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A systemic approach to integrating gender into the ILO methodology: “Occupational Safety and Health in Global Value Chains Starter kit: Assessment of drivers and constraints for OSH improvement in global value chains and intervention design”. Practical guidance for implementers.

Note

- ▶ This document provides practical guidance on the implementation of the [ILO methodology “Occupational Safety and Health in Global Value Chains Starter kit: Assessment of drivers and constraints for OSH improvement in global value chains and intervention design”](#) to ensure that gender differences and gender-specific risks in the workforce are properly considered during the assessment and the design of intervention models.

Introduction

The [ILO methodology “Occupational Safety and Health in Global Value Chains Starter kit: Assessment of drivers and constraints for OSH improvement in global value chains and intervention design”](#) supports the analysis of a given value chain¹ to understand how that value chain works and any influences which impact Occupational Safety and Health (OSH). The information garnered from the analysis can then inform the design of tailored, evidence-based interventions aimed at preventing occupational injuries and diseases in said value chain and beyond.

Through implementing the methodology, development professionals: (1) gain a holistic understanding of the value chain, its institutional environment, decent work deficits, and drivers and constraints, and how those elements affect the nature, severity, and probability of occupational risks as well as their impact on various categories of workers throughout the value chain; (2) identify strategic entry points for improvement, which might differ from traditional OSH interventions. These

entry points may be multi-layered, indirect, or related to other inter-linked working conditions; and (3) acquire key information for designing intervention models, defined as a set of interventions that can effectively improve OSH outcomes in the value chain, and for project development, planning and implementation.

This document identifies key entry points to support any person or organization implementing the methodology (“implementers”) in their efforts to mainstream gender issues into an OSH analysis and into the design of the interventions.

Mainstreaming gender issues in OSH means taking into consideration the specific gender realities of women and men, the concerns and experiences of individuals of both sexes, and affording them the same priority in the design and implementation of measures to improve worker safety and health. The aim, therefore, is to ensure² that women and men are equally protected

¹ In this document, the terms “value chain” and “supply chain” are used interchangeably.

² <https://vzf.ilo.org/wp-content/uploads/2021/08/Thematic-brief-2-Vision-Zero-Fund-approach-to-gender-equality.pdf>

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from occupational hazards and risks³ and, through this guidance note, ensure that OSH interventions resulting from the implementation of the methodology respond to and address gender differences and gender-specific risks. This is vital for effective protection and promotion of the safety and health of both men and women workers.

Divided into two sections, the first section of this document provides a detailed overview of the four steps. The second provides guidance on selecting the research team and designing and implementing participatory research methods.

This document complements and informs the existing methodology “Occupational Safety and Health in Global Value Chains Starter kit: Assessment of drivers and constraints for OSH improvement in global value

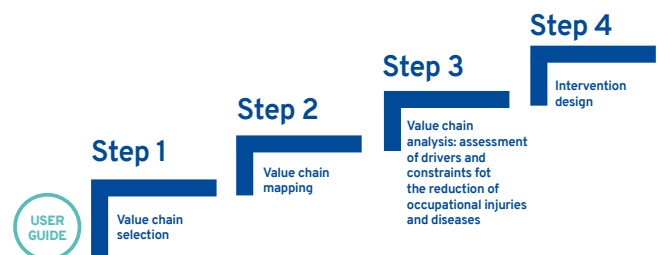
chains and intervention design”, developed by the [ILO’s Safety+Health for All flagship programme](#) project entitled “[Joint ILO-EU project to improve knowledge base and safety and health in global supply chains to support G20 work on safer workplaces](#)” (2016-17) and should be read in conjunction with the Starter Kit. To facilitate this process, the document follows the Starter Kit’s step-by-step approach.

Prepared by Vision Zero Fund, this document draws on the Fund’s experience and lessons learned from implementing the methodology in the various countries and global supply chains within which Vision Zero Fund works. The information available in this document is meant to be tailored to the targeted value chain and country context.

2. Strategic entry points for gender mainstreaming

In this section, implementers will find a detailed description of the methodology’s four steps and how to implement each step in a gender-responsive manner.

Each step has specific entry points to ensure equitable access to OSH services for all workers, women and men. Since the steps are linked and interdependent, gender-responsive analysis of data and information at each one, throughout the entire assessment, is crucial to a proper integration of gender issues into OSH policy and practice.



A systematic approach to gender mainstreaming

To ensure a systematic approach to gender mainstreaming, in every step of the methodology, it is important for implementers to pay particular attention to the following:

1. Content: Research should include gender and other discrimination related subjects, for example, race, colour, sex, religion, political opinion, national extraction or social origin, and seek to understand how the intersectionality impacts on different individuals or groups.

2. Methods: Consultations should include a broad and diverse range of stakeholders and be conducted in a sensitive manner, so all participants feel comfortable to freely express their views and experiences. With this fuller understanding, researchers are better able to, in collaboration with impacted individuals and groups, identify relevant solutions.

³ <https://vzf.ilo.org/wp-content/uploads/2021/08/Thematic-brief-2-Vision-Zero-Fund-approach-to-gender-equality.pdf> Vision Zero Fund projects are guided by the selection criteria available in the Fund’s Strategy: [Vision Zero Fund Strategy – Collective Action for Safe and Healthy Supply Chains – Vision Zero Fund \(ilo.org\)](#)

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Step 1: Value chain selection

This first step involves selecting the value chains that will undergo a more detailed mapping during step 2. Through desk review, implementers will use a scoring method to finalize which of between two to five value chains to review.

As this choice needs to be tailored to specific country contexts, the national priorities defined by the constituents will guide the decision. When analysing the priority sector(s), implementers should not forget to also look into whether there are any relevant sector-specific gender equality policies or strategies. If so, implementers should assess how these impact on the sector(s) dynamics.

The methodology indicates that the value chain selection should be based on the following five criteria: (1) market position; (2) employment, working conditions and OSH; (3) environmental and social status; (4) sector organization and regulation; and; (5) potential for transferability.⁴

During this analysis, it is important to look at the different criteria in a holistic way, including its gender dimension. This can be achieved by, for example, understanding the value chain potential for gender equality and women’s socio-economic empowerment, and identifying relevant institutional actors, policies, and regulations related to gender equality and non-discrimination in the sector. More specifically, this might include a national gender strategy for the agricultural or garment sector, along with other considerations.

Some key questions implementers should consider are:

- What is the gender distribution across, and at different levels, of the value chain? (How do women and men participate? In which ways do they benefit from that participation?) What issues emerge based on this gender distribution? For instance, what differences exist in the roles and responsibilities? How are gender relations organized within the value chain (Are there gender differences in job distributions at the different levels)? What impact do these differences have outside of and beyond the workplace?
- What obstacles and constraints exist that limit participation and access to OSH services? Does gender effect this access? If so, how, and why? For example, do women and men have equal, more, or less access to OSH information and services? If so, why? How is this linked to their position at work and within society in general?

- What are the specific constraints in the value chain related to gender equality?
- Who are the actors that can support gender equality across the value chain?

During this step, it is important to ensure:

1. Collection and analysis of sex-disaggregated data

Sex-disaggregated data is vital to identify any gender-based inequality. This includes sex-disaggregated data on the overall workforce, accidents and diseases, and participation in OSH management activities, to name just a few considerations.

Relevant data can be drawn from a variety of sources, including administrative records, such as insurance records, notification records and labour inspection records. Establishment censuses and surveys, and household surveys are also sources from which to gather sex-disaggregated data on the following:

- safety and health outcomes, such as occupational accident, injuries and disease;
- health determinants,⁵ namely biological, environmental, social & economic factors;
- health system performance, for example, access to health services.

This data could then be used to:

- identify and assess any gender differences in the tasks performed;
- identify and assess differences, among genders, in working conditions, including any changes over time and its impact on health;
- identify priority areas for action and develop the most effective preventive measures in a gender-responsive manner;
- allocate adequate resources according to real needs in an equitable manner.

Data collected should be tabulated separately for women and men. Sex-disaggregated data is crucial for the development of gender-responsive OSH policies and programmes by helping to identify hazards and risks and the type of occupational injuries and diseases that affect each sex/gender. However, data alone does not guarantee that the concepts, definitions and methods used in data generation reflect gender roles, power relations and inequalities.

⁴ Vision Zero Fund projects are guided by the selection criteria available in the Fund’s Strategy: [Vision Zero Fund Strategy – Collective Action for Safe and Healthy Supply Chains – Vision Zero Fund \(ilo.org\)](#)

⁵ More information on “health determinants” available here: <https://www.who.int/news-room/questions-and-answers/item/determinants-of-health>

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2. Development of gender-responsive OSH indicators (with the possibility of proposing indicators to be included in the implementation of the methodology)

OSH indicators – safety and health outcomes (number of workers affected by occupational injuries and/or diseases, number of workdays lost) and OSH resources (number of inspectors or OSH professionals and OSH services, number and types of OSH training, number of inspection visits, and so on) – often lack a gender dimension.

Having a framework of gender-responsive indicators, based on quantitative and qualitative sex-disaggregated data that reflects differing gender roles and responsibilities, and specific working conditions of women and men, can serve to identify the need for further analysis. This analysis, to be conducted under steps 2 and 3, spotlights gender-based differences in the access to, and control of, resources and opportunities that can affect OSH outcomes.

Step 2: Value chain mapping

The next step is to map the selected supply chain(s) and its market environment, through a desk review of all available sources of information and possible contacts with key project partners and relevant stakeholders. The supply chain mapping will be used for sampling key informants and to highlight workplaces to observe in the next step, by providing:

1. A detailed typology of actors, which describes the structure and flow of the value chain in logical clusters. This includes the various actors in the value chain, the links among them, and the whole range of value chain operations from pre-production to the consumer. Less detailed information will be provided for the part of the supply chain not located in the country.

In this step, it is important to identify actors who may be instrumental in promoting equal access to and participation in OSH services by women and vulnerable groups (persons with disabilities, migrant workers, young workers, home workers, contract workers, seasonal workers). When mapping key informants, it is important to include at least one institutional actor mandated to promote and ensure gender equality.

2. A vision of the scale quantifies the value chain (size and scale of main actors, production volume, number of jobs, sales and export destination and concentration, geographical distribution, existing economic incentives or specific policy and regulatory framework).

3. Identification of the supporting functions provides a general overview of the market system in which

the value chain is operating, to include main actors, size and type, regulatory framework and responsible authorities. This typically, but not exclusively, includes the Ministry responsible for the sector, such as Ministry of Agriculture, Ministry of Industry, Ministry of Labour, Ministry of Health, Ministry of Trade, as well as providers of services as relate to employment, skills, OSH, and social protection to give a deeper focus on services affecting OSH outcomes (public and private regulation, responsible authorities for health and social protection).

The mapping and identification of supporting functions should include actors with a specific mandate on gender equality in the country/region/province/municipality, such as Ministry of Women or the involvement of gender focal points in relevant line ministries, as well as gender-responsive functions in the OSH system.

Step 3: Value Chain Analysis: Assessment of drivers and constraints for the prevention of occupational injuries and diseases

This third step completes the value chain mapping carried out under step 2 with an in-depth analysis of the gender and other dynamics at play in the value chain and its institutional and policy framework. It also includes the identification of the main hazards and risks to safety and health in the workplace, along the value chain, and areas of performance and compliance issues and their root causes. The analysis identifies:

1. The main OSH hazards and risks at each stage of the value chain in the country of production.

2. The determinants and root causes of identified OSH practices and outcomes.

In identifying these determinants and root causes, it is necessary to consider the impact of systemic discrimination and oppression, including in their cultural/gender dimensions (for instance, perceived status/stereotypes/cultural beliefs). Also, are there gender-specific causes for increased exposure to OSH hazards for women or men? Is access to education and information influenced by gender? Do cultural beliefs about masculinity and femininity impact usage of OSH and therefore, impact vulnerability to or increase certain risks?

3. Vulnerability profiles will help set priorities and tailor interventions in the next step.

In the assessment of safety and health vulnerabilities, the methodology explores three dimensions.

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- **exposure⁶ (or “OSH risk”)** identifies safety and health hazards at work and assess probability of exposure to those hazards and the severity of safety and health outcomes.

Implementers/researchers need to assess the exposure to OSH hazards and risks in relation to the overall job quality, and their gender and non-discrimination dimensions. Women and men may be exposed to different hazards due to the gendered division of labour and occupational segregation by gender. In addition, the risk of the same hazard may be different and have different health impacts on women and men due to their biological and social differences or resulting from behavioural differences;

- **sensitivity⁷ (or “social dimension”)** identifies the specific characteristics of the employment situation of workers that are linked to their risks.

Gender and other differences, such as age, ethnicity, migration status and disability, influence working conditions and contractual status. These can be determinants of access to factors of sensitivity, for instance, workers with precarious working conditions often have lower access to information or OSH prevention. These differences may also influence workers’ compliance and behaviours (OSH awareness, motivation, risk aversion or propensity; perception);

- **coping capacity** identifies the strategies and resources that workers have at their disposal to address OSH hazards.

There may be additional obstacles for women, including, but not limited to, time poverty due to disproportionate childcare and domestic responsibilities, poor access to social security benefits, lower legal literacy, rights awareness, and unionization.

As in earlier steps, a gender-responsive approach should be integrated into this part of the analysis. When women and men are exposed to the same occupational hazards, the control measures required would be the same. However, when societal roles, expectations and responsibilities differ by gender, the physical and psychological risk could also be different. If so, that could require different control measures. Mainstreaming gender differences, including through priorities, strategies and approaches, helps to better understand

how the division of labour, biological differences, employment patterns, social roles and social structures all contribute to gender-specific patterns of occupational hazards and risks.

For example, implementers should take the following into account:

- In relation to musculoskeletal disorders (MSDs), women tend to suffer more from pain in the upper back and upper limbs, related to repetitive actions required in both manufacturing and office work, both of which are areas overly represented by women. MSD risk is further accentuated during pregnancy. Women also often tend to have jobs which require prolonged periods of standing. Men, however, tend to suffer more from lower-back pain because of exerting high force at work.
- There are many workplace hazards that can also affect reproductive health of both women and men, which should be captured in sex-disaggregated data. These include chemical, biological, and physical hazards including pesticides, metals, dyes and solvents; noise and vibration; radiation; and infectious diseases.
- Work equipment, tools, and personal protective equipment (PPE) have been traditionally designed for the male body size and shape, and, in general, based on the sizes and characteristics of male populations from certain countries in Europe and North America. As a result, not only women, but also many men who do not conform to the standard design, experience problems finding suitable and effective PPE. Women entering jobs that are traditionally male dominated, such as in areas like construction, engineering and the emergency services, often make use of inappropriately designed equipment, tools and PPE, which puts them at a particular risk. Anthropometric standards should be developed to better reflect the diversity of working populations, to include gender and variations in body size.
- It is vital to carry out workplace observations and consider impact through a gender lens. For instance, attention should be paid to the number, accessibility, safety and privacy of toilet and sanitation facilities or frequency of health breaks; safety of night transport or of dormitories; presence of dark areas. In addition, it is important to consider the risks to which

⁶ Defined as “The process of being exposed to something that is around; exposure can affect people in a number of different ways” (Alli, B. O. 2008. Fundamental principles of occupational health and safety. Second Edition. ILO: Geneva).

⁷ Defined as “Identifies the specific characteristics of the employment situation of workers which are linked to their risk exposure and influence its nature and frequency. In particular, the following factors are identified and analysed: access to a workplace risk management system; access to personal, collective and social protections that help prevent occupational risks; status in employment if it is linked to differential access to prevention, promotion and protection against occupational risks; company or holding status if it is linked to a differential access to compliance checks by relevant institutions (labour inspection, social security inspection, etc.).” (ILO, Occupational Safety and Health in Global Value Chains Starterkit. Assessment of drivers and constraints for OSH improvement in global value chains and intervention design, 2018).

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pregnant women may be exposed to at work during the different stages of pregnancy and breastfeeding. It may be useful to include in the report images/ visuals to support the explanation of the various hazards/risks.

4. The stakeholders of the value chain and its institutional and market environment as well as the interactions and power play between them.

In this section, implementers assess the role of key supporting functions for OSH, how they may be linked to value chain drivers and constraints and identify gaps and good practices (Consider, for instance, the political or institutional interest in working on issues that have consequences on OSH outcomes in the supply chain). This analysis should include awareness of gender specific

OSH issues as well as capacity to address them. It can also include the assessment of potential support function of Multinational Companies, Corporate Social Responsibility functions or other upper tiers of value chain, role of multi-stakeholder initiatives as well as sectoral level, global framework agreements.

Power relationships should also be considered from a gender and non-discrimination perspective: attention to power relations is critical to ensure sustainability and strategic choices. When conducting this exercise, implementers may need to look at “visible” and “less visible” actors and the power relationships between them, including “direct” and “indirect” forms of discrimination.⁸ In some cases, the research team might need to carry out gender-sensitive analyses of regulations, guidelines, and other key documents (more information on this below).

Gender and psychosocial risks

While the methodology focuses mostly on biological, chemical, and physical risks, it is essential that the psychosocial also be analysed. Exploring how psychosocial risks –including violence and harassment– can differently affect women and men in the workplace is often absent in OSH studies. This is due to several reasons, including a lack of recognition that psychosocial hazards are work-related risks, as well as varying individual and cultural perceptions as to what constitutes violence, harassment and discrimination and how it impacts well-being.

Women often bear the primary responsibilities for unpaid, household work, including both the provision of care to family members and domestic tasks. Given these additional expectations, women tend to be exposed to and report higher levels of stress, and anxiety and depression.

Violence and harassment in the world of work

Violence and harassment affect a person’s psychological, physical and reproductive health, dignity, and family and social environment. Violence and harassment at work impacts negatively on the organization of work, workplace relations, worker engagement, enterprise reputation, and productivity, and prevent persons, particularly women, from accessing, remaining and advancing in the labour market.

In 2019, the ILO Conference adopted the Violence and Harassment Convention, 2019 (No. 190) and its Recommendation (No. 206). The Convention (Art.3) adopts a broad approach to violence and harassment in the world of work, which includes the workplace; places where the worker is paid, takes a rest break or a meal, or uses sanitary, washing and changing facilities; work-related trips, travel, training, events or social activities; work-related communications, including those enabled by information and communication technologies; employer-provided accommodation; and when commuting to and from work. The convention (in Art.9) provides for several measures, including: the adoption and implementation, with workers and their representatives, of a workplace policy on violence and harassment; the inclusion of violence and harassment and associated psychosocial risks in the OSH management; the identification of hazards and assessment of the risks of violence and harassment, with the participation of workers and their representatives, and the implementation of measures for preventing and controlling those hazards and risks.

⁸ Direct discrimination exists when laws, rules or practices explicitly cite a particular ground, such as sex, race, etc. to deny equal opportunities. For instance, if a wife, but not a husband, must obtain the spouse’s consent to apply for a loan or a passport needed to engage in an occupation, this would be direct discrimination on the basis of sex. Indirect discrimination occurs where rules or practices appear on the surface to be neutral but in practice lead to exclusions. Requiring applicants to be a certain height could disproportionately exclude women and members of some ethnic groups, for example. Unless the specified height is absolutely necessary to perform the particular job, this would illustrate indirect discrimination. <https://www.ilo.org/declaration/principles/eliminationofdiscrimination/lang-en/index.htm>

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Step 4: Intervention design

In this final step, implementers seek to design the right combination of public and private interventions for OSH improvement based on the information gathered through steps 2 and 3.

Intervention models, defined as a set of interventions that can effectively improve OSH outcomes in the value chain, are formulated in step 4. One single intervention is unlikely to have a lasting, desired impact; hence the use of intervention models using a combination of policy and market interventions are to be considered.

Attention to gender equality and non-discrimination must be integrated across the mix of interventions to reinforce and solidify the desired OSH outcomes. When gender dimensions are properly identified at each step and sex-disaggregated data and information is gathered throughout, the processes leading to the formulation of more comprehensive interventions is often made simpler.

Consultations to develop and formulate intervention models should be inclusive and involve both men and women. The presentation of the findings, conclusions and recommendations of the assessment, that will inform the consultation process, should include and reflect the

gender-related analysis and findings. This could include the following:

- concrete evidence of the implementation gaps of existing laws, regulations and policies on OSH in a sector;
- typology of actors and vulnerability profile to help policy makers prioritize their support and tailor their interventions;
- recommended channels to support workplaces (business service providers, public services present on the ground, sectoral organizations, cooperatives, inputs providers, among others);
- suggestions of alliances and incentives for more powerful actors to support the intervention and its dimensions related to gender;
- identified areas of improvement for which there are existing or potential incentives for change and areas for which an external, public intervention and funding are likely to be needed.

Intervention models should be defined in a gender-responsive way.

Findings from ILO and EU/OSHA research and practice in integrating a gender approach to OSH matters suggest the following recommendations:

- include gender systematically in research, interventions, policy development, and in setting standards;
- take account of the real jobs that men and women do and the differences in OSH risk exposure and working conditions;
- go beyond the task and look at all gender differences in work circumstances, such as the impact of differences in career progression on exposure to OSH risk;
- question gender stereotypes about job assignment and job content;
- include work–life balance and work–family issues;
- bring employment equality actions, OSH actions and health equality actions together;
- base actions on evidence, such as surveys of awareness and current practice, and risk assessment in workplaces;
- listen to women and involve them in risk assessment and the development of prevention measures through participatory approaches;
- involve women in decision-making regarding OSH policy and strategy;
- provide relevant training on incorporating gender issues to those involved in risk prevention in the workplace, to those involved in developing OSH policy and strategy, and to those involved in implementing it, such as labour inspectors;
- make a special effort to identify women in OSH bodies and involve them in the programme; this not only will improve the quality of the collected information but will also support women’s empowerment. Women are often underrepresented in OSH decision-making bodies such as national OSH councils, occupational health services and enterprise level joint OSH committees.

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3. On the research team and participatory research methodologies

The implementation of the methodology requires a multidisciplinary approach and a multidisciplinary team.

To ensure the proper integration of gender into the research, it is advisable:

- to include the equal representation of women and men in the research team;
- to ensure at least one of the research team members has gender knowledge and skills, meaning that this member knows the gender-related considerations in country and understands the broader gender dynamics which are replicated within the value chain. Skills include experience on gender analysis, gender mainstreaming, gender equality and women’s empowerment, intersectionality, and other cultural dimensions;
- to ensure at least one of the research team members has experience implementing inclusive and gender-transformative participatory action research methodologies.

Throughout the research process, implementers should make sure that:

- the **desk review** includes a review of literature on women’s specific situation in the sector and in the value chain;
- the methodology foresees that, (1) a minimum number of **key informants** must be included for each type of actor to ensure triangulation of information; (2) particular effort should be made to achieve a balanced gender representation of key informants, as relevant, as well as that of women’s representatives and or gender advocates; (3) criteria should be defined to encourage that actors will include women and men workers, different ages of workers, different tasks and different contractual relationships;
- **focus groups discussions** consider if there should be separate groups held for women and men. There might be a need to provide a safe space for women and/or for men to feel comfortable when engaging in discussions on topics that might be sensitive to approach.
- ensure that the content of **other types of consultations** clearly integrate gender dimensions; as relevant, “gender” stakeholders need to be consulted actively and their voices heard.

4. Summary of the key highlights

- Mainstreaming gender issues in OSH means taking into consideration the specific gender realities of women and men, the concerns and experiences of individuals of both sexes, and giving them the same priority in the design and implementation of OSH management systems to ensure that both women and men are equally protected from occupational hazards and risks.
- When women and men are exposed to the same occupational hazards, the control measures required would be the same. However, because of the different societal roles, expectations and responsibilities they likely have, the physical and psychological risk could be different and hence require different control measures.
- Each step of the methodology presents opportunities for implementers to mainstream gender considerations and ensure that the interventions designed, resulting from the implementation of the methodology, respond to and address gender differences and gender-specific risks at the workforce. The methodology is focusing mostly on biological, chemical, and physical risks, but psychosocial risks should also be analysed.
- Throughout the research process, implementers should make sure that the desk review includes a review of literature on women’s specific situation in the sector and in the value chain; that interviews with key informants, focus groups discussions and any other data collection methods actively encourage the participation of women and men and clearly integrate gender dimensions.
- Attention to gender equality will have to be integrated across the mix of interventions so that

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actions reinforce each other and incentives to improve OSH also include incentives to promote gender equality. If gender dimensions were properly identified in each step, the processes leading to interventions should be simpler because implementers should have sex-disaggregated data and information at their disposal that will better inform the intervention(s).

- The implementation of the methodology requires a multidisciplinary approach and a multidisciplinary team. To ensure the proper integration of gender into the research, it is advisable to include an equal representation in the research team; and to ensure at least one of the research team members has gender knowledge and experience implementing inclusive and gender-transformative participatory action research methodologies.

5. Resources for further reading

ILO. 1999. Director-General’s Circular No. 564: “Gender equality and mainstreaming in the International Labour Office”.

—2001. Guidelines on occupational safety and health management systems: ILO-OSH 2001.

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TUC. 2017. “Gender in occupational safety and health: A TUC guide for trade union activists (with gender checklist)”.

VZF thematic brief n°2 Vision Zero Fund approach to gender equality: Guidance for projects working on improving occupational safety and health in global supply chains.

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