainees to consider short-term steps towards improving safety and health conditions.

Inaugural Address

The training was inaugurated by Dr. S. Khatua, The Chief Medical Officer, Telkoai community health centre in the presence of Dr. M.R. Mishra, Director, JRP, Mr. S.N. Sahu, Master trainer ASHA, Dr. Pratyush Mishra, Course coordinator, Mr. P.K. Das, Local media representative and NGOs.



Dr. S. Khatua during his inaugural address informed that the prevention of worker injury, disease, and death should be the ultimate goal of health and safety regulation, enforcement actions, and workplace programs. So long as workplace hazards remain in the workplace and workers lack the power to either refuse to work in hazardous conditions or to take control of removing or significantly reducing these hazards, we should not expect to find that training workers to work safely in the presence

of the hazards can lead to a decrease in injuries, illnesses, and deaths related to exposure to these hazards.



Dr. Pratyush Mishra during his address informed about the TB and Silicosis prevalence status in Odisha and highlighted the role of ASHA in combating occupational health hazards among industrial workers of Odisha.

Recommendations:

1. All the ASHA workers of India especially in the industrial areas should be trained on OHS.
2. The ASHAs of India have been trained on different health issues through 7 modules developed by Government of India which does not include OHS issues. So the 8th module on OHS for ASHA training should be developed and used.
3. The doctors and other Paramedical staff of India especially working in industrial areas should also be trained on OHS.
4. DWOI, USA should provide support to JRP to assist Government of Odisha to organize similar training programme for ASHA workers in other industrial areas of Odisha.

