Community Development and the Mainstreaming of Occupational Health and Safety in Kenya

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Abstract
As there has been less activity regarding risk education to date at university level, and because it presents some special challenges, related to the autonomy of universities and the types of teaching methods traditionally used, the sharing of experiences and resources at the university level is particularly important. This paper focuses on the risk education, challenges and identifies what seem to be the more successful approaches that can be taken. Seeing occupational safety and health as a fundamental human right will ensure that the vulnerable workers mostly women, the poor and the children and forming the largest population of the working class get the basic knowledge of hazards, personal protection and that they do not work for long hours in unsafe conditions without health care or insurance covers. For occupational safety and health to attain the status of a basic human right for all workers, there is a need to ensure that the working environment protects and promotes occupational safety and health. However, professionals entering the workforce also need risk education in order to develop the necessary OSH skills, knowledge and attitudes. This need is more evident for architects and civil engineers who will have legal duties regarding the design, planning and execution of construction projects. But if OSH is truly to become an integral part of business management in all sizes of organizations, then all future managers and professionals need relevant risk education, not just those who will work in high risk sectors. The research is thus significant to health professionals who need to enter their careers having a clear understanding of occupational health.
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Keywords: community development, mainstreaming, occupational health, safety, Kenya
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INTRODUCTION
Community Development (CD) is a broad term applied to the practices and academic disciplines of civic leaders, activists, involved citizens and professionals to improve various aspects of local communities. Community development seeks to empower individuals and groups of people by providing them with the skills they need to effect change in their own communities. These skills are often created through the formation of large social groups working for a common agenda. Community developers must understand both how to work with individuals and how to affect communities' positions within the context of larger social institutions. Community Development Exchange (n.d) defines community development as: "both an occupation (such as a community development worker in a local authority) and a way of working with communities. Its key purpose is to build communities based on justice, equality and mutual respect."

Occupational health and safety is a cross-cutting disciplinary area concerned with protecting the safety, health and welfare of people engaged in work or employment. All occupational health and safety programmes are therefore geared towards fostering a safe working environment. As such, this area has dramatically developed a lot of interest in Kenya following the enactment of the new Constitution of Kenya and the Occupational Health and Safety Act No. 1 which came into force on 26th October 2007 (GOK, 2007), and saw many workplaces which had hitherto operated without institutional and individual capacity for health and safety management having to develop the requisite mechanisms in order to improve the safety of the working environment and escape liabilities. The corpus of law in Kenya dealing with occupational safety and health is contained in the international legal instruments which emphasise that everyone is entitled to the right to safe and healthy working conditions, the Constitution of Kenya, the Occupational Safety and Health Act No.15 of 2007, and the various labour laws now in force.

Seeing occupational safety and health as a fundamental human right will ensure that the vulnerable workers mostly women, the poor and the children and forming the largest population of the working class get the basic knowledge of hazards, personal protection and that they do not work for long hours in unsafe conditions without health care or insurance covers. For occupational safety and health to attain the status of a basic human right for all workers, there is a need to ensure that the working environment protects and promotes occupational safety and health. According to Pirani and Reynolds

(1976), occupational health and safety "is the discipline concerned with preserving and protecting human and capital resources in the workplace".

However, professionals entering the workforce also need risk education in order to develop the necessary OSH skills, knowledge and attitudes. This need is more evident for architects and civil engineers who will have legal duties regarding the design, planning and execution of construction projects. But if OSH is truly to become an integral part of business management in all sizes of organizations, then all future managers and professionals need relevant risk education, not just those who will work in high risk sectors. Health professionals also need to enter their careers having a clear understanding of occupational health.

Community development is a set of values and practices which plays a special role in overcoming poverty and disadvantage, knitting society together at the grass roots and deepening democracy. There is a CD profession, defined by national occupational standards and a body of theory and experience going back the best part of a century. There are active citizens who use CD techniques on a voluntary basis, and there are also other professions and agencies which use a CD approach or some aspects of it. Community development involves changing the relationships between ordinary people and people in positions of power, so that everyone can take part in the issues that affect their lives. It starts from the principle that within any community, there is a wealth of knowledge and experience which, if used in creative ways, can be channelled into collective action to achieve the communities' desired goals. Community development practitioners work alongside people in communities to help build relationships with key people and organizations and to identify common concerns. They create opportunities for the community to learn new skills and, by enabling people to act together, community development practitioners help to foster social inclusion and equality. In the 19th century, the work of the Welsh early socialist thinker Robert Owen (1771–1851) sought to create a more perfect community. At New Lanark and at later communities such as Oneida in the USA and the New Australia Movement in Australia, groups of people came together to create utopian or intentional utopian communities, with mixed success.

The Occupational Safety and Health Act
The Occupational Safety and Health Act 2007 (GOK, 2007) aims at securing the safety, health and welfare of workers and the protection of persons other than the workers against risks to safety and health arising out of, or in connection with, the activities of persons at work. The Occupational Safety and Health Act 2007 sets objectives to promote and improve occupational safety and health standards. In Part II, the general duties are laid down in the Act, and are supported by other requirements in the Act, codes of practice and regulations.

The general requirement for employers to consult and co-operate with safety and health representatives and other employees is part of the employer's general duty under the Act. Similarly, employees are required to co-operate with employers in safety and health matters so that employers are able to meet their responsibilities. The Act also provides for the election of employee safety and health representatives and the formation of workplace safety and health committees. Safety and health committees are made up of employer representatives and safety and health representatives, or employee representatives if the workplace has no safety and health representatives. The Act encourages employers and employees to resolve safety and health issues in a spirit of cooperation, using procedures developed through consultation. The Act places emphasis on workplace consultation between employers and employees, and safety and health representatives, if the workstation has any.

The Act also provides a framework where regulations, codes of practice, workplace standards and procedures to resolve issues support the general duty of care. The general duty of care is the guiding principle for all other parts of the Act. Under the Act, all parties involved with work have responsibilities for safety and health at work. This includes employers, employees, self-employed persons and others, such as people who control workplaces, design and construct buildings or manufacture and supply plant. The duties under the Act are expressed in broad terms, under Section 6 (2) (a-g), the duties are spelt thus:

- The provision and maintenance of plant and systems and procedures of work that are safe and without risks to health
- Arrangements for ensuring safety and absence of risks to health in connection with the use, handling, storage and transport of articles and substances
- The provision of such information, instruction, training and supervision as is necessary to ensure the safety and health at work of every person employed
- The maintenance of any workplace under the occupier's control, in a condition that is safe and without risks to health and the provision and maintenance of means of access to and egress from it that are safe and without such risks to health
- The provision and maintenance of a working environment for every person employed that is, safe, without risks to health, and adequate

as regards facilities and arrangements for the employees welfare at work

- Informing all persons employed of; (a)any risks from new technologies; and (b) imminent danger
- Ensuring that every person employed participates in the application and review of safety and health measures

The Act requires every workplace to be kept in a clean state, free from effluvia arising from any drain, sanitary convenience or nuisance. An occupier who contravenes these 13 provisions on cleanliness commits an offence. It also makes provision for environmental protection officers whose main purpose is to evaluate and coordinate the storage and handling of hazardous waste, the cleanup of contaminated soil or water, or other activities that affect the environment. Such an outline of duties in very broad terms and without an effective enforcement mechanism raises doubt as to whether the employers or occupiers will fulfil these obligations given their lack of commitment to the same.

STATEMENT OF THE PROBLEM

Occupational health and safety is a cross-cutting disciplinary area concerned with protecting the safety, health and welfare of people engaged in work or employment. All occupational health and safety programmes are therefore geared towards fostering a safe working environment. There has been less activity regarding risk education to date at university level, and because it presents some special challenges, related to the autonomy of universities and the types of teaching methods traditionally used, the sharing of experiences and resources at the university level is particularly important. This paper focuses on the risk education, challenges and identifies what seem to be the more successful approaches that can be taken.

Seeing occupational safety and health as a fundamental human right will ensure that the vulnerable workers mostly women, the poor and the children and forming the largest population of the working class get the basic knowledge of hazards, personal protection and that they do not work for long hours in unsafe conditions without health care or insurance covers. For occupational safety and health to attain the status of a basic human right for all workers, there is a need to ensure that the working environment protects and promotes occupational safety and health. However, professionals entering the workforce also need risk education in order to develop the necessary OSH skills, knowledge and attitudes. This need is more evident for architects and civil engineers who will have legal duties regarding the design, planning and execution of construction projects. But if OSH is truly to become an integral part of business management in all sizes of organizations, then all future managers and professionals need relevant risk education, not just those who will work in high risk sectors.

DISCUSSION

The nature of the work of emergency workers puts them at the top of those professions who have to deal with a considerable number of occupational health and safety hazards which are often unavoidable. Frequently, they do not face one single safety risk, but a complex combination of risk factors, including the unpredictability of the situations they are required to work in. There are some general OSH issues likely to occur in any type of emergency intervention, such as physical and psychological overstrain. Other hazards are more typical for natural or man-made disasters. Additionally, the existing risks may be considerably increased by poor management. Workplace scenes demanding the intervention of emergency workers may be located in remote, difficult to access areas (mountains, sea, caves), with changing and sometimes extremely difficult weather conditions. Emergency workers must arrive very rapidly at the disaster scene at any time of the day or night, and there is always the possibility of car crashes or other transportation accidents on the journey to the disaster scene or to hospitals. The collapse of buildings and other structures is likely during and after most natural disasters, and as a result of fires and explosions (Gershon *et al.*, 1995).

In operational situations at the scene of the emergency, surfaces are frequently unstable, narrow, inclined, slippery or dark, of all which pose slip and trip risks, the risk of falling or overexertion of different body parts (Cham & Redfern, 2002; Gershon *et al.*, 1995). Walkway impediments, such as icy steps, wet leaves, broken and uneven pathways, may also cause slips, and trips and falls (Gershon *et al.*, 1995).

Emergency workers provide pre-hospital health care at the scene which often means provision of health care under uncontrolled and adverse circumstances, such as in a moving ambulance, at an accident scene, or in locations with confined space or limited visibility (Boal *et al.*, 2005). The taking of reasonable precautions, such as regularly changing gloves and washing hands or the appropriate disposal of sharp devices in containers, is more difficult than in a controlled situation. Exposures to blood or body fluids are also more likely, since victims may be seriously injured by broken glass or debris and suffer from uncontrolled bleeding. They may even behave aggressively and hurt the emergency worker (Boal *et al.*, 2005).

Dealing with criminal and terrorist attacks, as well as working with people who are suffering, in need, frustrated, desperate, confused, angry, traumatised

and generally under the influence of strong negative emotions put emergency workers at increased risk of violence and homicide. Potential hazards during public events include the unpredictable behaviour of large crowds panicking while trying to escape from confined spaces (Boal *et al.*, 2005).

Occupational Health and Safety in Kenya

The status of occupational health and safety conditions in Kenya is an issue of growing importance to the industrialists, practioners, the Government and consumers. Occupational, health and safety issues are anchored in the Ministry of Labour, Department of Occupational Health and Safety. The factories Act Cap 514 which came into operational on 1st September 1951, makes provision for the health, safety and welfare of persons employed in factories and other places of work. The Act is predominantly socioeconomic in nature and focuses on the shop floor conditions of the factory, safety devices, machine maintenance, safety precautions in case of fire, gas explosions, electrical faults, provisions of protective equipment among others.

Churches and other religious organizations are covered if they employ workers for secular purposes. The Act excludes the self-employed, family farms, workplaces covered by other federal laws (such as mining, nuclear weapons manufacture, railroads and airlines) and state and local governments (unless state law permits otherwise). The Act covers federal agencies and the United States Postal Service.
Due to the difficulty of the rule-making process (which is governed by the Administrative Procedures Act), OSHA has focused on basic mechanical and chemical hazards rather than procedures. Major areas which its standards currently cover are: toxic substances, harmful physical agents, and electrical hazards, fall hazards, hazards associated with trenches and digging, hazardous waste, infectious disease, fire and explosion dangers, dangerous atmospheres, machine hazards, and confined spaces.

Community Development in Kenya

Community development combines the idea of "community" with "development" while the concept of community – a group of people with a shared identity. Hence, community development relies on interaction between people and joint action, rather than individual activity – what some sociologists call "collective agency" (Flora & Flora, 1993). "Development" is a process that increases choices. It means new options, diversification, thinking about apparent issues differently and anticipating change (Christenson *et al.*, 1989). Development involves change, improvement and vitality –a directed attempt to improve participation, flexibility, equity, attitudes, the function of institutions and the quality of life. It is the creation of wealth – wealth meaning the things

people value, not just dollars (Shaffer, 1989). It leads to a net addition to community assets, avoiding the "zero sum" situation where a job created "here", is a job lost "there".

Putting the two terms together, community development means that a community itself engages in a process aimed at improving the social, economic and environmental situation of the community. The community is both the means and the end of community development. The community itself takes action and participates together. It is through this action that the community becomes more vital, not just economically but as a strong functioning community in itself.

The key to community development is facilitating a community in applying the principles to guide a flexible series of actions that are appropriate for the situation of the community. There are many "models" and frameworks for community development processes. There is a trade-off between communities having clear future plans for steps in the process and retaining flexibility and versatility. Considerable skill, confidence and judgement are needed to maintain an adaptable community-led process guided by the principles of community development.

In the United States in the 1960s, the term "community development" began to complement and generally replace the idea of urban renewal, which typically focused on physical development projects often at the expense of working-class communities. In the late 1960s, philanthropies such as the Ford Foundation and government officials such as Senator Robert F. Kennedy took an interest in local non-profit organizations - a pioneer was the Bedford-Stuyvesant Restoration Corporation in Brooklyn - that attempted to apply business and management skills to the social mission of uplifting low-income residents and their neighbourhoods. Eventually such groups became known as "Community Development Corporations" or CDCs. Federal laws beginning with the 1974 Housing and Community Development Act provided a way for state and municipal governments to channel funds to CDCs and other non-profit organizations. National organizations such as the Neighbourhood Reinvestment Corporation (founded in 1978 and now known as Neighbour Works America), the Local Initiatives Support Corporation (founded in 1980 and known as LISC), and the Enterprise Foundation (founded in 1981) have built extensive networks of affiliated local non-profit organizations to which they help provide financing for countless physical and social development programmes in urban and rural communities. The CDCs and similar organizations have been credited with starting the process that stabilized and revived seemingly hopeless inner city areas such as the South Bronx in New York City.

Community development in Canada has roots in the development of co-operatives, credit unions and caisses popularizes. The Antigonish Movement which started in the 1920s in Nova Scotia, through the work of Doctor Moses Coady and Father James Tompkins, has been particularly influential in the subsequent expansion of community economic development work across Canada. Community planning techniques drawing on the history of utopian movements became important in the 1920s and 1930s in East Africa, where Community Development proposals were seen as a way of helping local people improve their own lives with indirect assistance from colonial authorities.

Community Development became a part of the Ujamaa Villages established in Tanzania by Julius Nyerere, where it had some success in assisting with the delivery of education services throughout rural areas, but has elsewhere met with mixed success. In the 1970s and 1980s, Community Development became a part of "Integrated Rural Development", a strategy promoted by United Nations Agencies and the World Bank.

In the 1990s, following critiques of the mixed success of "top down" government programmes, and drawing on the work of Robert Putnam, in the rediscovery of Social Capital, community development internationally became concerned with social capital formation. In particular the outstanding success of the work of Muhammad Yunus in Bangladesh with the Grameen Bank, has led to the attempts to spread microenterprise credit schemes around the world. This work was honoured by the 2006 Nobel Peace Prize.

The "Human Scale Development" work of Right Livelihood Award winning Chilean economist Manfred Max-Neef (1991) promotes the idea of development based upon fundamental human needs, which are considered to be limited, universal and invariant to all human beings (being a part of our human condition). He considers that poverty results from the failure to satisfy a particular human need, it is not just an absence of money. Whilst human needs are limited, Max-Neef (1991) shows that the ways of satisfying human needs is potentially unlimited. Satisfiers also have different characteristics: they can be violators or destroyers, pseudo satisfiers, inhibiting satisfiers, singular satisfiers, or synergic satisfiers. Max-Neef (ibid.) shows that certain satisfiers, promoted as satisfying a particular need, in fact inhibit or destroy the possibility of satisfying other needs: e.g., the arms race, while ostensibly satisfying the need for protection, in fact then destroys subsistence, participation, affection and freedom; formal democracy, which is supposed to meet the need for participation often disempowers and alienates; commercial television, while used to satisfy the need for recreation, interferes with understanding, creativity and identity. Synergic satisfiers, on the other hand, not only satisfy one particular need, but also lead to satisfaction in other areas: some examples are breast-feeding; self-managed production; popular education; democratic community organizations; preventative medicine; meditation; educational games.

Mainstreaming occupational safety and health (OSH) into the education of children and young people has an important part to play in developing and improving safety cultures in the workplace. This is recognized in European Community strategy on occupational health and safety and in the OSH strategies of the Member States. In particular, there has been increasing recognition that risk education should form part of the training for those entering manual vocational trades and there has been a great deal of activity to embed it into vocational courses and develop suitable, participative learning methods and resources.

However, professionals entering the workforce also need risk education in order to develop the necessary OSH skills, knowledge and attitudes. This need is more evident for architects and civil engineers who will have legal duties regarding the design, planning and execution of construction projects. But if OSH is truly to become an integral part of business management in all sizes of organizations, then all future managers and professionals need relevant risk education, not just those who will work in high risk sectors. Health professionals also need to enter their careers having a clear understanding of occupational health.

As there has been less activity regarding risk education to date at university-level; and because it presents some special challenges, related to the autonomy of universities and the types of teaching methods traditionally used, the sharing of experiences and resources at the university-level is particularly important. This paper has focused on the risk education, challenges and identified what seem to be the more successful approaches that can be taken. The paper presents a variety of cases from the Member States and beyond and contribute to this process and provide practical support to all those working on this issue, whether in the field of OSH or the field of education.

CONCLUSION AND RECOMMENDATIONS

The discussion in this paper clearly illustrates that the right to safe and healthy working conditions as a fundamental human right has not been realised in Kenya. This is despite the enactment of the Occupational Health and Safety Act and the new constitution. The enactment of the Act was laudable as it was seen as a big step towards curbing

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occupational related diseases, injuries and harm, both to the workers and to the natural environment. However, there is a dire need of overcoming the capacity challenges in the Act in order to achieve its objects. There is a need to introduce provisions to guarantee equal treatment and opportunities to the informal sector workers. Amendments should be introduced to the Work Injury Benefits Act or a redrafted Bill on Work Injury Benefits to Parliament for enactment to ensure that work injury cases are not held in abeyance before the courts.

In conclusion and in line with all the International Laws that guarantee the right to safe and favourable working conditions as a fundamental human right, Kenya needs to fill the major gaps in law relating to coverage of all work places, setting of clear rights and duties for tripartite co-operation, the right to refuse dangerous work, overcoming the administrative fragmentation of enforcement systems, strengthening penalties envisaged in the Act and ensuring greater harmonisation of the laws on health and safety, the codes of practice and standards. With the new dawn brought by the new constitution, the challenges outlined above have to be addressed, if occupational health and safety is to be realised as a fundamental human right in Kenya.

Community development is a process that leads to not only more jobs, income and infrastructure, but also communities that are better able to manage change. Community members can better mobilise existing skills, reframe problems, work cooperatively and use community assets in new ways. Principles of self help and participation guide a flexible process. While there is no recipe, major steps are identifying existing concerns, engagement, self examination, exploration, prioritisation, planning and action.

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