

Appendices

Appendix 1 Questionnaires

Assessment of the safety and health of workers and the relevant Occupational Safety & Health Management System in the Informal Sector: A Case of Artisanal and Small Scale Gold Mining in Zimbabwe and Uganda.

Site Category: Date.....

Section 1: General Worker Information	
1. Gender	<input type="checkbox"/> ₁ Female <input type="checkbox"/> ₂ Male
2. Age	<input type="checkbox"/> ₁ 18–35 <input type="checkbox"/> ₂ 36–50 <input type="checkbox"/> ₃ >50 <input type="checkbox"/> ₇₇₇ Other Specify _____ <input type="checkbox"/> ₉₉₉ Refuse to answer
3. Highest level of education	<input type="checkbox"/> ₁ No formal school <input type="checkbox"/> ₂ Primary <input type="checkbox"/> ₃ Secondary <input type="checkbox"/> ₄ Tertiary <input type="checkbox"/> ₅ Vocational <input type="checkbox"/> ₇₇₇ Other Specify _____ <input type="checkbox"/> ₉₉₉ Refuse to answer
4. Knowledge and competence of your work in artisanal mining	<input type="checkbox"/> ₁ Low <input type="checkbox"/> ₂ Average <input type="checkbox"/> ₃ High <input type="checkbox"/> ₇₇₇ Other Specify _____ <input type="checkbox"/> ₈₈₈ Don't Know <input type="checkbox"/> ₉₉₉ Refuse to answer
5. Marital status	<input type="checkbox"/> ₁ Single <input type="checkbox"/> ₂ Married <input type="checkbox"/> ₃ Separated <input type="checkbox"/> ₄ Divorced <input type="checkbox"/> ₅ Widowed <input type="checkbox"/> ₉₉₉ Refuse to answer
6. Household size (Number of people staying within your family)	<input type="checkbox"/> ₁ 1 <input type="checkbox"/> ₂ 2-5 <input type="checkbox"/> ₃ More than 5 <input type="checkbox"/> ₇₇₇ Other, Specify _____ <input type="checkbox"/> ₉₉₉ Refuse to answer
7. Which assets have you owned through ASGM	<input type="checkbox"/> ₁ Television <input type="checkbox"/> ₂ Car <input type="checkbox"/> ₃ Radio <input type="checkbox"/> ₄ Bicycle <input type="checkbox"/> ₅ Smart phone <input type="checkbox"/> ₆ House <input type="checkbox"/> ₇₇₇ Other, Specify _____ <input type="checkbox"/> ₉₉₉ Refuse to answer
8. Monthly household income	<input type="checkbox"/> ₁ 100 USD and less <input type="checkbox"/> ₂ 100-500 USD <input type="checkbox"/> ₃ 500USD-1000 USD <input type="checkbox"/> ₇₇₇ Other, Specify _____ <input type="checkbox"/> ₇₈₉ N/A <input type="checkbox"/> ₈₈₈ Don't Know <input type="checkbox"/> ₉₉₉ Refuse to answer
9. Have you moved and worked in different mining sites in the past 6 months	<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₇₈₉ N/A <input type="checkbox"/> ₉₉₉ Refuse to answer If yes, please indicate why

<p>10. Which department do you work in?</p>	<p><input type="checkbox"/>₁ Digging <input type="checkbox"/>₂ Blaster Blasting Licence <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₇₇₇ Other, Specify _____</p> <p><input type="checkbox"/>₃ Lashing <input type="checkbox"/>₄ Washing <input type="checkbox"/>₅ Carrying/moving mined ore to the surface</p> <p><input type="checkbox"/>₆ Loading/off when transporting ore to the stamp mill <input type="checkbox"/>₇ Sponsor</p> <p><input type="checkbox"/>₈ Manager/Supervisor/Gang leader <input type="checkbox"/>₉ Working at the Stamp Mill</p> <p><input type="checkbox"/>₁₀ Mine Owner</p> <p><input type="checkbox"/>₁₁ Amalgam burning <input type="checkbox"/>₁₂ Cooking <input type="checkbox"/>₁₃ Carrying ore manually to the stamp mill</p> <p><input type="checkbox"/>₁₄ Gold buying</p> <p><input type="checkbox"/>₇₇₇ Other, specify _____ <input type="checkbox"/>₈₈₈ Don't Know</p> <p><input type="checkbox"/>₉₉₉ Refuse to answer <input type="checkbox"/>₇₈₉ N/A</p> <p>a) Do you work underground? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₇₈₉ N/A <input type="checkbox"/>₈₈₈ Don't Know <input type="checkbox"/>₉₉₉ Refuse to answer</p> <p>b) If yes do you work alone? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₇₈₉ N/A <input type="checkbox"/>₈₈₈ Don't Know <input type="checkbox"/>₉₉₉ Refuse to answer</p> <p>c) How many hours do you work in a day? <input type="checkbox"/>₁ 1-8 <input type="checkbox"/>₂ 9-16 <input type="checkbox"/>₃ 17-24 <input type="checkbox"/>₈₈₈ Don't Know <input type="checkbox"/>₉₉₉ Refuse to answer</p> <p>d) What kind of working arrangement do you have <input type="checkbox"/>₁ Salary <input type="checkbox"/>₂ Shares <input type="checkbox"/>₃ Contractor <input type="checkbox"/>₇₇₇ Other, specify _____ <input type="checkbox"/>₈₈₈ Don't Know <input type="checkbox"/>₉₉₉ Refuse to answer</p>
<p>11. How long have you worked in artisanal and small scale gold mining?</p>	<p><input type="checkbox"/>₁ 1–5 years <input type="checkbox"/>₂ 6–10 years <input type="checkbox"/>₃ 11–15 years</p> <p><input type="checkbox"/>₄ > 15 <input type="checkbox"/>₇₈₉ N/A <input type="checkbox"/>₆₆₆ Don't Remember <input type="checkbox"/>₉₉₉ Refuse to answer</p>
<p>12a) Do you know of HIV/AIDS test center close to your work place</p>	<p><input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₇₈₉ N/A <input type="checkbox"/>₈₈₈ Don't Know <input type="checkbox"/>₉₉₉ Refuse to answer</p> <p>b) Have you ever taken HIV test? <input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes <input type="checkbox"/>₇₈₉ N/A <input type="checkbox"/>₈₈₈ Don't Know <input type="checkbox"/>₉₉₉ Refused to answer</p> <p>c) If yes and you are comfortable, may you share your status? <input type="checkbox"/>₀ Negative <input type="checkbox"/>₁ Positive <input type="checkbox"/>₇₈₉ N/A <input type="checkbox"/>₈₈₈ Don't Know</p> <p><input type="checkbox"/>₁₀₁₀ Uncomfortable to answer</p>
<p>13a) Have you ever experienced any health problems, became sick or got injured because of mining activities?</p>	<p><input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p> <p>b) If yes, please specify,</p> <p><input type="checkbox"/>₁ Respiratory problem <input type="checkbox"/>₂ Memory problems <input type="checkbox"/>₃ Skin problems</p> <p><input type="checkbox"/>₄ Reproductive problems <input type="checkbox"/>₅ Hearing problems <input type="checkbox"/>₆ Musculoskeletal Problems</p> <p><input type="checkbox"/>₇ Kidney problem <input type="checkbox"/>₈ Sight problems <input type="checkbox"/>₉ Digestive problems <input type="checkbox"/>₁₀ Stress</p>

	<input type="checkbox"/> ₁₁ Injury <input type="checkbox"/> ₇₇₇ Other Specify _____ <input type="checkbox"/> ₇₈₉ N/A <input type="checkbox"/> ₈₈₈ Don't Know <input type="checkbox"/> ₉₉₉ Refuse to answer
14. How would you rate your health today from 1 to 100? 1 is the worst 100 is the best health state _____	
Section 2 Occupational Safety	
15. Who is responsible for safety on your site	<input type="checkbox"/> ₁ Mine Owner (on site) <input type="checkbox"/> ₂ Supervisor <input type="checkbox"/> ₃ Gang leader <input type="checkbox"/> ₄ Employee <input type="checkbox"/> ₇₇₇ Other Specify _____ <input type="checkbox"/> ₇₈₉ N/A <input type="checkbox"/> ₈₈₈ Don't Know <input type="checkbox"/> ₉₉₉ Refuse to answer
16a) Have you ever had safety issues at your workplace	<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes b) If yes, in which department/area? <input type="checkbox"/> ₁ Going down to the mine/returning to the ground <input type="checkbox"/> ₂ Excavation <input type="checkbox"/> ₃ Blasting <input type="checkbox"/> ₄ Lashing <input type="checkbox"/> ₅ Crushing <input type="checkbox"/> ₆ Removal of ore from shafts <input type="checkbox"/> ₇ Milling <input type="checkbox"/> ₈ Sluicing <input type="checkbox"/> ₉ Loading, carrying of ore to the mill and off loading <input type="checkbox"/> ₁₀ Amalgam burning <input type="checkbox"/> ₁₁ Delivery and selling of gold <input type="checkbox"/> ₁₂ Acquisition and delivery of equipment and chemicals <input type="checkbox"/> ₁₃ Storage of equipment and chemicals <input type="checkbox"/> ₁₄ Disposal of waste <input type="checkbox"/> ₇₇₇ Other, specify _____ <input type="checkbox"/> ₇₈₉ N/A <input type="checkbox"/> ₆₆₆ Don't Remember <input type="checkbox"/> ₉₉₉ Refuse to answer c) What was the safety issue? <input type="checkbox"/> ₁ Slipping /tripping/ falling <input type="checkbox"/> ₂ Hit by working tools/machines <input type="checkbox"/> ₃ Instant death <input type="checkbox"/> ₄ Hit by pieces of stone <input type="checkbox"/> ₅ Breaking rope (hoist) <input type="checkbox"/> ₆ Collapsing <input type="checkbox"/> ₇ Mine shaft collapse <input type="checkbox"/> ₈ Failing to breath <input type="checkbox"/> ₉ Trapped underground <input type="checkbox"/> ₉₉₉ Refuse to answer <input type="checkbox"/> ₇₇₇ Other, Specify _____ <input type="checkbox"/> ₇₈₉ N/A <input type="checkbox"/> ₈₈₈ Don't Know
17. When an accident occurs at work how is it handled?	<input type="checkbox"/> ₁ Reported to area chief <input type="checkbox"/> ₂ Reported to County Director of Mines <input type="checkbox"/> ₃ Reported to Country Commissioner <input type="checkbox"/> ₄ Not reported <input type="checkbox"/> ₅ Reported to the hospital <input type="checkbox"/> ₇₇₇ Other Specify _____ <input type="checkbox"/> ₇₈₉ N/A <input type="checkbox"/> ₈₈₈ Don't Know <input type="checkbox"/> ₉₉₉ Refuse to answer
18. What actions are	<input type="checkbox"/> ₁ Investigation into the cause <input type="checkbox"/> ₂ Temporary Mine closure <input type="checkbox"/> ₃ None <input type="checkbox"/> ₇₇₇ Other, specify _____ <input type="checkbox"/> ₇₈₉ N/A <input type="checkbox"/> ₈₈₈ Don't Know

workplace safety and health?	<input type="checkbox"/> ₆ Newspaper / Magazine <input type="checkbox"/> ₇ Training <input type="checkbox"/> 789 N/A <input type="checkbox"/> ₇₇₇ Other, specify _____ <input type="checkbox"/> ₆₆₆ Don't Remember <input type="checkbox"/> ₉₉₉ Refuse to answer
22. a) Do you use personal protective equipment (PPE) when working?	No <input type="checkbox"/> ₀ Yes <input type="checkbox"/> ₁ b) If yes, which PPE? <input type="checkbox"/> ₁ Helmets <input type="checkbox"/> ₂ Protective footwear <input type="checkbox"/> ₃ Protective glasses /face masks <input type="checkbox"/> ₄ Protective clothing(jackets) <input type="checkbox"/> ₅ Ear protection <input type="checkbox"/> ₆ Dust mask <input type="checkbox"/> ₇ Respirators <input type="checkbox"/> ₈ Protective belt <input type="checkbox"/> ₉ Sunhat <input type="checkbox"/> ₁₀ Raincoats <input type="checkbox"/> ₇₇₇ Other, specify _____ <input type="checkbox"/> ₇₈₉ N/A <input type="checkbox"/> ₉₉₉ Refuse to answer c) How did you get the PPE? <input type="checkbox"/> ₁ Provided by site manager <input type="checkbox"/> ₂ Bought for myself <input type="checkbox"/> ₃ Given by co-worker <input type="checkbox"/> ₄ Given by a friend / family <input type="checkbox"/> ₇₇₇ Other, Specify _____ <input type="checkbox"/> ₇₈₉ N/A <input type="checkbox"/> ₉₉₉ Refuse to answer d) How often do you replace your PPE (dust masks, ear plugs, etc.)? <input type="checkbox"/> ₁ FREQUENTLY <input type="checkbox"/> ₂ Rarely <input type="checkbox"/> ₃ Never <input type="checkbox"/> ₇₈₉ N/A <input type="checkbox"/> ₉₉₉ Refuse to answer e) What are the common reasons for not using Personal Protective Equipment? <input type="checkbox"/> ₁ Not provided <input type="checkbox"/> ₂ Not required <input type="checkbox"/> ₃ Not comfortable <input type="checkbox"/> ₄ Not affordable <input type="checkbox"/> ₅ Not aware of their importance <input type="checkbox"/> ₇₈₉ N/A <input type="checkbox"/> ₈₈₈ Don't Know <input type="checkbox"/> ₇₇₇ Other, specify _____ <input type="checkbox"/> ₉₉₉ Refuse to answer
23. Have you ever experienced a case(s) of violence related to your work?	<input type="checkbox"/> ₀ No Yes <input type="checkbox"/> ₁ <input type="checkbox"/> ₈₈₈ Don't Remember If yes, what kind of violence <input type="checkbox"/> ₁ People taking over shafts by force <input type="checkbox"/> ₂ Raiding of ore, gold, equipment etc. <input type="checkbox"/> ₃ Physical attacks <input type="checkbox"/> ₄ Fights at work <input type="checkbox"/> ₅ Gender based violence <input type="checkbox"/> ₇₇₇ Other [Specify] _____
23a) Have you ever been trained on OSH and/or first aid?	OSH <input type="checkbox"/> ₀ No Yes <input type="checkbox"/> ₁ First Aid <input type="checkbox"/> ₀ No Yes <input type="checkbox"/> ₁ b) If yes, who was the trainer? <input type="checkbox"/> ₁ Mine /Site Manager(supervisor) <input type="checkbox"/> ₂ Safety expert <input type="checkbox"/> ₃ Workmate <input type="checkbox"/> ₄ NGO <input type="checkbox"/> ₇₇₇ Other, Specify _____ <input type="checkbox"/> ₇₈₉ N/A <input type="checkbox"/> ₉₉₉ Refuse to answer
24. Which	<input type="checkbox"/> ₁ Occupational Safety and Health training <input type="checkbox"/> ₂ Financial support

services do you have access to	<input type="checkbox"/> ₃ Mining services <input type="checkbox"/> ₄ Shops with PPE <input type="checkbox"/> ₅ Health Care <input type="checkbox"/> ₆ Social security <input type="checkbox"/> ₇ Emergency Services <input type="checkbox"/> ₈ Competitive gold markets <input type="checkbox"/> ₉ Schools <input type="checkbox"/> ₁₀ Partnerships/Associations <input type="checkbox"/> ₁₁ Communication Specify <input type="checkbox"/> TELEPHONE <input type="checkbox"/> RADIO <input type="checkbox"/> TELEVISION <input type="checkbox"/> ₉ NEWSPAPER <input type="checkbox"/> SOCIAL MEDIA <input type="checkbox"/> COMMUNITY GATHERINGS <input type="checkbox"/> ₇₇₇ Other services, Specify _____ <input type="checkbox"/> ₇₈₉ N/A <input type="checkbox"/> ₈₈₈ Don't Know <input type="checkbox"/> ₉₉₉ Refuse to answer
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25. What do you consider the priority safety and health issues at your work place?	<input type="checkbox"/> ₁ Dust <input type="checkbox"/> ₂ Noise <input type="checkbox"/> ₃ Flooding <input type="checkbox"/> ₄ Injuries/accidents <input type="checkbox"/> ₅ Hot confined shaft <input type="checkbox"/> ₆ Workplace Violence <input type="checkbox"/> ₇ Muscle and back pain <input type="checkbox"/> ₈ Explosive fumes <input type="checkbox"/> ₉ TB <input type="checkbox"/> ₁₀ HIV <input type="checkbox"/> ₁₁ Mercury burning <input type="checkbox"/> ₁₂ Malaria <input type="checkbox"/> ₁₃ Snakes <input type="checkbox"/> ₁₄ Hunger <input type="checkbox"/> ₁₅ Diarrheal diseases <input type="checkbox"/> ₁₆ Heat Stress <input type="checkbox"/> ₁₇ Cyanide <input type="checkbox"/> ₇₇₇ Other, Specify _____ <input type="checkbox"/> ₇₈₉ N/A <input type="checkbox"/> ₈₈₈ Don't Know <input type="checkbox"/> ₉₉₉ Refuse to answer
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Section 3 Standard Operating Procedures

26. Do you have specific ways of working safe before during or after when performing activities like entering the mining pit, drilling, working with explosives lashing after blasting with explosives, manual lifting or carrying heavy loads, burning amalgam, milling or tanks/ cyanidation	<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₈₈₈ Don't Know If yes, please list them here _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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Section 4. Gendered Challenges

27. Would you indicate roles for men and women in the following activities Male Female Both	Prospecting (prospector/sampler) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both Digging <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both Drilling <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both Blasting <input type="checkbox"/> Male <input type="checkbox"/> Female
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	<input type="checkbox"/> Both Lashing <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both Transportation of ore <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both Crushing <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both Milling <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both Sluicing <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both Washing/Panning <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both Amalgamation <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both Cyanidation <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both
28. Are there workplace challenges/difficulties common for men or women at your work?	Men <input type="checkbox"/> No <input type="checkbox"/> Yes Women <input type="checkbox"/> No <input type="checkbox"/> Yes Yes If yes, please specify: Men _____ _____ _____ _____ If yes, please specify: Women _____ _____ _____ _____

Appendix 2 Hazard identification and risk assessment tool ^[24,25]

Hazard Identification & Risk Assessment

Item	Hazard identified	Associated risk related to hazard	Probability index	Severity index				Frequency index	Risk score	Risk value
				I	P	E	C			

Key

I: Injury

P: Impact of risk on production

E: Impact of risk on the work environment

C: Associated Cost of the risk

Appendix 3 Weighted Risk matrix of 1-5 based on probability; the severity on injury/diseases, the severity on production, the severity on the environment, the severity on cost; and frequency; modified after Basgen and Baudee et al. ^{23,24}

Probability Index	Severity	Severity	Severity	Severity Cost (C)	Frequency
	Injury/Disease (I)	Production P	Environment E		
(5) Very high	(5) Fatal	(5) No production (Loss of > month)	(5) Permanent effects	Very expensive	(5) Hazard permanent Present
(4) High	(4) Permanent to slight disability	(4) Loss of > 1 week to 1 month	(4) Long term > 2 years	Expensive	(4) Hazard arises weekly
(3) Moderate	(3) > 14 Days recovery	(3) Loss of 1 week	(3) Medium > 6 months to 2 years	Average	(3) Hazard arises monthly
(2) Minor	(2) Medical attention full recovery < 14 days	(2) Loss of 1 day	(2) Short term 1 day to 6 Months	Cheap	(2) Hazard arises yearly
(1) Unlikely	(1) First aid only	(1) Loss of 1 shift	(1) Insignificant effect	Very cheap	(1) Hazard arises in 5 years

Appendix 4 Focus Group discussion questions
Focus Group Discussion: Men and women ASGM miners

<p>1. a) Do you have knowledge of relevant Acts and Regulations on OSH? b) What do you know about health and safety at work?</p> <p>2. a) Could you share your experiences with accidents at work? b) From your experience how many days have you lost at work because of accidents?</p> <p>c) How are you and your families affected by these accidents?</p> <p>d) How is your production and earnings affected by such accidents?</p> <p>3. In the above context</p> <p>i. Would you say it is necessary to protect your health and safety?</p> <p>ii. Which safety and health practices do you have?</p> <p>iii. How do you burn amalgam (retort, open in the air, at home under closed doors)?</p> <p>iv. How do you store mercury and the equipment and PPE/clothes you use when burning amalgam?</p> <p>v. Which measures do you usually follow during blasting?</p> <p>vi. Which measures do you usually follow during cyanidation?</p> <p>vii. Which measures do you usually follow when using equipment?</p> <p>viii. Which measures do you usually follow when developing mining pits and mining?</p> <p>ix. Where do you get water to drink during working hours?</p> <p>x. Are you able to use toilets during working hours?</p> <p>xi. What is the culture on changing the hoist rope?</p> <p>xii. Which aspects of safety practices do you think needs improvements at your work? Please explain.</p>
<p>2. What is the health and safety issues affecting women in ASGM?</p>
<p>3. How is the health of your family and children affected by your involvement in ASGM?</p> <p>a) Have you ever had a disabled child/ child with slow development since you started working in artisanal small scale gold mining?</p> <p>b) What are the issues affecting women and children at your workplace?</p> <p>c) Is your sexual life affected by your work?</p>
<p>4. a) Do you think it is necessary/ useful to have safety and health management a work?</p> <p>b) If so, please explain.</p> <p>c) If no, please explain.</p> <p>d) Who should be responsible for the management of health and safety in the informal sector?</p>
<p>5. Do you think it is possible to extract gold without mercury (mercury free technology) at your work to protect the health of the workers?</p>
<p>6. What are the common perceptions on mercury use and the management of safety and health (mercury use/ mercury free technology, shaft requirements)? Explosives and blasting requirements, PPE etc.) at your work</p>
<p>7. What do you think are the existing gaps and challenges in managing workplace safety and health at your site (reducing mercury use/ mercury free technology, requirements on shafts, explosives, blasting, fire extinguishers, first aid, PPE)?</p>
<p>8. a) What do you think are the factors/issues to address to improve management of OSH in the informal sector e.g., ASGM? b) What do you think are the factors/issues to address to improve the compliance to relevant regulations on OSH in the informal sector (ASGM)?</p>

<p>9. What are your suggestions on managing safety and health in artisanal and small scale gold mining (mercury use/ mercury free technology, shaft requirements, explosives and blasting requirements, PPE etc.?) Would you say the same safety and health regulations in large mines could be applied to artisanal and small scale mines to improve the safety and health of workers in ASGM?</p>
<p>10 a) Would you explain how your work was affected by the coronavirus pandemic?</p> <p>b) What challenges did you face on the management of your health and safety at work during the corona virus pandemic?</p> <p>c) What is needed for your workplace to be able to recover from the impacts of Corona Virus?</p> <p>d) What do you suggest to be done for OSH management in terms of disaster preparedness and response in ASGM for emerging infectious diseases such as the Corona virus?</p>
<p>11. Where do you see Artisanal Gold Mining in communities in relation to climate change challenges such as drought?</p>

<p>2. a) Do you have knowledge of relevant Acts and Regulations on OSH? b) What do you know about health and safety at work?</p> <p>2. a) Could you share your experiences with accidents at work? b) From your experience how many days have you lost at work because of accidents? c) How are you and your families affected by these accidents? d) How is your production and earnings affected by such accidents?</p> <p>3. In the above context</p> <p>xiii. Would you say it is necessary to protect your health and safety?</p> <p>xiv. Which safety and health practices do you have?</p> <p>xv. How do you burn amalgam (retort, open in the air, at home under closed doors)?</p> <p>xvi. How do you store mercury and the equipment and PPE/clothes you use when burning amalgam?</p> <p>xvii. Which measures do you usually follow during blasting?</p> <p>xviii. Which measures do you usually follow during cyanidation?</p> <p>xix. Which measures do you usually follow when using equipment?</p> <p>xx. Which measures do you usually follow when developing mining pits and mining?</p> <p>xxi. Where do you get water to drink during working hours?</p> <p>xxii. Are you able to use toilets during working hours?</p> <p>xxiii. What is the culture on changing the hoist rope?</p> <p>xxiv. Which aspects of safety practices do you think needs improvements at your work? Please Explain</p>
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<p>4. a) Do you think it is necessary/ useful to have safety and health management a work? b) If so, please explain e) If no, please explain f) Who should be responsible for the management of health and safety in the informal sector?</p>

