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The Challenges of Maintaining OSH in Zimbabwe

Occupational safety and health performance in Zimbabwe has not been good for the past 5 years with the average annual injury frequency rate sitting at 3.00 with the highest lost time injury frequency rate (LTIFR) recorded in 2018 at 3.58 (NSSA, 2019). The country recorded a total of 5,082 serious injuries and 49 fatal accidents in 2019 with an LTIFR of 3.42.

ITEM	2016	2017	2018	2019
Serious Injuries	5,364	5,007	5,965	5,082
Fatals	63	65	70	45
LTIFR	3.22	3.00	3.58	3.42

Adapted from NSSA Annual Reports

CHALLENGES

Production changes taking place

Zimbabwe has experienced unprecedented production declines in recent years due to a myriad of problems including but not limited to lack of re-tooling etc. The results of this decline have therefore led to a dualistic production system characterised by a poorly capitalised and unregulated small scale and/or informal sector and a formal sector concentrating on primary processing of mining and agricultural goods (Karanja et al, 2003).

Which have led to new occupational safety risks . . .

The proliferation of the informal sector brings about a whole new set of chemical, psychosocial and physical hazards. As labour markets have been liberalised, it has shifted towards more insecure forms of employment and a reduction in real wages for those in the informal sector mainly (Loewenson, 1997). Regulation and enforcement of regulations in this sector becomes difficult for authorities leading to non-provision of services in this area. Even the most comprehensive reporting system may not be able to cover them.

Which are poorly monitored or reported . . .

As most of the businesses found in the small-scale sector are family run ones, they tend to function outside the main regulatory framework for occupational safety and health. This means that they are rarely supervised. Where they may be covered by the law, they hardly meet registration requirements, such that any incidents occurring in their line of work are not reported and therefore compensation may be unavailable. It may be difficult to deliver services the way they are delivered in the formal sector. In the formal sector, monitoring of occupational health practise and outcomes is poor. Most organisations do not conduct environmental monitoring; doctors may not be collecting comprehensive occupational histories when attending to workers.

Leading to OSH not being prioritised in planning . . .

When there is a general lack of systematic data collection on OSH performance in an organisation, occupational safety and health outcomes may not be included as factors in production decision making. This results in lack of prioritisation when programme planning is conducted by the organisation. Regulation is necessary in any set up, it is deterred by the low levels of penalties obtaining currently. It has therefore resulted in it being an insufficient mechanism to coerce organisation into investing meaningfully in OSH systems management. The use of penalties to coerce organisations and as a reactive mechanism to a system failure is an indicator of failure to incorporate OSH into the core activities of an organisation.

Inadequate surveillance of occupational diseases has led to them being underestimated

There has been a general under estimation of occupational disease contraction and disease related fatality in the system over the years and this has been a major source of information bias in reported data. Pneumoconiosis is recorded in the country as the law (Pneumoconiosis Act Chapter 15:08) requires employers to undertake testing for employees for fitness to work in dusty occupations. Very few organisations are recording other occupational diseases and those who report have somewhat comprehensive occupational health systems available with qualified personnel manning them.

Contract labour

Contract labour is in 2 faces i.e., employers taking workers from outside their premises to do work for a short period of time e.g., from a few days to up to 3 months at a time and the other one where organisations outsource certain jobs and tasks such as cleaning to an intermediary or head contractor who has some employer responsibilities towards the workers supplied. The first group of contract labour contributes to accidents and injuries statistics due to several factors including:

- Lack of work procedures induction, on the job clothing, team briefing/team talk and close supervision.
- Lack of knowledge in safety and health hazard identification procedures resulting in work attempts that may have poor outcomes e.g., operating machinery without authorisation.
- Induced fatigue resulting from work intensity due to working more hours in trying to finish or achieve set targets
- Lack of physical fitness due to malnutrition because of low wages leading to occupational injuries and diseases.
- Lack of safety and health controlling monitoring mechanism and reporting procedures.

The second group of contractors also used to contribute to the poor OSH performance of companies but an innovation by the organisations has tried to reduce these by demanding that contractors show proof of competence of their employees, proof of OSH training of employees, they are registered with the relevant authorities, have a safety coordinator amongst the team to do work on their premises, show proof of OSH structures in the organisation, provision of PPE/C etc. This has assisted NSSA in supervising small enterprises and has greatly encouraged the uptake of OSH services by these contractors.

What can be done?

All is not lost, OSH management can be strengthened and improved through several initiatives, but it requires a multistakeholder approach to achieve it. There is need for effective risk control which emphasises the need to deal with the work environment (engineering controls) organisation of work (administrative). OSH promotion must be included and form part of the core business of planning and implementation in production investment.

We need to invest in stronger legal standards. The current legislation is currently fragmented resulting in difficulty in enforcement in certain quarters of the economy. Legislative reforms must address the inclusion of coverage in all workplaces including the informal sector. Local Authorities and various stakeholders working with small scale industries can be roped in to play an oversight role in the informal sector on behalf of the regulatory authority as these have databases of the informal workers and where they are situated. A partnership in this direction would enable delivery of OSH services to this sector thereby enhancing their regulation.

Combating the underestimation of occupational diseases requires a partnership with public health practitioners. The country has over the years offered training through the OSH Division in NSSA to public health practitioners on the recognition and recording of occupational diseases. The Nurses and Doctors Courses run by the division have been instrumental in skills imparting to practitioners both in the private and public sector. The problem lies in the population vs staff ratios for key categories of occupational health practitioners are far too high to offer meaningful service.

Investment in occupational safety and health professional development would also alleviate problems in staff development of key OSH practitioners. OSH professionals include occupational safety professionals, engineers, inspectorates, occupational nurses, occupational medical practitioners, and occupational hygienists. Currently, Zimbabwe does not offer speciality courses to cover the needs of these professionals hence they need to access such in South Africa. Strides are being made by Universities in Zimbabwe to introduce these courses with namely NUST now offering a Masters in Environmental Health.

For contract labour usage, there is need of the establishment of a well-defined legal status for independent contractor and contract labour. A more systematic approach to supervision, control and enforcement of rules and laws to combat contract labour abuse. Establish an efficient system of contract labour spot control by increasing labour inspectorate.

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