



## Enhancing Occupational Health and Safety Standards in Khyber Pakhtunkhwa: A Strategic Approach

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**Abstract:** The purpose of this study is to describe the process for improving Khyber Pakhtunkhwa's occupational health and safety standards. To carry out the investigation, researchers employed a secondary data collection approach. It comprised interviews with quality assurance managers and health and safety executives who submitted reports to the department from six chosen secondary level hospitals, as well as an analysis carried out following the examination and analysis of reports, data, and other documents. The findings of this study indicate that the majority of Pakistan's workforce lacks occupational safety and health training and is illiterate. In Pakistan, there are much fewer occupational health doctors and nurses than there are workers overall. This indicates that the nation does not have a formalized system for occupational health. While the state of occupational safety and health (OSH) is typically improving in export-oriented businesses, most of these industries are ill-organized. The impact of a nation's labor force can be fully understood in the midst of an ongoing economic crisis, but even in growing nations like Pakistan, where economic progress is prioritized, circumstances for occupational health and safety remain appalling, as this review has shown. Not only are OHS regulations urgently needed to be strengthened, but methods for putting them into practice as well as increased OHS knowledge, training, and conditions across the nation must be established.

**Key words:** OHS, Khyber Pakhtunkhwa, Health Standard, Enhancing OHS

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### 1. Introduction

One of the most horrifying tragedies of the modern industrial age and a clear example of economic waste are work-related illnesses and accidents. Worldwide, the prevalence of occupational illnesses and injuries remains extremely high. Due to a number of issues, including illiteracy, a lack of education, poor medical facilities, a lack of trustworthy information, and statistics on the number of worker fatalities and injuries annually, the situation is even worse in many developing nations like Pakistan. Employees who are well are more productive, have higher morale, and produce more. The use of contemporary, risky technologies in several industries has led to increased accident rates, occupational illnesses, and unhygienic working conditions (Ullah et al, 2021). Since the majority of Pakistan's labor lacks formal education, many of them are unaware of the safety precautions that should be taken at work. This leads to an increasing number of work-related illnesses and accidents, which costs businesses precious working hours and causes independent contractors to lose their source of income. Pakistan's infrastructure for promoting and enforcing occupational safety and health is insufficient, and the country falls behind other countries in terms of enabling legislation. A sizable fraction of the labor force works in unregulated and informal industries like construction, small businesses, and agriculture (Khalid et al, 2021). Certain parts of the workforce, particularly women and children, are

particularly vulnerable since they work primarily in agriculture and the unorganized sector and have little to no access to basic occupational health care.

Like many developing nations, Pakistan's economy is currently going through a transitional period. The expansion of international trade is posing additional obstacles for OSH. Disinvestment and privatization are occurring in state-owned businesses and monopolies. The informal and service sectors are expanding quickly in spite of the official industrial sector's recent lacklustre expansion. Children and women are being forced into the workforce by rising unemployment, population increase, and inflation. The majority of the workforce lacks the skills necessary to handle the risks that come with using today's technologies and procedures. The OSH legislation has to be updated. The nation lacks the essential infrastructure and skilled labour to offer workers occupational safety and health services (Hussain et al, 2022).

### **1.2 Research Aims and Objectives**

- a) Assess the current state of occupational health and safety (OHS) standards in KPK.
- b) Identify key challenges and gaps in existing OHS practices.
- c) Propose strategic interventions to enhance OHS standards.
- d) Evaluate the potential impact of proposed strategies on workplace safety.

### **1.3 Research Questions**

- a) What is the current level of compliance with OHS standards in KPK?
- b) What are the main challenges faced by organizations in implementing effective OHS measures?
- c) How do workers perceive the safety culture in their workplaces?
- d) What strategic approaches can be employed to improve OHS standards in KPK?
- e) What is the anticipated impact of enhanced OHS standards on workplace safety and employee well-being?

### **1.4 Significance of the Study**

This study is crucial because it clarifies the regulations pertaining to employee health and safety at work and shields them from risks brought on by occupational hazards. It also supports a safe and healthy work environment that meets the physical, physiological, and psychological needs of employees and addresses issues that are related to or related to the work itself. This study takes all reasonable steps to protect the health and safety of the people in the workplace. It was ensured that risks and hazards at work, both new and old, were routinely and methodically identified. The purpose of this study is to set up an annual training programme for safety and health representatives, who will pay for all associated costs and attend health and safety training that has been approved by the government (Qazi et al, 2006). This study explains that before any task begins, workers should be informed about the risks involved, the dangers related to their employment, and the necessary preventive and protective measures in an easily understood textual form. If hazards cannot be eliminated or controlled, it provides workers with appropriate protective apparel and equipment as deemed required by the government, at their own expense, to mitigate all risks of harm and negative health impacts (Qazi et al, 2006). It explains that everyone in charge of a workplace who is not a worker but is still using the space must, to the extent that it is reasonably practical, make sure that the space, all access points to and from it, and any plants or substances there are used safely and without endangering anyone's health. Suppliers who create, produce, import, or supply any item for use in the workplace are required to take specific actions sufficient to guarantee, to the extent that it is reasonably practicable, that the item is made and constructed in a way that makes it safe and poses no health risks when used as intended.

### **1.5 Health Care System in Khyber Pakhtunkhwa, Pakistan**

One of Pakistan's four administrative provinces, Khyber Pakhtunkhwa is located in the northwest of the nation. The current "Health Sector Strategy (HSS) in Khyber Pakhtunkhwa" has been found to have numerous flaws and challenges, such as low funding protection, fragmented and abandoned reform initiatives, poor standards and efficacy of care, limited executive capacity, and weak responsibility at all levels (ASIAN DEVELOPMENT BANK, 2019). The public health system is also consistently underfunded. The province's health results require significant improvement, and reaching the "Sustainable Development Goals" will be difficult. The province has decentralized control over tertiary and teaching hospitals. One of the most important devolutions of powers to the local government is the devolution of financial power, which enables them to reallocate their allotted budget to areas of their choosing.

This flexibility and effectiveness enable the local governments to address both emerging and perennial problems within their jurisdiction. The province government has set out on a bold quest to implement a number of legislative and programmatic measures to transform the health care system (ASIAN DEVELOPMENT BANK, 2019).

Furthermore, in "December 2015, the Khyber Pakhtunkhwa government" introduced the Sehat Sahulat Programme, a provincial social health protection programme (SHPI). The program's present reach is 51% of the population of Khyber Pakhtunkhwa, and it is being expanded to 69%. The goal of the 2016-launched Khyber Pakhtunkhwa Health Roadmap is to implement focused interventions in important areas of the health sector. In order to guarantee that proposed changes are grounded in solid technical knowledge and to oversee those that have already been implemented, a health sector reforms unit was established in 2014. The task of devising locally applicable answers to the problems the province faces falls on the health sector reforms unit (ASIAN DEVELOPMENT BANK, 2019).

### **1.6 Health and Safety Rules/Standards in Khyber Pakhtunkhwa**

The Government may adopt regulations for the health and safety of individuals in any type of establishment or class of establishments in the prescribed way, on the Council's proposal, and by publishing a notice in the official Gazette. The following topics may be covered by the regulations established under sub-section, without limiting the generality of the preceding clause:

- Workplaces include their layout, structural elements, installation, upkeep, repair, and modifications, as well as the ways to enter and exit them.
- The conditions of the workplace, including artificial humidification, lighting, ventilation, odour, temperature, noise, dust, and fumes.
- Design, manufacture, use, upkeep, testing, and inspection of machinery and equipment that could pose a risk, as well as the removal and relocation of such items as necessary.
- Avoidance of detrimental physical or emotional stress brought on by working conditions.
- Handling, stacking, and storing of materials and loads—either mechanically or manually. fencing and guarding the equipment, as well as working near or at moving gear.
- Instructions, supervision, and training about the use of hazardous machinery, fencing, or casings, damp flooring, exposed wiring, safety escapes, emergency exits, and safe electric wiring and fittings, among other things (Zahoor et al, 2015).
- Production, packaging, labelling, transportation, storage, and use of hazardous materials and agents, as well as the removal of any waste products and residues left behind. When necessary, these materials and agents may be substituted with less or no risky alternatives.
- Management of the environment and other surrounding elements in the workplace. Preventing and managing risks resulting from variations in barometric pressure.
- Preventing fires and explosions as well as taking action in the event of one (Jiskani et al, 2022).

## **2. Literature Review**

According to Atiq & Akhlaq's (2022) research, organizations are now required by both local and international legal regulations and standards to do work in a safe atmosphere. occupational health and safety (OHS) regulations are now required in practically all industries. But there is also a lack of adequate monitoring and a lack of adherence to safety protocols by many organizations in underdeveloped nations. Thus, the goal of their research is to ascertain the occupational health and safety regulations that apply to Karachi, Pakistan's food manufacturing industry. To further understand their OHS policies, a number of food manufacturing companies were contacted, and interviews were held with executives in charge of health and safety and quality assurance to assess and examine working conditions. According to their research, several challenges that businesses have while attempting to adopt and adhere to OSHA regulations differ from one organization to the next; nonetheless, the majority of these challenges are related to worker flexibility, expenses, and training requirements. The state of local businesses is appalling. The majority of them lack HSE officers, the idea of toolbox talks, and preventive and safety measures, all of which exacerbate the situation and increase the risk of fatalities since there is little legal enforcement. This study comes to the conclusion—keeping in mind the viewpoints of management—that improvements in the occupational health and safety domain can be attained by creating a national framework for laws and policies in accordance with ILO conventions for a better working environment and by implementing appropriate law enforcement (Atiq & Akhlaq, 2022).

A study by Murad et al. (2022) was conducted in order to provide a Pakistani occupational safety and health country profile. To gather the data, a number of Pakistani government entities were visited, and relevant officials were

questioned. In Punjab province, Pakistan, a survey on OSH was carried out among 50 enterprises to ascertain the current state of OSH in the paint, shoe, surgical instrument, and furniture production sectors. The majority of Pakistan's workforce lacks occupational safety and health training and is uneducated. Furthermore, no Pakistani curriculum includes OSH. In Pakistan, there are much fewer occupational health doctors and nurses than there are workers overall. This indicates that the nation does not have a formalized system for occupational health. Although OSH conditions are generally badly organized, they promote growth in export-oriented businesses such as sports products, surgical instrument manufacture, and textiles. According to the findings of their study, Pakistan's businesses must do a lot to raise the country's health and safety standards at work in order to compete internationally and tackle the new difficulties posed by globalization (Murad et al., 2022). According to a study by Shaikh et al. (2018), the textile industry's dangerous facilities, inadequate emergency protocols, and subpar OHS procedures have resulted in thousands of worker deaths and injuries. Understanding the risks present at work is crucial. Their study's goal was to evaluate worker safety procedures and dangers in the textile sector in Kotri, Sindh, Pakistan. Occupational Health and Safety Practices (OHSP) include awareness of clinics, awareness of hazards, awareness of preventive measures, medical billing facilities, and periodic medical testing. Furthermore, the majority of respondents concurred that the employer did not provide personal protective equipment. Their research suggests that workplace occupational health and safety regulations were not being met. As a result, the company ought to implement (OHSP) in the workplace seriously (Shaikh et al. 2018).

The purpose of Hou et al. (2021) study was to determine how "health and safety practices (HSPs)" could enhance both company performance and safety performance. Their research was carried out in Pakistan, a South Asian developing nation. Statistical software was used to analyze the data in order to find scientific answers. The "Cronbach's alpha coefficient,.80," which indicates that the construct items exhibit interitem consistency, was the main tool used to assess the viability of survey data. The results of their investigation show that HSPs have a major impact on SMEs' performance as well as safety performance. In order to reap the benefits of improved SME and safety performance, businesses in underdeveloped nations must give HSPs more consideration. There is a thorough discussion of the implications (Hou et al., 2021). Abbas et al.'s (2023) study examined the factors that contribute to needle stick injuries (NSIs) and how occupational health and safety (OHS) coverage affects the rights of medical professionals in Pakistan. The analysis found substantial connections between the following variables: job type and safety behaviour, health care workers' age group and safety management, work shift and safety information, safety awareness, and work experience with safety management. It was also discovered that the nation lacks a dedicated OHS law for healthcare professionals (Abbas et al., 2023).

### **3. Methodology of the Study**

#### **3.1 Study Design**

Researchers used a secondary data collection strategy to conduct the investigation. It included an analysis conducted after reports, data, and other documents were examined and analyzed, along with interviews with quality assurance managers and health and safety executives submitted reports about their health labor at health management department from six selected secondary level hospitals. We also looked into official regulations pertaining to workplace health and safety, as well as research articles from other countries and localities. The rationale behind selecting a case study methodology was to conduct a thorough analysis of the occupational health and safety regulations and protocols implemented by the Khyber Pakhtunkhwa health care sector within the framework of Pakistan. Additionally, the aim was to extract insights that may have relevance for other manufacturing sectors within the country.

#### **3.2 Method of Data Collection**

A thorough desk assessment of the most recent records and information from the DOH and affiliated offices was the first step in the review process. With the assistance of Khyber Medical University, the review team—which included ADB employees as well as national and international specialists in governance, health facility development, funding, quality improvement, and behavior change communication—conducted a quantitative survey in secondary care facilities. Three additional hospitals, four RHCs, four outpatient facilities, six teaching and specialized hospitals (one private), eight district headquarters (DHQ) hospitals, one private hospital, and twelve tehsil headquarters (THQ) hospitals were among the thirty-seven facilities the facility survey covered. The purpose of the poll was to provide further insight into the important accountability and governance concerns mentioned in the HSS 2018–2023. The ADB review team carried out two missions between November 2018 and February 2023. These missions comprised



six on-site visits to secondary care institutions and comprehensive meetings with stakeholders, including over 100 members of the DOH, affiliated offices, and government hospitals.

### 3.3 Data Analysis

A questionnaire and a checklist were created to direct the review visits at six chosen secondary level hospitals following the examination and analysis of reports, data, and other materials. Six of Khyber Pakhtunkhwa's 97 secondary level hospitals were specifically chosen by the DOH to reflect a variety of provincial situations. Additionally, a group of faculty members from Khyber Medical University performed a survey on the district (secondary care) level referral mechanisms as well as the quality of service in seven of the nineteen DHQ hospitals (Tahir et al, 2023).

## 4. Results and Findings

### 4.1 Problems with following OHS

Implementing occupational health and safety policies in an organization might occasionally result in a number of problems that obstruct corporate operations. These problems differ depending on the organization. While some managers claim that adhering to OHS regulations can be expensive, others contend that lengthy training sessions cause delays in business operations. According to a report by Atiq & Akhlaq (2022), which examined a manager's perspective on OSH conditions in the food industry, *"We have to provide training to new hires... this is not like the basic training that companies provide."* It takes months for industrial workers to complete the demanding training, which consumes a lot of our time and energy. Additionally, the manager clarified, saying, *"We have to update the infrastructure; implementing OHS is by no means simple and comes with a lot of costs. It's an expensive procedure overall since we have to buy machinery and equipment that complies with safety rules and obtain a permission from the local government, which is an additional expense."* Second, managers have noted that while most want to stick to outdated procedures, safety regulations may worsen employee participation in the process, which would hinder productivity. *"For them (employees), it is simpler to just adhere to the traditional methods... Because people are naturally resistant to change, they occasionally rush into and out of a location without donning the necessary gear. Despite our warnings that this is bad for their health, they continue to manufacture excuses."* Thirdly, while some employees take a long time to become used to the safety regulations, many workers oppose the change that comes with adhering to OHS standards. *"We inform them during the training process that they are for your safety, but most of them are hesitant and don't follow the OHS requirements. Even those that do follow need a long time to get used to the standards, so we need to keep an eye on them because if we don't, they could skip even the smallest tasks, which could throw off the entire process (KHYBER PAKHTUNKHWA ACT NO. XV OF 2022, 2022)."*

### 4.2 Enhancing Occupational Health and Safety Standards in Khyber Pakhtunkhwa

A methodical approach should be taken to enhance the quality of care, building on recent measures by the Government of Khyber Pakhtunkhwa to promote quality management in the healthcare system generally and in hospitals in particular. This strategy would include actions to establish and improve adherence to standard operating procedures (SOPs) in order to lessen arbitrary deviations in therapeutic and diagnostic processes that result in the inefficient and ineffective delivery of care. The province's health care system has to create and systematically implement three essential components of quality management.

### 4.3 Standard Operating Procedure

SOPs like as guidelines and clinical pathways are not available or used in hospital-based inpatient and outpatient care, with a few notable exceptions. This does not imply, however, that diagnoses and treatments are decided without consulting anybody because department heads or senior physicians guarantee control and offer direction. However, this suggests that clinical cases are managed using a hierarchical organizational model as opposed to a contemporary, interdisciplinary, interprofessional, team-oriented, transparent model that is founded on predetermined standards, adheres to global best practices, and takes scientific evidence into consideration (Muhammad, 2022). The development of clinical guidelines and protocols for the most common illnesses and ailments that would need to be admitted for secondary level inpatient care is still lacking. Approximately 85% of the total amount of services offered at the secondary level is the goal. To achieve this goal, the top 10 illnesses and ailments from each of the four fundamental medical specialties—internal medicine, paediatrics, surgery, and gynaecology or obstetrics—usually suffice (KHYBER PAKHTUNKHWA ACT NO. XV OF 2022, 2022).

#### **4.4 Framework for Continuous Quality Improvement**

There is currently no framework in place to improve the standard of treatment provided in Khyber Pakhtunkhwa's secondary hospitals. The protocols listed above would just be one component. The ultimate goal of quality management in any industry, not only at the service or facility level but also at the level of the health care system, is continuous quality improvement (CQI), which can only be achieved by building a comprehensive framework around two pillars: internal quality management and external quality management. All secondary level care facilities are required to establish annual quality reports that detail the outcomes of their internal quality management initiatives, such as indicator monitoring, quality circles or committees, mortality conferences, analysis of quality issues, and discussion, implementation, or oversight of corrective measures. The availability of these reports can be a requirement for accreditation or licensure. The DOH (quality department) is responsible for gathering data on specific indicators from all hospitals and analysing it by comparing the outcomes and their core services to one another in relation to external quality management. In order to prevent bias in the evaluation caused by "cream skimming" by healthcare providers and other measures to intentionally or inadvertently distort data on clinical outcomes, this procedure will need to take into account the patient mix that the hospitals are dealing with. Health care facility management and the DOH will benefit from this type of benchmarking in monitoring and enhancing the quality of care (KHYBER PAKHTUNKHWA ACT NO. XV OF 2022, 2022).

#### **4.5 Continuous Medical Education**

Health care facilities' protocols, pathways, systematic quality management processes, and associated tools and instruments demand that all medical, paramedical, technical, and administrative staff members regularly update their knowledge and skills through training and other capacity-building initiatives. All employees should be required to participate in these activities, and their participation should be tracked and recorded using a credit points account.

#### **4.6 Training at Workplace related to OSH**

The primary goal of the training was to provide guidance to employers and employees at the enterprise level regarding the establishment of safe, healthy, and productive work environments. It also aimed to exchange useful ideas for enhancing important aspects of production, including material handling, workstations and tools, machinery safety, working environment, hazardous agent control, welfare facilities provision, and work organisation improvements. Additionally, the training focused on inexpensive, simple solutions that could be implemented at work with readily available resources. By doing this, it demonstrated how employers and employees could work together to implement cost-effective measures. The trainings offered as part of the ILES initiative gave managers and employees useful tools that they could use to evaluate their workplaces and create improvement plans. Real-world examples of businesses that profited greatly from employee participation in risk assessment and improvement initiatives were also shown throughout the training (International labor organization, 2018).

#### **4.7 Precautions against Contagious, Occupational or Infectious Disease at Workplaces**

Based on an analysis of all secondary data related to occupational safety and health at the Khyber Pakhtunkhwa hospital, it has been determined that every employee will receive a hygiene card. In the months of January and July of each year, entries will be made into the card following an examination by a registered medical practitioner who has been appointed by the employer to confirm the employee's absence from infectious, occupational, or contagious diseases. The employer is responsible for covering the examination fee, which will be set by the government. Upon examination, if it is discovered that the employee has an infectious, occupational, or contagious disease, he will not be allowed to return to work until the sub-section-appointed medical practitioner deems him fit (KHYBER PAKHTUNKHWA ACT NO. XV OF 2022, 2022). In exceptional situations, such as a pandemic, epidemic, or other highly infectious disease, where it would be extremely dangerous for an establishment to continue operating, endangering the health and safety of its employees. The Chief Inspector may, with the Department's consent, order the closure of such an establishment until the threat has passed. Buildings and plans cannot be constructed, furnished, altered, or used as a place of business by an employer or independent contractor unless they receive the required approvals. Every employer is required to keep a record of accidents and injuries in the prescribed format. The register must contain all the information about any incidents that have injured or may have injured employees, as well as anyone who is present at an employer-controlled location of business.

All employers and independent contractors are required to keep a log of any workplace accidents that result in

fatalities, prevent employees from reporting for work for longer than seven days, or render someone unconscious due to work-related procedures or actions. Within 24 hours of the incident occurring, the employer and independent contractor are required to notify the Inspector of all accidents in the way specified by law. If an accident at work causes someone to become disabled or dies, the employer or the independent contractor in charge of the workplace must receive written notice of the death within twenty-four hours of the death being reported. When there is a chance that employees could be exposed to unique risks or hazards to their health and safety at work, the Chief Inspector has the authority to mandate that these employees undergo pre-employment and ongoing medical exams appropriate for the situation, at intervals that both the employer and the employees must adhere to. The employer will cover the expense of the medical examination, which must be conducted at a hospital that has been approved by the government. Following the Act's implementation, the Government shall create the "Khyber Pakhtunkhwa Occupational Safety and Health Council" by publishing a notice in the official Gazette. This Council would be tasked with carrying out the duties and exercising the authority granted to it by this Act (Muhammad., 2022).

Not to diminish the obligation of each employer to ensure the health and safety of his employees at work, nor to suggest that employees are not required to engage in matters pertaining to occupational health and safety under this Act. The Council will advise the Government on any matters pertinent to the goals of this Act that the Government may consult with it on, in addition to examining occupational safety and health-related legislation once every five years.

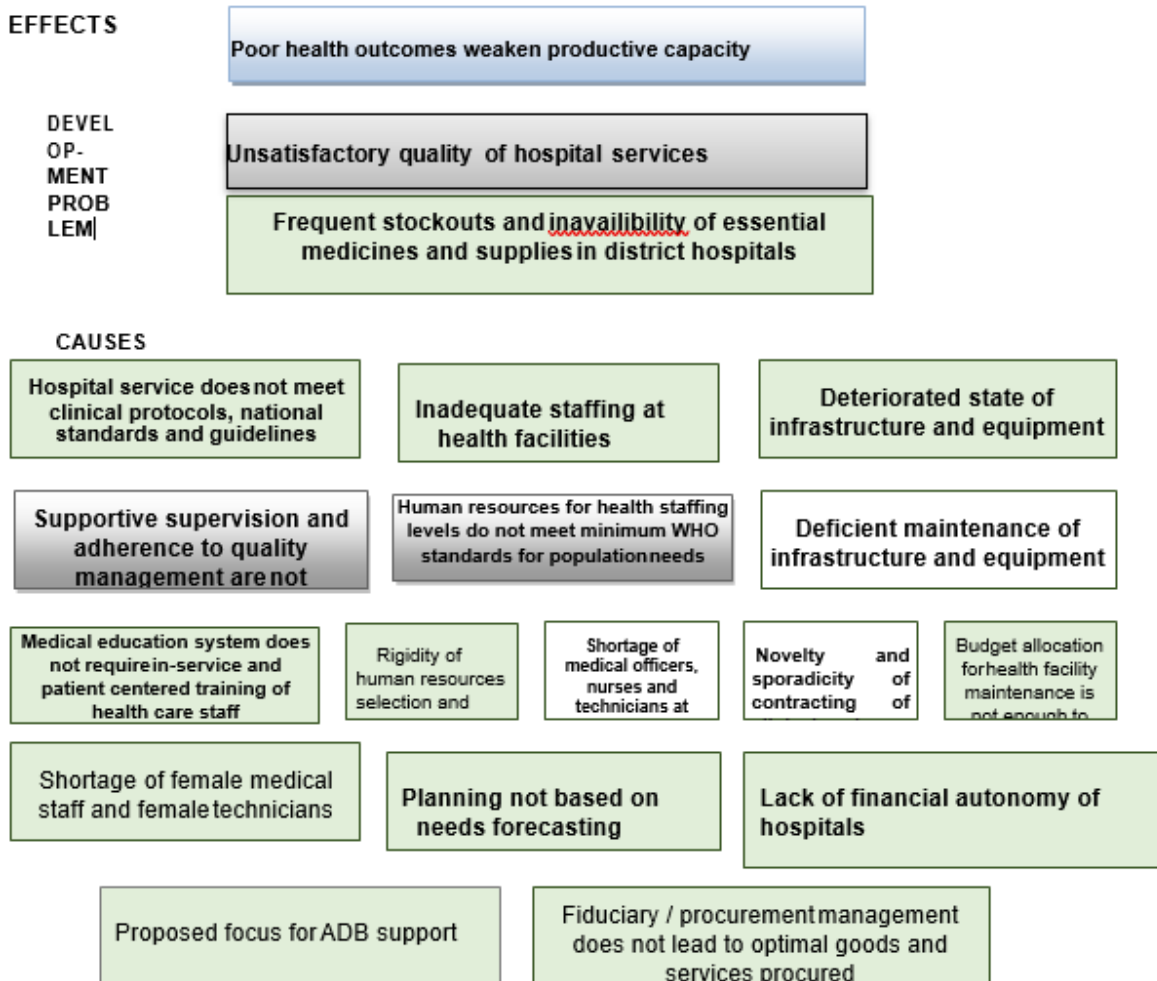


Figure 1: Problem Tree for the Health Sector in Khyber Pakhtunkhwa  
Source: Asian Development Bank

## 5. Conclusion and Recommendations

### 5.1 Conclusion

Even if every export-oriented company now has a superior version of OHS, the majority of the officers acknowledged

that the situation of OHS is still far better than it was in 2000. We lag far behind industrialized nations for the simple reason that occupational health and safety (OHS) is a multidisciplinary field involving important politicians, architects, civil engineers, administrators, human resources, building authorities, and government inspection teams. Sadly, in terms of OHS, we don't have any well-formulated policies. Whatever broken pieces are there, they are ambiguous and unworkable. Nonetheless, businesses who export their goods are still significantly superior than those that do not; in fact, businesses that export likely have to look for ISO protocols that require them to adhere to fundamental OHS procedures. We still have a long way to go before we can be considered developed; effective law enforcement is essential. Businesses either have no budget set out for OHS precautions or have a minimal budget that is completely insufficient. Some businesses do not have an OHS officer, or they were only recently appointed. Additionally, workers are ignorant of health precautions, safety regulations, and their fundamental rights at work. A lack of a safety culture, tainted organisations, ambiguous policies, inadequate infrastructure, and unethical behaviour are all impeding the smooth operation of occupational health and safety (OHS) practices in Karachi food firms, as well as in food companies across the nation. All of these problems can be resolved if the government works effectively to create reasonable, unambiguous regulations that all organisations must abide by, as well as to strictly enforce inspections with steep fines and penalties (Tahir et al, 2023).

Organizations often fail to maintain accurate records of mishaps and accidents, and in many situations, the affected individual or his family is silenced with threats or, in some cases, modest payments. The culture of bribery and unethical behavior ought to end. To put it succinctly, the creation of laws and policies is useless unless and until they are effectively enforced by the appropriate authorities. The impact of a nation's labor force can be fully understood in the midst of an ongoing economic crisis, but even in growing nations like Pakistan, where economic progress is prioritized, circumstances for occupational health and safety remain appalling, as this review has shown. Not only are OHS regulations urgently needed to be strengthened, but methods for putting them into practice as well as increased OHS knowledge, training, and conditions across the nation must be established (Hassan, 2019).

## 5.2 Recommendations

We have an extremely clear historical example of how the horrific "Triangle Shirtwaist Fire" led to workplace safety laws; thus, we must learn from our failures, adopt a practical approach, set realistic goals, accomplish them, and maintain them as long-term benchmarks. More broadly, the Triangle fire persuaded the country that the government had an obligation to guarantee that workers had a secure environment in which to do their duties. Our system is fundamentally lacking this component, which when addressed will cause the other components to fall into place. It is imperative to build a national framework that takes into account local resources, difficulties, and obstacles, even while there are internationally relevant frameworks and tools available to solve these challenges.

It is imperative to maintain accurate records of occurrences and accidents, identify the underlying reason, and establish goals that may be sustained through appropriate assessment. Living nations learn from their experiences; they do not make the same mistake twice and hope for a different outcome since it would be utterly absurd. An appropriate budget should be set aside, qualified staff should be hired, and top management should take a personal interest in this issue before continuing to monitor and balance. Through the elimination of legal concerns, production delays, equipment damage, absenteeism from work due to injuries, heavy fines, and the like, it will lower indirect expenses for businesses and boost profitability.

In order to have a workforce that is educated and literate, universities offering higher education in OHS should implement standardized programmes. As of now, the only institute we have is the Centre for the Improvement of Working Conditions and Environment (CIWCE), which is situated in Punjab and was established in cooperation with the ILO, the Finnish Institute of Occupational Health, and the Provincial Directorates of Labor Welfare. Statistics of Tahir, (2023) indicate that 85% of workers with illnesses or injuries did not complete their higher education, demonstrating the substantial link between education and averting illnesses and mishaps. Furthermore, there has been little to no effort made by public and commercial organizations to enhance worker safety in Khyber Pakhtunkhwa. Health workers who are preparing for a job overseas and are aware of their rights regarding safety are the ones who undergo safety training. Because of their limited educational background, the bulk of the workforce is unaware of the application of protective measures during their duties. There are no sector-specific safety standards in place in the nation to address worker health and safety concerns. The nation lacks the essential infrastructure and skilled workforce to provide OHS services to the workforce.

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