South East Asia Sub Regional Meeting

16-17 June 2016, I-Residence Hotel, Bangkok, Thailand
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As a response to the issues and needs identified by AMRC’s partners and ANROEV network members on assistance for grassroots victim right groups in the areas of identification of victims, treatment, litigation, rehabilitation and compensation, AMRC aimed to facilitate focused sub regional meetings in both South Asia and South East Asia region where grassroots groups who are working with vulnerable groups, communities and victims come together along with the workers and victims to look at what are the core, burning issues that need to be addressed what are the common problems at hand that can be addressed, what should be the strategies and campaigns in the short and long terms to move ahead in our joint work. These sub regional meetings will be a part of the long term process of strengthening the grassroots initiatives and transferring learning, strategies and campaigns so that it will make the ANROEV network more robust by building on and the impacts on the workers as in Vietnam and Malaysia, to gaining a thorough understanding of the reproductive health problems of women workers in both the garments and electronics sectors in Philippines and Indonesia, educating and raising awareness on asbestos and working towards the ban of the substance in Vietnam, Indonesia, Philippines, Thailand and Laos.

In the Philippines, a victims rights network has been established following the Kentex tragedy where the families of the deceased workers and those who survived the tragic fire have come together to voice their demands and fight for justice. Members from other countries in the sub region will also be invited to be a part of this discussion and sharing to make interventions based on the needs on the ground on these core issues in countries over the coming years. Countries participating at the meeting are Indonesia, Malaysia, Laos PDR, Thailand, Philippines, Cambodia, Vietnam and Myanmar. China was invited to be an observer and country-case sharer.

The outcome of these initiatives in 2016 will serve as the catalyst and contribute to the learning process afterwards which will lead to empowerment and enhanced capacity to bargain for their rights on OSH and will then lead back into the network members, work and updates in the ANROEV conference 2017.

Objectives and Focus

Educating and empowerment of Participants/ Partners on OSH issues - creating core group of trainers, educational material on OSH to raise awareness - occupational lung diseases, asbestosis, chemicals etc.

\[ \text{Identification of victims and organising} \]

\[ \text{Diagnosis of occupational diseases} \]

\[ \text{Litigation and compensation - litigation and compensation towards victims of occupational diseases} \]

\[ \text{Advocacy and campaign - efforts made by the grassroots both locally and within different regions of the country} \]

In the South East Asian region, members of the ANROEV network are engaged in various activities ranging from gaining understanding about the impacts of chemicals used in the electronics industry and the impacts on the workers as in Vietnam and Malaysia, to gaining a thorough understanding of the reproductive health problems of women workers in

Appendix: National Plans and Strategies
Welcome Remarks by Asia Monitor Resource Centre

The meeting started with the introduction of participants, who had from Cambodia, China, Hong Kong, India, Indonesia, Laos, Malaysia, Myanmar, Philippines, Thailand and Vietnam.

Omana George, AMRC Hong Kong, welcomed all to the meeting. She hoped that the meeting will be able to draw out experiences from the ground and be able to find ways to work together in order to ensure that the goals and objectives are successfully met.

Situation of Workers in Thailand by

Mr Uthorn Krpayanuch spoke on behalf of WEPT (Thailand) as the local host of the meeting. He said that it is crucial that everyone is released in each other’s presence. He spoke about the condition of workers in Thailand.

WEPT has been covering a number of cases involving threats to occupational health and safety of workers in Thailand.

- Three years ago in Rayong Province, there was a blast inside a building caused by gas inflammation.
- In Pathumthani, a building collapsed causing 14 deaths and 100 injured (workers from Thailand, Laos and Cambodia).
- Another case is about the coal power plant in northern Thailand. (In 2006, there were about 100 deaths. The media did not extensively cover this case. WEPT was able to mobilize the people to claim their rights and know more about the hazards of the coal power plant on their health. The plant was causing release of excess Sulphur Dioxide which is dangerous to health and the environment.)

A Rock factory operation (stoneworks operation) had been causing lung diseases from inhaling dust from this operation. This had drastically affected the lives of people residing within the area.

Mr Uthorn stated that these incidents present only a fraction of the bigger picture of the issues being faced by workers in many parts of Thailand. WEPT has been investigating these situations and they have identified a number of challenges:

- Community members are not aware of health and safety issues and these development projects.
- There is a need to perform more research to raise awareness of the people.
- Health centres and hospitals are not capable to address health concerns.
- Compensation funds lies in the fact that there are only a few specialised hospitals that can address their health concerns.
- The worker needs to go through a special process and application (which is sanctioned by the government.) because this masks the real situation of OSH on the ground.

WEPT was able to mobilise the people and to find ways to work together in order to ensure that the goals and objectives are successfully met.

Answer to the question :

1. Community members are not aware of health and safety issues and these development projects.
2. There is a need to perform more research to raise awareness of the people.
3. Health centres and hospitals are not capable to address health concerns.
4. The worker needs to go through a special process and application (which is sanctioned by the government.) because this masks the real situation of OSH on the ground.

Open Forum

Question: What is the source of funds for compensation for those affected by occupational health issues?

Is it a national, standard funding or does it target only specific industries?

Answer - The compensation fund is managed by the government and the money is obtained from companies. This is converted into a social security fund which can be accessed by those insured of this support. This fund is operated by the compensation funding organisation (which is sanctioned by the government.) The worker needs to go through a special process and has to register in order to access this right. There are a few specialised hospitals that can address their health concerns.

Question - Is there a difference between compensation given to community members and workers?

Answer - There is a difference between funds provided to workers and community members. There is an existing law which mandates the government to provide compensation to workers. This process is cumbersome and tiresome. Community residents would take a longer time to go to the courts in order to claim their rights to these funds.

5. Empower workers to negotiate their rights with regards to occupational health and hazards

WEPT was able to launch a seminar with the Thai Labour Ministry on occupational health and workers’ rights. As per available statistics the period between 1988-2013 had shown increasing numbers of workers (3,000,000) affected by occupational health and hazards.

An Overview of Occupational Health and Safety in Asia by AMRC

Omana George shared that, In 2009, Asia accounted for about 57% of the global work force out of which 71% of the total work was being conducted in the vulnerable sector. Asia makes up a great number of occupational health incidences. Globally, there are still 3,000,000 cases of occupational health and safety issues. Despite these high numbers of incidences, governments in the region hardly show the real picture in statistics.

There is still a great need to develop or strengthen laws to protect workers, environment and committing to OSH at the local and national levels. In reality in Asia, laws don’t exist or even if they do exist, enforcement is weak. Self-regulation has been a dangerous threat because this masks the real situation of OSH on the ground. This is reflected in the fire accidents in Pakistan and Philippines where the factories were certified to be safe and still major loss of lives took place in the ensuing disasters.

Workplaces continue to be a mine field of hazards (unsuitable working practices, chemicals, combination of raw materials and pollutants). Workers fall sick, remain invisible and marginalised due to lack of awareness, intentional suppression of information by employers, unemployment of employers and the lack of medical support to assist those who are sick.

Laws are of very old standards. In many countries, Occupational standards are being pushed out because of vested interests to use materials that are...
hazardous to the health of workers. There is a lack of effective enforcement mechanisms that let industry get away with murder and not hold them accountable for their actions. In Bangladesh, the national enforcement mechanisms are mostly sidelined and it is externalized by creating mechanisms like the Accord. Such mechanisms in the long run do not improve the situation within the country. Not much has been done to make companies accountable for accidents and OSH concerns of workers.

More and more workers are being pushed into contractual employment and mostly in the informal sector. Women workers find men in the leadership role and most of their rights are sidelined. The impact of health on women is understudied. They usually work at homes and many of them work with dangerous chemicals and solvents. Many women face extended work hours which affect their health.

With respect to doctors and diagnosis, there is little or no diagnosis being done on occupational diseases which can be used to claim their compensation. There are also only a few service providers and specialists. Statistically, compensation for occupational diseases in Indonesia is negligible. AMRC conducted an audit to increase their capacity on the above with murder and not hold them accountable for addressing occupational health concerns in 2014 in Malaysia.

The group said that, since 1970, there are a large number of incidences that have affected the lives of their actions. In Bangladesh, the national enforcement mechanisms are mostly sidelined and it is externalized by creating mechanisms like the Accord. Such mechanisms in the long run do not improve the situation within the country. Not much has been done to make companies accountable for accidents and OSH concerns of workers.

The Occupational Health Law in Indonesia was passed in 1970 (Law 1 on Occupational Health). The greatest problem is the lack of enforcement. At most employees do not pay much attention to their health, workers, and communities. This is done through identification of marginalised workers and communities, education and empowerment of workers and trade unions, organising victims and assisting in the legal process. This has led to the establishment of a network of lawyers and health workers.

To end the report, Omara threw a fundamental question for the group to ponder on, how do we build strategies sub regionally and how do we do this effectively?

Mapping Milestones and Experiences

Delegates were divided into groups so that they have a chance to interact with other delegates from other countries and have a chance to learn about their work. The group was asked to identify key events/ Milestones/ key experiences chronologically which helped shape the OSH movement in their country with a timeline through the decades starting from the 1970s.

In the case of regional work, AMRC has been working with national networks of local partners to address the needs of workers, workers' rights, and the impact on health. In 2004, the social security system was established. In 2008, the OSH infrastructure was strengthened on a national level. In 2014, the government started to develop a social security system that is known as BPJS (National Social Security Fund). The agency to administer BPJS was established in 2009 with a focus on OHS issue in Indonesia. In the same year, LION participated at the World Asbestos Conference. They also helped form INABAN-Indonesia Ban Asbestos Network-in 2010. The greatest issue that was faced was the lack of regulation. During May Day when a worker burned himself to death, a movement was formed for complete lack of respect to his OSH rights by his company and government. This had led to the establishment of the Sebastian Center in that year. The Centre is a space to discuss the situation of OSH amongst workers and other stakeholders. In 2016, they joined the International Worker Day rally and had included OSH in the agenda.

A Chinese participant asked about the lack of factory inspectors in Indonesia. She wondered if there is a system to assess who and what knowledge is possessed by doctors and whether they are able to cover and resolve all these cases adequately. There is low bargaining power amongst workers to claim their OSH rights. With regards to worker management, there is a need to strengthen implementation of regulation. The inspectors do a random check of company and fill in a monitoring form to assess company compliance and quality of work environment. Unfortunately, factories instruct their workers about what to say and inspections are fixed. Their qualifications include Advanced knowledge of regulations on OSH and (2) Person should also know the situation of the area.

In 2009, the NSSF allowed unions to bring their issues to the buyers to solve their problems. A big issue in NSSF is that the accident is caused due to the worker, the NSSF will not give any compensation. Under NSSF, there are doctors and hospitals which can be accessed by affected workers. Another challenge is the increase in work related cases. The current NSSF capacity may not be able to cover and resolve all these cases effectively.

Samuel added that the NSSF work injury scheme only covers 10% of the total population; most of them are
In 2016, workers’ health care policy was implemented. The Cambodian government pursued this all throughout the country. Public health has a system of notification of diseases and injuries especially as a reaction to the campaign by this group, there was a system of notification has yet to be implemented and a system of notification has yet to be developed. Philippines

In 1928, an Act prescribing the compensation to be received by employees was passed in 1928. The SHIELD (Self-Help Inquires and Disability) was a system, the company can download the form from the provided services to workers. In 1996, they were able to get the green light to the operation of Kentex.

In 2004, the Department of Labour came up with a Department Order 54-04 which mandates self-assessment for workplaces. Asbestos. In 2000, nine years after the abolition of the DO 57-04 was replaced by the law with a ‘joint compensation, was set-up. In 1983, IOHSAD, was established. The Competitive festival of good safety hygiene and labour groups is rather weak. Mr. Oudone Phongsavath from Laos Federation of Trade Unions and Mr Phamuong Khanthone from a unique case and is similar to China. Trade unions are partners in addressing OSH issues. Moreover, some NGOs participate in advocating for workers’ rights which have to be seen as an opportunity for labour NGOs to perform research on OSH and work related health cases.

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In 2004, the Department of Labour came up with a Department Order 54-04 which mandates self-assessment for workplaces. At that time there were only 300 inspectors to assess about 800,000 workplaces throughout the country. In 2011, the ETON Tower tragedy happened which started the establishment of the ETON Tower victims group. It was only at this time that the government did an inspection of the workplace after the tragedy.

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Vietnam’s case is quite special. There are now about 36 OSH diseases recognised in Vietnam. The Ministry of Health, Ministry of Labour and Social Affairs and the Vietnamese Confederation of Labour are involved in the OSH work since 1986. Mr. Tran Ngoc Kien from Vietnam health protection was passed. In 1991, more OSH diseases were recognised by the government.

There is a question about the independence of trade unions in Vietnam. Moreover, what is the relationship between trade unions and health providers? Vietnam is a unique case and is similar to China. Trade unions are partners in addressing OSH issues. Moreover, some NGOs participate in advocating for workers’ rights which have to be seen as an opportunity for labour NGOs to perform research on OSH and work related health cases.

Laos

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Myanmar

Since independence was obtained in 1948, there were unions that were formed. But when the government took power, the government banned all trade unions. In 1988, a democracy movement rose, but it was stopped by the formation of a new military government. It has to be noted that most of people working were farmers.

In 2010, a new law, the FDI Investment Law allowed the establishment of foreign investment. This has led to people moving to the cities to work in factories. It was also around this time that the Minimum Wages Law was developed. In 2011, the Labour Organization Law was
passed. Still, the word “trade union” is not allowed to be used. Myanmar is lagging behind its neighbors in terms of recognising and implementing OHS for workers. In 2015, the NLD won most of the seats in parliament. It is hoped that the situation will be improved in terms of insuring of workers and protecting the rights of OHS.

Thai participation shared that in Thailand, there are a number of Burmese workers living in the country. Many of them in the fishing sector and they are prone to exposure to hazardous chemicals. He wanted to know about the Burmese government’s position to protect their rights and to ensure their health and safety. According to Dr. Jayabalan Thambyappa said that public health though economic reform only started in the 1980s. The first attempt to regulate OHS was the 1994 Thailand Labour Protection Act. It was an act to regulate safety and health protection. This was catalyzed by the 1994 Fire Sparkler accident (23 deaths) at Sungai Buloh in Selangor. The Thai Labor Protection Act and Trade Unions do not really play an active role when it concerns OSH. Many of workers do not mind hazards if they are paid more. The situation in Thailand is similar to the rest of the countries in Southeast Asia. Only 500,000 out of 38 million are unionised, and this is a huge problem. Their voice is too small to achieve meaningful change. Currently, the labour union is working with WEPT to better implement/upgrade the Compensation Fund and the Social Protection law for workers in Thailand. These are important to unions to enrol workers, especially those who are retired, can enjoy quality health services and compensation.

Workers are still suffering from work related illnesses and injuries and this was already brought up to the Ministry of Social Security.

Malaysia

The history of occupation safety and health in Malaysia has been 130 years long. There were hazardous occupations, the establishment of the OHS Institute in Thailand. In 2011, safety and health regulation. This was catalyzed by the 1994. The current government was established in 1949. The history of occupation safety and health in Malaysia of workers.

The National Institute of Occupational Safety and Health was established in 1992. It is mandated to upgrade/refine of tin involves the use of boilers, hence, the policy on the boiler and machine safety was introduced. This was followed by security industrial sector and then the other sectors have followed.

In 1967, factories and machinery act was approved by the parliament. The new legislation on safety and health has been approved and this is the law being implemented. The Malaysian Trade Union Congress was established which promotes the interests of workers. It is the oldest group representing workers in Malaysia. Occupational Safety and Health act of 1994 is aimed to foster and promote awareness among health workers and other organisations with an effective safety and health regulation. It was catalyzed by the Fire Sparkler accident (23 deaths) at Sungai Buloh in Selangor. The Thai Labor Protection Act and Trade Unions do not really play an active role when it concerns OSH. Many of workers do not mind hazards if they are paid more.

Another issue in Malaysia is that as accidents are easy to pick up, these are notified. It is a company that is unable to comply with the law, then it can be brought to court. The government needs to be notified by the companies that an accident had occurred. Reporting of occupational diseases is still a major issue. The National Institute of Occupational Safety and Health was established in 1992. It is mandated to upgrade/refine of tin involves the use of boilers, hence, the policy on the boiler and machine safety was introduced. This was followed by security industrial sector and then the other sectors have followed.

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Organisation victims identification and safety standards. IOHSAD did a fact finding study in the country. Kentex is forcing the congress to discuss the bill they incident. It was found that the company mishandled One of the results of this victim's organizing against and spoke to the victims and their families after the Justice for Kentex Workers' Alliance was formed less brought to the community centre to allow families to prevent theft (cage-like windows). The management explained that they are just protecting their products.

In terms of victim identification, all networks were brought to the community centre to allow families to access and view them. Preliminary procedures were done for DNA testing. After several days, bodies were transferred to a local public cemetery. DNA matching results were released after two months.

Worker movements and institutions went to nearby communities to locate survivors of the fire. They were able to gather 100 victims to attend memorial services. The Justice for Kentex Workers' Alliance was formed less than a week after the fire. The alliance is composed of different organizations along with the victims and their families. They are united by their call for justice and safe workplaces for all workers. The core members were the victims and families of those who died.

The first action they did was to pursue legal measures against Kentex management. Cases were filed and were brought to the National Labour Relations Commission. There were simultaneous protest actions while the cases were filed. Criminal cases were filed at the Valenzuela Regional Trial Court including against officials of the Department of Labour and Employment.

One of the results of this victim's organizing against Kentex is forcing the congress to discuss the bill they listed a year before the fire. The Committee approved House Bill 6397 which mandates mandatory inspection of factories which include unsanitary conditions of work places. Most laborers are paid very low and cannot afford to buy nutritious food which leads to breakdown of their body's energy. Moreover, the food bought is not hygienic and can infest infections. Short contracts affect the morale of workers in factories and they feel insecure about their work tenure. Workers have to also endure investments, there are a number of issues related to the payment of benefits. Many garment factories do not have proper exit ways. This makes it difficult for them to prevent accidents and stampedes. Further, the factories lack proper ventilation systems. Indoor air quality (sick building syndrome) is one of the emerging causes of mass fainting's in Cambodia. There are similar occurrences in Malaysia wherein workers have complained about poor indoor air quality which can be fatal to female workers' feeble bodies. Many garment factories do not have proper exit ways. This makes it difficult for them to prevent accidents and stampedes. Further, the factories lack proper ventilation systems.

C.CAWDU has been working to raise awareness about OHS and labour-related issues. CDI also provides legal aid. They also conduct capacity building training for local partners and workers. Multi-stakeholder dialogues featuring working conditions at the national and local levels are also organized. They also do policy advocacy, research, surveys and networking. In 2015, they have produced a report on migrant workers, farmers and contract workers.

Kentex Victims Network-Philippines

Nadia from IOHSAD was part of the movement to protect the OHS rights of workers. On May 13, 2015, more than 72 workers (49 women, 23 men—survivor narrated that there are more who perished) died in what is tagged as the deadliest industrial fires in the Philippines. Kentex, owned by Chinese companies, produces bootlegged Handaney. Only 38 workers are regular workers, the rest are agency temporary workers. Contractual workers get 200 pesos (4.5 USD) while regular workers get 1200 pesos per month.

CDI is currently facing the following challenges:

- Lack of resources such as technical support and long-term commitment of funding
- There is a lack of awareness of both employers and employees on OHS issues
- Very few NGOs are working on OHS issues in Vietnam
- Employers such as foreign investor resist to cooperate. OHS related issues are censored in media.

In the discussion that followed, Dr. Thambayappa stated that there should not be victims in the first place. Through this, workers are able to share their work related stories. CDI also provides legal aid. They also conduct capacity building training for local partners and workers. Multi-stakeholder dialogues featuring working conditions at the national and local levels are also organized. They also do policy advocacy, research, surveys and networking. In 2015, they have produced a report on migrant workers, farmers and contract workers.
NIOEH-Vietnam

The institute focuses on occupational health diagnosis and treatment. Capacity development of medical service providers is key to solving problems related to occupational health risks. The Government of Vietnam has been working on health, safety and environmental protection policies, and the Vietnamese Occupational Safety and Health Association (VOSHA) is a partner of NIP in Vietnam. The VOSHA assists in conducting training courses and research on occupational and environmental victims, they seek to study lung diseases, lung accidents, workplace chemical poisoning diseases, muscular-skeletal disorders and fitness activities.

NILP believes that workers’ compensation is insurance with other stakeholders. This is done to evaluate worker assistance and legal services to workers. NILP also initiates National Movements related to OSH such as the Green-Clean-Beautiful, ensuring OSH launched by the Vietnam General Confederation of Labour, the National Week on Work Safety and Hygiene and the Competitive festival of good safety hygienist.

The National Institute of Labour Protection (NILP), Vietnam conducts a number of studies to provide evidence for policy makers to design regulation and standards. This is done in cooperation with other stakeholders. This is also done to evaluate and examine working conditions. The new Occupational Health and Safety Law was also written following this exercise.

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One of its goals is to ban the use of asbestos in Vietnam. The Government of Vietnam agreed to ban asbestos by 2020. Through the National Action Plan to eliminate Asbestos, the ban and improvement of health conditions at the workplace. There are only 30-40 unionized workers at Kentex. There are only 30-40 unionized workers at Kentex. They also provide legal consultancy for workers. The consultant is the Trade Union Officer who is available in all 64 provinces. Discussions are done face to face with the workers. They also conduct inspection of OSH conditions at the workplace. Members of the Ministries of Health and Labour are part of this exercise.

The Vietnamese Occupational Safety and Health Association (VOSHA), a partner of NILP serves as a worker assistance centre. It provides research assistance and legal services to workers.

In the future, NILP will continue to do research on evidence related to new occupational diseases. They also plan to review and upgrade diagnosis standard of occupational diseases. In terms of improving database on occupational and environmental victims, they seek to study lung diseases, workplace chemical poisoning diseases, muscular-skeletal disorders and fitness activities.

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Day 2
17 June 2016

New participants were welcomed at the meeting. Khun Somboon of WEPT was pleased to be part of the meeting. She is happy that everyone is able to cooperate to push their goals to promote OHS.

Reflections from Day 1

Samual recalled the activities from Day 1. The group tried to understand the history of OHS and landed issues affecting the rights of the labour force in the countries participating in this meeting. While justice has to be served to all, tragedies should never happen again. They also learned about best practices and challenges related to education and training to better provide services for OHS.

Education and Trainings (Part 2)

Laos Federation of Trade Unions (LETU)- Laos

Laos Lao PDR shares its border with six countries and it covers an area of 236,800 sq.km. As of 2013, its population is 6,469,300. The Laos Federation of Trade Union is based in the capital city of Vientiane. OSH and the benefits of trade union are part of the Labour Law (Part VIII, Group 2, Article 117-126 and Part IV Group II Article 4).

Workers can access training opportunities in factories in the country. Training includes Body Mapping and it will really affect everyone's health. Medical specialists, Ministry of Health and Ministry of Labour. where asbestos is imported. It was said that asbestos is hazardous industries to developing countries. In China, it is much cheaper to send asbestos fibre to Laos than provide asbestos elsewhere. They provided and hence there is resistance in using. He They also started tackling social protection issues since 2014, in the project supported by OXFAM and in coordination with LETU. They are now focusing on awareness raising on OSH to the members of NIL and collecting data and reporting to concerned organization on OHS. They are also focusing on Law enforcement and community voice.

Open Forum

Khun Somboon questioned about the countries from where asbestos is imported. It was said that asbestos is imported mainly from China, Kazakhstan and Russia. Another participant shared that in Laos, many factory workers worked without any protection against risks of asbestos. Asbestos contamination and diseases will only be exposed after many years. It is important to collect data about these risks and workers. This is a problem in Thailand also.

Dr. Thambayappa shared about issues of exporting hazardous industries to developing countries. In China, it is much cheaper to send asbestos fibre to Laos than face these risks in local factories. He explained the necessity of controls used to protect workers from hazards under which the highest priority is to eliminate the hazard, control use or find alternatives. This needs to be part of the training towards banning asbestos.

It was stressed that the responsibility usually goes back to the employee when he/she gets sick. This should not be the case. It is proven that asbestos is a carcinogenic and it will really affect everyone’s health.

A Vietnamese participant asked about raising awareness with the workers and communities. A question was raised regarding the quality of PPE. Is there a way to ensure the quality of masks?

Dr. Thambayappa said that there are no standards to assess the quality of PPE such as respirators. Workers need respirators and just simple face masks. These PPE also need to be continually cleaned or replaced. Most of the workers are not comfortable with the PPE provided and hence there is resistance in using. He gave an example from a factory in Penang where noise is quite loud, workers only use earplugs when the inspector is there because they are not comfortable to use.

There is no law that prohibits the importation of asbestos in Laos. For asbestos elimination, LETU has been trying to help advertise the risks of asbestos. They continue to discuss about the risks and harms of asbestos with medical specialists, Ministry of Health and Ministry of Labour.
There are about 3,000,000 Migrant workers from Burma in Thailand. Most of them work in garment factories. These workers work 6 days a week, have one day off per month (after pay day). The minimum wage in Thailand is 300 Baht (9 USD). It is true that Burmese workers enjoy the same rights as local workers. But they do not get the same minimum wages and are paid only 400 USD to 600 USD. Medical expenses is not included in the compensation package. Workers have to pay for their own treatment and medicines. The government has been promising workers a smart health card, but this has not been fulfilled yet.

Formulation of minimum wage in Myanmar during trade union activities

The Golowin and Win Garment Factory case showed that factories workers could not get medical treatment and they have to work overtime to earn enough to sustain their own treatment and medicines. The government has been resisting paying three full months of salary to the dying worker. EIEU is working to obtain compensation for work related accidents. Yet another case was in Kiamark Garment Factory where in workers sufffered accidents due to electric shocks. Challenges faced by the labour force and labour rights advocates in Burma include:

• In the current civil government
  • Formulation of minimum wage in Myanmar
  • Workers do not have time because they need to work overtime to earn enough to sustain their own treatment and medicines. Employees need to protect themselves not only for money. Trade Unions have been advocates in Burma include: Myanmar, which was raised as a result of pressure from themselves not only for money. Most of those working in factories are women (60%). Malaysia does not have laws and policies protecting the rights of women workers. Women rights are seen through the lens of education, health and employment only. Violence against women is a rampant problem throughout the country. They have to face both reproductive rights and exposure to harmful chemicals.

In a case involving a woman employee who is suffering from diffused large B-cell Lymphoma (most common blood cancer), the employee is critically ill and the employer has been resisting paying three full months of salary to the flying worker. EIEU is working to obtain compensation for the worker.

Open Forum

In the discussion that followed it was asked in Malaysia, NIOSH collects data on occupational health and safety issues. While data collection is really poor, the ones on providing insurance is high. Malaysia is an open door economy. But they do not have proofs of employment. They are told to keep their pay slips, which details their relationship with their employers. Workers find it more difficult to enjoy this right. Most of them do not know their pay slips. But there are no problems of employment. They are told to keep their pay slips, which details their relationship with their employers. The benefits obtained amount to a maximum of 1300 USD (includes 400 USD for burial.) The Kentex issue move across the country. Many workers in Penang are usually from Kedah, a neighboring state. Commuting can be a major issue. They have to conduct 20 inspections per month. But there are not enough inspectors, skilled staff and budget to perform these inspections.

In the previous government, threats from local authorities and employers regularly occurred during trade union activities. If it involves women. Employers do not usually care about responsibility of the union. It is a very difficult task especially in the Philippines. Compensation procedures do not usually involve lawyers at its inception stages. There are avenues that are mandated to take leads. This procedure supports a ‘No Fault’ procedure. This means that the employer does not have to take the blame because the money comes from pooled fund (taken from social security contributions - 11% of salary). This is still not achieved, then the person can bring the case to court. Malaysia, NIOSH collects data on occupational health and safety issues. While data collection is really poor, the ones on providing insurance is high. Malaysia is an open door economy. But they do not have proofs of employment. They are told to keep their pay slips, which details their relationship with their employers. The benefits obtained amount to a maximum of 1300 USD (includes 400 USD for burial.) The Kentex issue move across the country. Many workers in Penang are usually from Kedah, a neighboring state. Commuting can be a major issue. They have to conduct 20 inspections per month. But there are not enough inspectors, skilled staff and budget to perform these inspections.

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Federation of Indonesia Metal Workers Union (FSPMI)-Indonesia

Worker organizing on OHS started from Batam Island. Safety is not a priority issue amongst workers and they are not aware of the risks in their work. FSPMI was established in 2010, focused on electronic industry.

In 2011, they wanted to cover all citizens in Indonesia. They then established the workers social security scheme. In 2012, they pushed for the enforcement of OHS law in 2014, they strive for OHS promotion and started organizing workers, especially women, in the local and national levels. It has been difficult to monitor and document concerns of migrant workers. There was an issue about victims of a fire in a garment factory, but getting medical results to occupational health issues has been challenging.

In 2016, goal for FSPMI is to promote solidarity for workers. They have also been doing cross checks based on information from the safety expert company. It is also crucial to prove occupational health issues during diagnoses—they have to employ independent doctors.

Workshops and discussion need to be expanded to other provinces and sectors (such as Bekasi, with the biggest electronics sector.) closely they are linked with the environment. This led to the establishment of the KFEM network introduced work collaboration between environment and OHS in the corporate sector.

In Indonesia, foreign investment for manufacturing and garments is increasing. 60% of the labour force is found in rural areas-mostly associated with extractive industries. Most of them work to survive. Industrial areas are mostly found near rivers—which damages the water eco-system and health of people living nearby. Workshops and discussion need to be expanded to other provinces and sectors (such as Bekasi, with the biggest electronics sector.)

It is their dream to be part of the National Safety Council (20 branches with 500 member organisations). These groups also cover issues related to health and environment.

Open Forum

Dr. Thambayappa shared that the SOCSO in Malaysia prohibits the issuance of litigation—it is costly to resort to litigation. There has to be a pool of lawyers willing to work pro bono. He explained that lawyers working the license, this is not enough. In Malaysia, there was a big factory run by Mitsubishi which people were not able to close. The next important step is to clean up which could be hard and costly in the long run.

In Indonesia, there are 31 diseases recognised as occupational by the government. It can be difficult to compensate any illness that is not recognised. In terms of legal aid, lawyers do not really understand the occupational health issues. There are several ways for the public to access court remedies such as class action suit. WAHLI has good connections with the legal aid foundation which helps them to cover litigation costs. Based on the environmental law in Indonesia, government is mandated to clean up, and companies have to pay to the government for cleanup.

Khan Samboon said that KEPT helped a community file a law suit against a coal power plant (located in Northern Thailand) against the Thai Government. One of the three cases filed involved 36 villages has succeeded. Because of medical records, victims got 200,000 Baht compensation from this win. It was difficult to mobilise a law suit when the local government did not have any medical proofs and hence they were not able to get any compensation. The protest on this issue is very sensitive and it may place risks on people involved as EGA is a very powerful agency and has resources to influence media and government.

Lobbying and Advocacy

Consumer Association of Penang (CAP), Malaysia

Dr. Thambayappa shared that there are about 415,000 registered employers in Malaysia. The OHS Strategic Driver has evolved through time. He said that demonstrating to work is covered as an industrial accident and is part of the Malaysian Social Security Funds (ODOSOE). They have been trying to remove this element from the category of industrial accidents.

Supreme Court rejected the people’s demand (2016). It is key to know that the people can sue the government for allowing companies to operate and pollute.

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Most of the time, everyone does risk assessment—which means expecting the damage. The procedure is a change to needs of work conditions. Needs assessments involve the whole community to fill in the gaps. This is the best tool to prevent any harm and provide the needs of the community.

Local Initiative for OSH Network (LIION, Indonesia)
The Local Initiative for OSH Network (LIION) is a labour organizing seminars, they also provide advice and complained about their health conditions: skin condition, eye irritation, coughing and breathing. 45-40% workers have undergone medical examinations but do not have access to the reports. Workers are told that they work with a good type of asbestos which does not cause disease. In terms of OHS rights awareness, there is a low awareness and willingness to join unions. The paid can access private insurance programmes. Few doctors specialise in these medical examinations.

Social Security Act Agriculture and the manufacturing industry are the biggest employers. There are 424 OHS related laws in the management system and OHS committee at the plant level. OHS is still considered a minor issue in labour. Social Security Act Agriculture and the manufacturing industry are the biggest employers. There are 424 OHS related laws in the management system and OHS committee at the plant level. OHS is still considered a minor issue in labour.
WEPT also coordinates with other groups and unions, diseases. Workers who contract these diseases work Low level of Unionisation; 1. 1993 - Kader fire and formation of WEPT in Thailand for foreign invested companies. WEPT encourage Unfortunately, the law does not recognise these kinds of At present, most problems are caused due to asbestos. But this government has moved back the country and abroad. We have to continue pursuing the campaign. Philippines

Open Forum Dr. Thambayappa asked about the level of response of the government to address workers\’ issues with regards to Asbestos. Khun Somboon said that the government in the past had already planned to ban the use of asbestos in the country. At present, WEPT is pushing for a policy to recognise other groups. Still there are a number of challenges reaction to the Fire Sparkler Accident in Malaysia

Building up a Sub-regional Strategy

Summary of the worker movements/activism in the SE Asian region

1. 1993 - Kader fire and formation of WEPT in Thailand and other countries. 2. 1994 - establishment of Compensation Fund in Thailand 3. 1994 - Occupational Safety and Health Act in reaction to the Fire Sparkler Accident in Malaysia

4. 1994 - ILO convention 155 on OSH coverage for all workers ratified by Vietnam

5. 2000 / 2002 - Class Action suits on Toxic waste / asbestos in Philippines

6. 2011 - Eon Tragedy in Philippines

7. 2014 - Bill on Penal provision on employers in Philippines

8. 2015 - Kentex Fire tragedy and formation of Victims network in Philippines

9. 2015 - Martyrdom of Sebastian in Indonesia

10. 2015 - Institute of OSH in Thailand after 10 years of struggle

I. 2016 - New OSH Law in Vietnam

Key Challenges

• Labour movement in the region is comparatively young with the exceptions of Malaysia 130 years old, Philippines about 50 years

• Trade unions are not strong and fully organised

• Low level of Unionisation

• Unions under management control

• OH & S is not a priority

• Labour Laws

are weak

Loopholes exploited by companies

Several sectors, class of workers not covered

They are not implemented well on the ground

Less inspectors

Multiple agencies involved with problem in coordination among them

Moving towards self-regulation by companies

Formed as a direct response to accidents - reactive rather than preventive

List of recognized occupational diseases is small compared to those recognized by ILO

Level of awareness among workers on their rights and laws is still low

In terms of Diagnosis, some countries have specialist places for diagnosis of ODs but in other countries there is a shortage of trained manpower and facilities. Difficult to establish causation of Diseases

Social Security for workers - Systems exist in several countries but - difficult to claim / all workers not covered

A critical population involving Migrant workers still face severe problems , not covered by law and further marginalised.

Outcomes and Way Forward Regional Level

For this session, country groups were expected to develop strategies based on the needs, critical areas, and how to build expertise nationally on occupational health issues. There has to be a timeline, national activities should be done up until 2017 Each group must work collectively to identify what should be the campaigns and strategies where energy should be focused nationally and look at what should be the collective campaign and strategy for the sub region. The group must conclude with a mapping exercise of needs in each country with realistic timelines and those responsibility for the tasks. All countries participating provided their short term and long-term plan (Appendix). AMRC then summed up the plans and action points to respond to the needs and provide ways to address these issues at the regional level. Safety experts in factories have to be identified and trained Philippines and Indonesia have safety committees provision in their law. Best practices can therefore be shared.

In terms of international solidarity the regional network can connect everyone to movements from other parts of the world. In terms of research, some work would to do ground
research on certain industry. This platform can provide a chance for other movements to contribute tools and information.

Action Point: They need to train researchers to strengthen their capacities on qualitative research (interviews and focus group discussions).

- Vietnam had revealed that there is a need for more dedicated statistics on OHS that show reality on the ground. There is a need to generate more data at the national and regional levels.

Action Point: In terms of collecting data, LION was thinking to develop a mobile application that workers can use to capture real-time photos and information. ANROEV has a Facebook page which can be used to share information. They can also email at anroev@gmail.com. While using online tools like twitter hashtags like #anroev to be voice out their claim and raise awareness.

- There is also a need to synthesize all national plans and come up with a regional plan that will help AMRC implement action points and monitor progress of planned activities.

Action Point: AMRC will look at the national Facebook page which can be used to share information and opportunities for networking: (1) Communication, (2) Training and Education, (3) Social Media and (4) Research.

- Everyone is encouraged to be more active in plugging in more dedicated statistics on OHS that show reality on the ground. ANROEV websit (www.anroev.org) has information on victims. There are four working groups within ANROEV which can provide information and opportunities for networking: (1) Communication, (2) Training and Education, (3) Social Media and (4) Research.

Annexure 1
Country Action Plans and Activities
Country Action Plans and Activities

<table>
<thead>
<tr>
<th>Country</th>
<th>Needs</th>
<th>Activity</th>
<th>Benefits</th>
<th>Timeline</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaysia</td>
<td>• Training for 10 Trainers</td>
<td>Undertake training on:</td>
<td>Aim to get maternity leave for 90 days.</td>
<td>9 months</td>
<td>• Workers and advocates need to be further trained and made aware of situations.</td>
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<tr>
<td></td>
<td>• Find Expert of OHS to Train the Trainers</td>
<td></td>
<td>Reduce cancer risks and cases.</td>
<td>3 months auditing</td>
<td>• Need help from Doctors and other experts on safety and health.</td>
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<tr>
<td></td>
<td>• OSH Education</td>
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<td></td>
<td></td>
<td>• They need help from Doctors and other experts on safety and health.</td>
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<td>Indonesia</td>
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<td>Philippines</td>
<td>• Law reform for better protection</td>
<td>• Urgent Meeting with legislators</td>
<td>• OHS becomes part of the national narrative</td>
<td></td>
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<tr>
<td></td>
<td>involving (1) Mandatory inspection</td>
<td>• Open Letter to the President and Labour Secretary to pass the bill</td>
<td>• Create public opinion and call for criminalisation of violations</td>
<td>Before July 25 (Congress</td>
<td>• International community has to join in signature campaign and online petitions</td>
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<td></td>
<td>(2) criminalization of violation</td>
<td>urgently after bill passed &amp; after meeting these government officials</td>
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<td>opening)</td>
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<tr>
<td>Justice for Kentex Workers</td>
<td>• Case follow-up</td>
<td>• Kentex cases become top priority for new labour strategy</td>
<td>• Continuous lobbying after July 25</td>
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<tr>
<td></td>
<td>• Meeting with Labour Secretary</td>
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**Country**

- **Malaysia**
  - **Needs**
    - Training for 10 Trainers
    - Find Expert of OHS to Train the Trainers
    - OSH Education
  - **Activity**
    - Undertake training on:
      - OSH issues
      - Gender issues
      - Reproductive health
      - Sexual harassment issues at workplace
  - **Benefits**
    - Aim to get maternity leave for 90 days.
    - Reduce cancer risks and cases.
  - **Timeline**
    - 9 months
    - 3 months auditing
  - **Comments**
    - Workers and advocates need to be further trained and made aware of situations.
    - Need AMCIC to provide education on safety and health.
    - AMCIC can support for training of trainers.
    - They need help from Doctors and other experts on safety and health.

- **Philippines**
  - **Needs**
    - Law reform for better protection involving (1) Mandatory inspection and (2) criminalization of violation
  - **Activity**
    - Urgent Meeting with legislators
    - Open Letter to the President and Labour Secretary to pass the bill urgently after bill passed & after meeting these government officials.
    - Kentex cases become top priority for new labour strategy.
  - **Benefits**
    - OHS becomes part of the national narrative.
    - Create public opinion and call for criminalisation of violations.
  - **Timeline**
    - Before July 25 (Congress opening)
    - Continuous lobbying after July 25
  - **Comments**
    - International community has to join in signature campaign and online petitions.

- **Justice for Kentex Workers**
  - **Needs**
    - Case follow-up
    - Meeting with Labour Secretary
  - **Activity**
    - Families will be updated
    - Kentex cases becomes top priority for new labour strategy.
  - **Benefits**
    - June 25 is the earliest court hearing.
  - **Timeline**
    - June 25
    - November 2016 - May 2017
  - **Comments**
    - International community has to join in signature campaign and online petitions.
    - They will be posting a photo with everyone for Justice for Kentex workers taken at the meeting.

**Country**

- **Malaysia**
  - **Needs**
    - Training for 10 Trainers
    - Find Expert of OHS to Train the Trainers
    - OSH Education
  - **Activity**
    - Undertake training on:
      - OSH issues
      - Gender issues
      - Reproductive health
      - Sexual harassment issues at workplace
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<td>Setting the standard of safety of asbestos in the atmosphere</td>
<td>• Coordinate with Ministry of Labour</td>
<td>• PEL should not be more than 0.01 cubic cm in the atmosphere</td>
<td>November 2016</td>
<td>• Skills sharing with experts from other countries</td>
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<td>Need to establish an organised law group</td>
<td>Regrouping lawyers focusing on OHS</td>
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<td>November 2016</td>
<td>Lions and FSPMI will take the lead on this.</td>
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<td>Campaign and public awareness and solidarity for OHS</td>
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<td>December 2016</td>
<td>All in the group will be part of this. The network can help for the protest for a regional action (one day of protest). Regional campaign.</td>
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<td>Conducting Research for needs based assessment on the impact on workers in Garment, Electronic and Coal industry (thermal power plant)</td>
<td>Research will start in August 2016.</td>
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<td></td>
<td></td>
<td>• Secondary Research has already been done on Garment and Coal</td>
<td>• UONI and FSPMI will take the lead on this.</td>
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<td></td>
<td></td>
<td>• Coal Industry in West Java and Batam</td>
<td>• They need more information about Coal industries in other countries.</td>
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<td>Arranging more diagnosis for asbestos victims</td>
<td>• Coordinate with disease control department</td>
<td>• More victims are treated and more people get to avoid harms of asbestos</td>
<td>One year</td>
<td>Develop plan to help people avoid or be treated from lung disease</td>
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<td></td>
<td></td>
<td>• Ask funding for this</td>
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<td></td>
<td>• Coordinate with Dr. Surasak, expert on Asbestos</td>
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<td>Involvement of private sectors in banning or addressing issues of asbestos use</td>
<td>• Discuss with business sector on asbestos use to stop the use of asbestos</td>
<td></td>
<td>Three months</td>
<td>They will discuss on tax measures and government movement.</td>
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<td></td>
<td>• Coordinate with Ministry of Health</td>
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<td></td>
<td>They will go to factory and discuss to use alternatives to asbestos</td>
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<td>Ensuring International Standards are enforced to protect OHS</td>
<td>• Lobbying for the ratification of ILO conventions 155, 167, 187</td>
<td></td>
<td>Long term goal</td>
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<td>• ILO 155, 167, 187 ratification by Government</td>
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<td></td>
<td>• Encourage people to access safety standards on OHS</td>
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<td>National Laws are needed to support victims and advocacies</td>
<td>• Campaigns</td>
<td>• Law on Occupational diseases can passed and implemented</td>
<td>Long term goal</td>
<td>There is no specific law on OHS. Their group is working on a law.</td>
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<td>Strengthen networks with labour union</td>
<td>Need to improve condition of OHS in every factory</td>
<td>Conduct Labour Registration for workers</td>
<td>2016 - 2020</td>
<td>It will benefit formal and informal workers and their communities</td>
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<td>Need to Increase quality and quantity of occupational medical doctors</td>
<td>Organise training course on OSH six months for Occupational medical doctors</td>
<td>Need for more unionised workers</td>
<td>2016 - 2020</td>
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<td>Both formal and informal workers have little or no information at all on OHS</td>
<td>Need to increase awareness of OHS</td>
<td>Training of Trainers on Social Protection and other allied worker issues</td>
<td>19-20 July</td>
<td>It will benefit formal, informal workers and their respective communities</td>
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<td>Needs assessment of information and informal workers on OHS</td>
<td>Little information on Chemicals used in Farming</td>
<td>Monitoring/Evaluation and Reporting</td>
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<td>Chemical Assessment of products and work environment</td>
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**Vietnam**

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**Laos**

- There is a need to benchmark from other countries. Countries should send a copy of any existing law on OHS to groups in Thailand.
- They need help for action plan from IAMIC. They will have many specific activities. They do have enough experiences on chemicals and their harms.
- LFTU, ECCDA and AMRC will take the lead.
- This will be for long term strategy. (2016-2020)

**Vietnam**

- They need a technical guideline for doctors on how to diagnose. They need an expert who can train.
- Focus on lung diseases and chemical harms.
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<td>Myanmar</td>
<td>Educators need to be capable</td>
<td>Capacity building for trainers</td>
<td>Increase understanding and improving advocacy</td>
<td>6 months</td>
<td>Create hubs for workers to get information and access more ways to services</td>
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<td>Update OSH Material for garment and construction workers</td>
<td>Labour Exchange</td>
<td>Improved knowledge</td>
<td>1 year</td>
<td>They want to update information from existing materials. They want to get information (training materials) on garment and construction workers</td>
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<td>Awareness on OSH and campaign</td>
<td>Creating POSH (Promotion OSH)</td>
<td>Increase understanding and improving advocacy</td>
<td>1 year</td>
<td>They would need solidarity campaigns from the region.</td>
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<td>Human Resources</td>
<td>20 training activities on OSH for garment workers</td>
<td>500 workers will be trained on OSH in 15 garment factories</td>
<td>December 2016-2017</td>
<td>They will be able to replicate these trainings in various factories and communities.</td>
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<td>Professional trainers on OSH from AMRC</td>
<td>Facilitator and Materials</td>
<td>Video Documentaries</td>
<td>Budget for training</td>
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<td>Need to maximize online platforms for awareness</td>
<td>Need internet services and Administrator for accounts</td>
<td>Promote awareness on OSH on Social Media (Facebook and Twitter)</td>
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<td>December 2016</td>
<td>10,000 workers will get information on OSH via Facebook and Twitter</td>
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