

# Health, Safety and Livelihoods Challenges of Sanitation Workers in COVID-19 context

WaterAid India and Urban Management Centre

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# Introduction

- Sanitation workers- continue to work even during the COVID-19 pandemic.
- Absence of adequate PPE and other safety measures- High risk of infection
- Social discrimination and stigma, and lack of social protection- added vulnerabilities.
- Some policy measures announced by the national and state governments. However, challenges are multifaceted and vary for different types of sanitation workers.
- Need of in-depth understanding of challenges faced by sanitation workers to guide policy formulation that ensures health, safety and financial security of sanitation workers during ongoing pandemic



# Research objectives

- To understand **challenges related to health, safety, working conditions and livelihoods** faced by various categories of sanitation workers in the **COVID-19 context**
- To understand **measures undertaken** by government and employers, and implementation of various guidelines, advisories and schemes
- To highlight gaps if any, and suggest **measures for supporting sanitation workers**.



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# Methodology

## Rapid study using mixed methods:

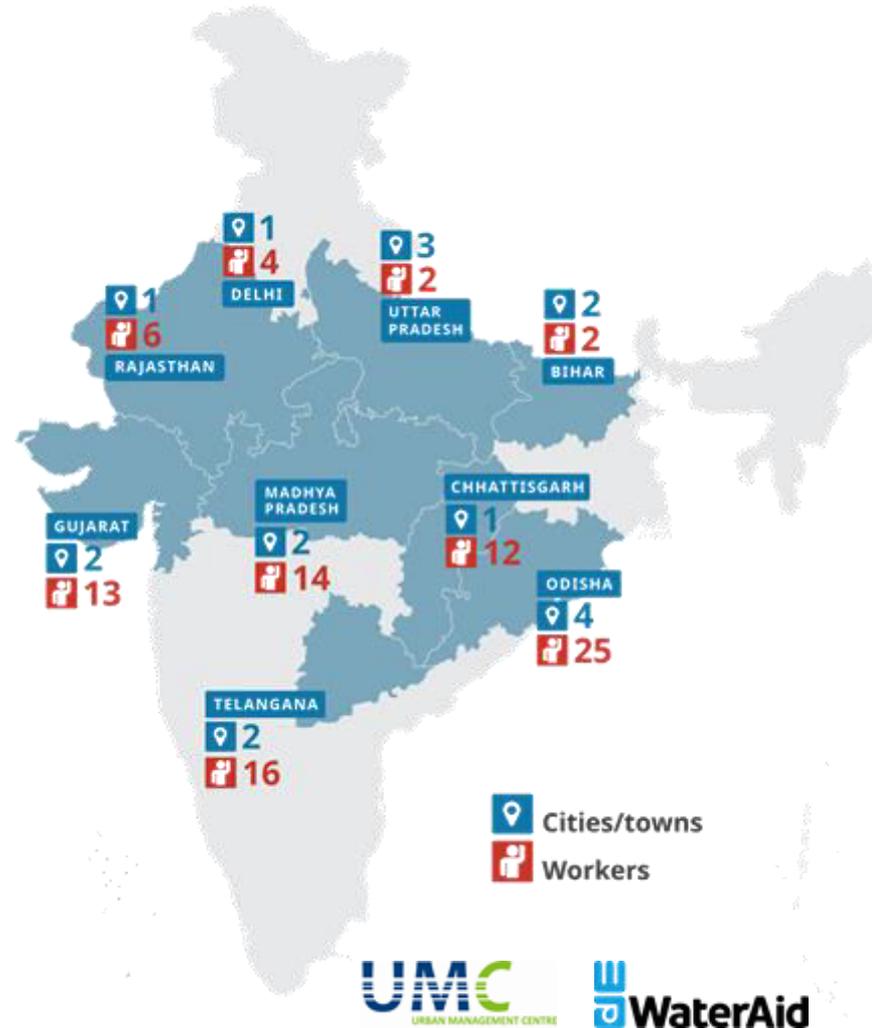
- Telephonic and face-to-face interviews using structured questionnaire
- Secondary review- guidelines, advisories, media reports

**95 sanitation workers** and **12 ULB officials** interviewed from **18 cities/towns** across **9 States/UTs**

Data collection conducted between **20 May to 8 June 2020**.

## Limitations/challenges:

- Comparable sample coverage across all categories of sanitation work
- Reaching out to informal workers
- Developing rapport with respondents over telephonic interviews



# Sample: Across the Value Chain



**17%**  
Sweepers

**13%**  
Cleaners –  
Hospitals &  
Quarantine  
Centres

**6%**  
Waste  
Collectors -  
H & QC

**17%**  
Domestic  
Waste  
Collectors

**7%**  
Waste  
Pickers

Solid waste management

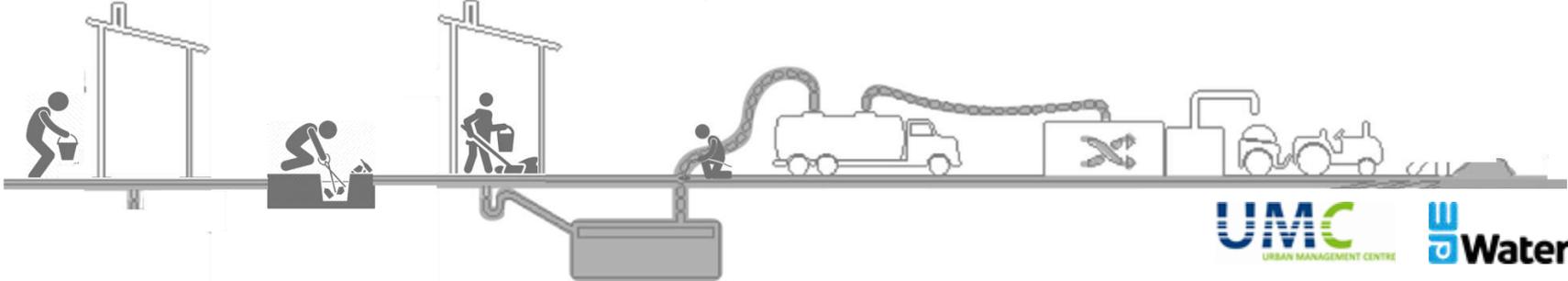
**5%**  
Dry latrine  
Cleaners

**11%**  
Drain  
Cleaners

**11%**  
CT/PT cleaners/  
care takers

**13%**  
Desludgers &  
FSTP Operators

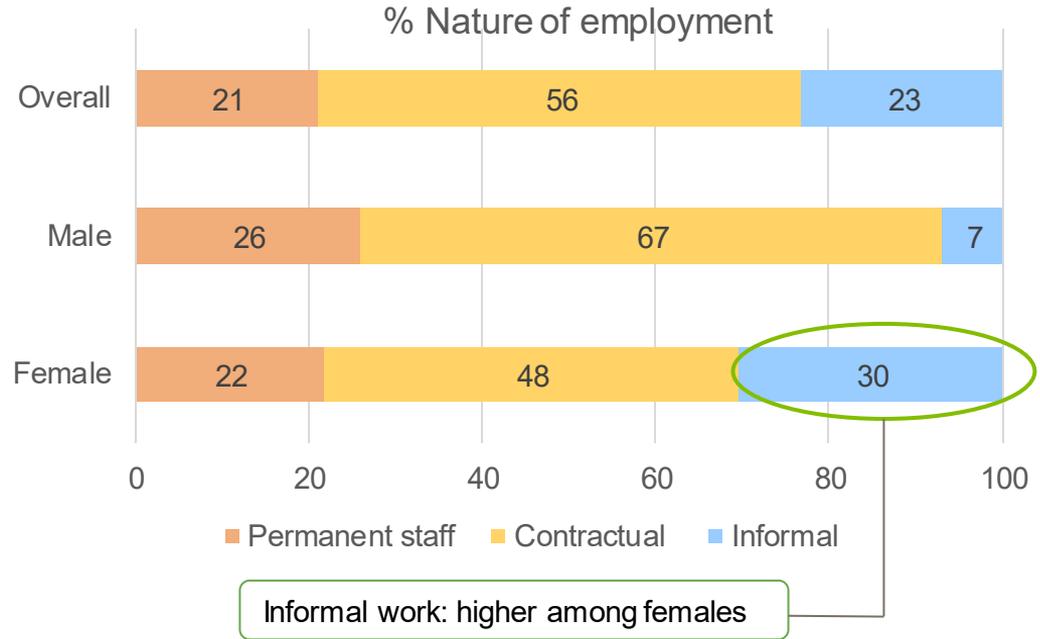
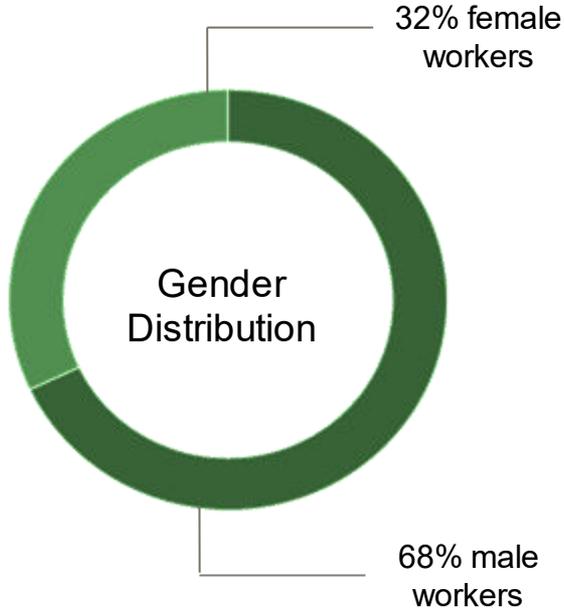
Liquid waste management





## Findings: Sanitation workers' profile

# Respondent profile

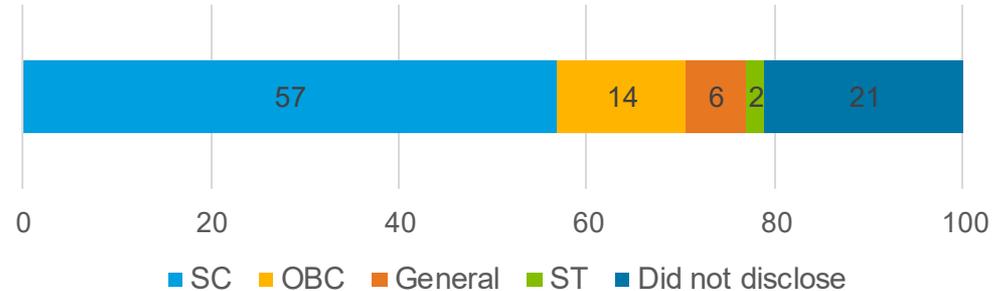


Contractual employment: highest overall, and across both genders

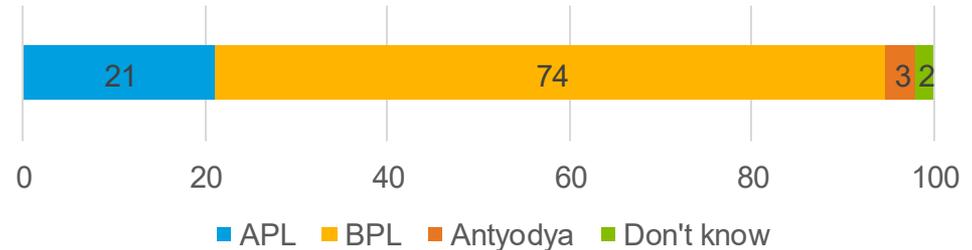
# Respondent profile

- 57% sanitation workers belong to Schedules Castes while 14% workers belong to OBC
- Nearly three-fourths of the sample belonged to BPL category

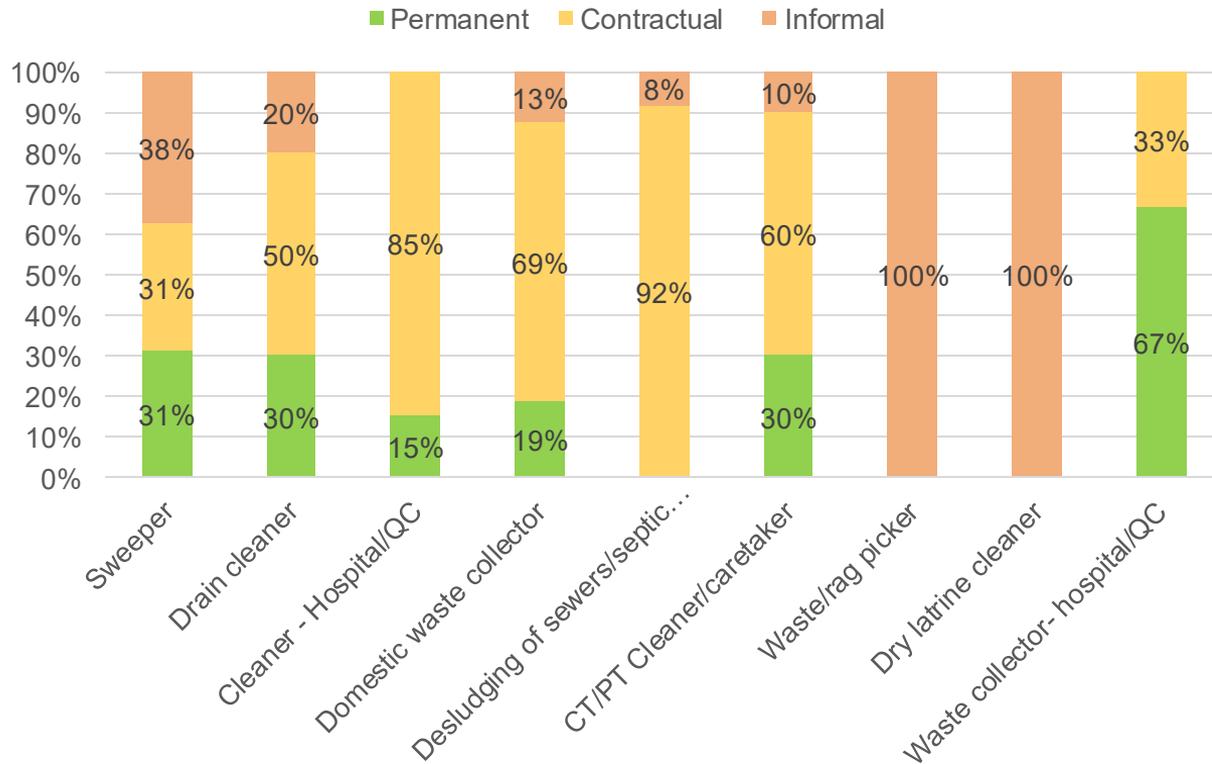
% Distribution- Caste



% Distribution- Economic status

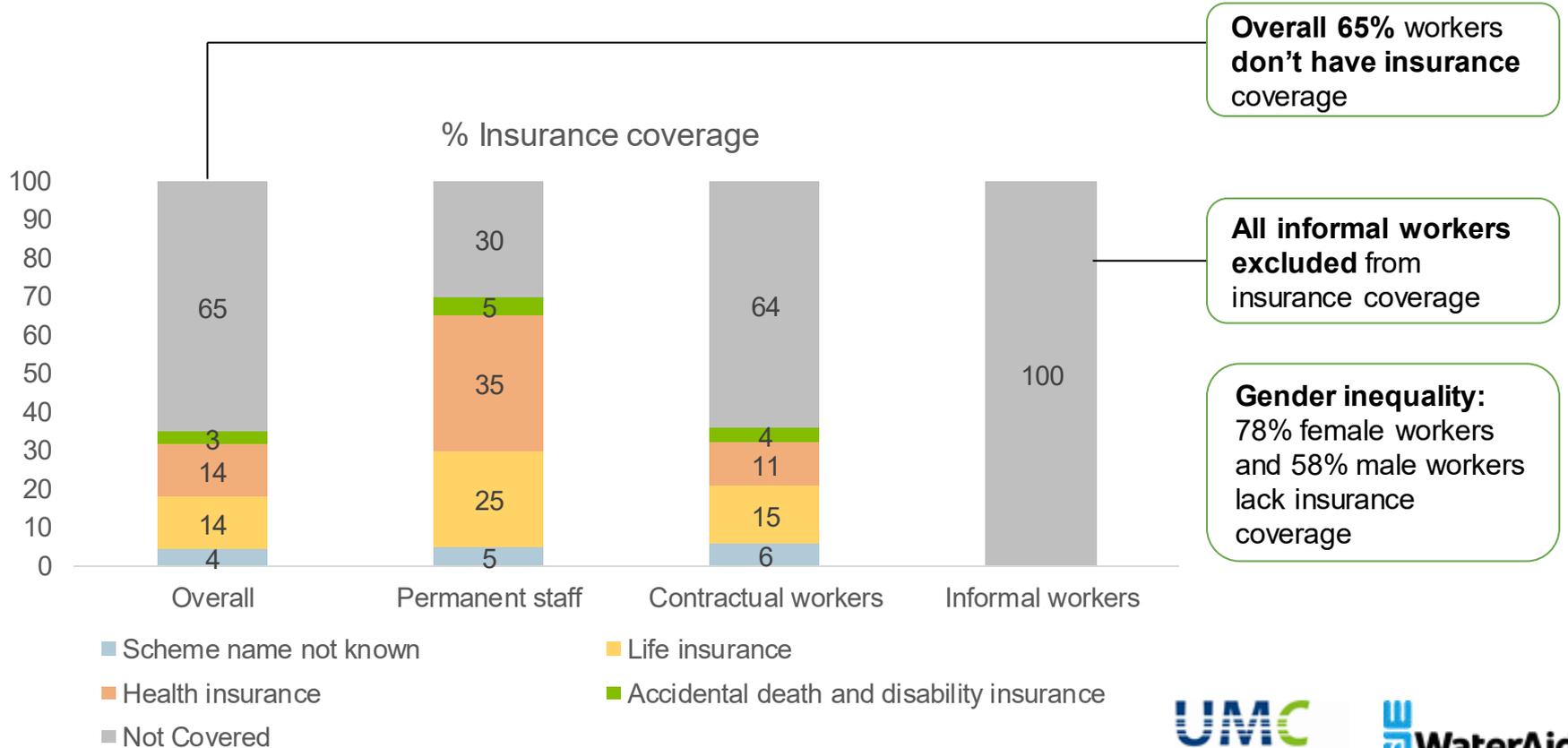


# Nature of employment across sanitation work categories

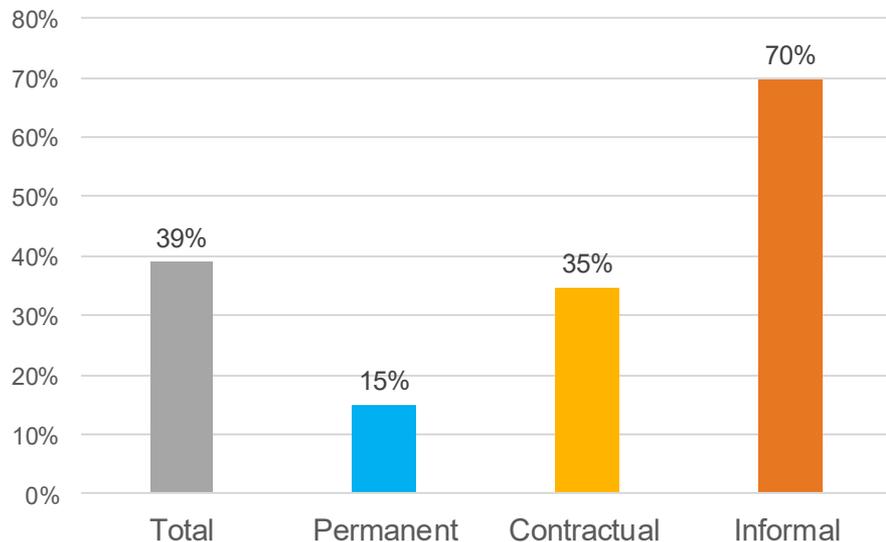


- Waste pickers and dry latrine cleaners are engaged in informal work
- Desludgers, FSTP operators, Cleaners at hospitals/ QCs and domestic waste collectors are mostly contractual in nature
- Waste collectors at hospitals/ QC is the only category where primary form of engagement is permanent

# Gaps in insurance coverage



## Self-help group membership



- Almost 40% of total workers or their family members were part of self-help groups
- 70% of total informal workers or their family members were part of self-help groups. (*This could be because most study locations were in WAI and UMC intervention areas*)
- 4% of the workers who took loans during the lockdown reported to have utilised their SHG savings to meet daily expenses during the lockdown period. They belonged to informal waste/rag picker category.



# Findings:

## Sanitation workers' Understanding on COVID-19 prevention

# Training on COVID by ULBs

*as reported by ULB officials*

## Approaches adopted due to physical distancing constraints

- Training in small batches
- Information sharing during regular work interactions
- Videos- prepared and circulated on WhatsApp

## Aspects commonly covered:

- PPE use
- Hand washing/ sanitization

## Other aspects covered (not by all):

- PPE reuse and disposal
- Waste handling and disposal
- Disinfection
- Physical distancing

### **A ULB in MP:**

Assistant Health Officers were trained through video call, who in turn oriented the sanitation workers. Videos on PPE use were also disseminated.

### **A ULB in Rajasthan:**

Supervisors shared information with sanitation workers during regular work discussions, but there was no formal training session.

# COVID awareness among sanitation workers

- More than **80% aware** about at least **2 COVID symptoms**
- Majority **aware of at least 1 preventive measure**
  - Most commonly mentioned: **mask use (69%)**, handwashing (56%), and physical distancing (49%).
  - Few unsubstantiated measures: drinking hot water, living in hot temperature, herbal supplements.
- 60% workers were aware that if infected, they should self-quarantine themselves
- Information sources: TV news, employer, word of mouth, WhatsApp and Aarogya Setu app
- **30% workers lacked access to a smartphone** with internet service

# Perceived health risks

- COVID fear expressed by most workers
  - Concerns about family members
- However, compelled to continue work
- Possible effects on mental health due to:
  - Continued fear about falling sick
  - Financial stress

“Due to zero income and lockdown, people in society are sometimes become violent too.”  
– A rag picker

“There's always a fear in the hospital as we don't know who is a COVID positive patient”  
- A hospital sanitation worker

“Yes there's a risk but there's no end to it. Some say it will continue for 2 months, some say 6 months. If we don't go out for work, how will we manage, what will we eat? Till when are we going to sit at home?”  
- A dry latrine cleaner



## Findings: COVID-19 prevention measures at work (own and employer supported)

# Implementation of national and state guidelines by ULBs

## Telangana

- State guidelines for sanitation workers released
- ULB also following provisions of MoHUA advisory for Safe and Sustainable WASH services, and MoHFW advisory for sanitation workers

## Rajasthan

- State order for INR 1000 per worker for PPE
- Transferred to beneficiary account

## Odisha

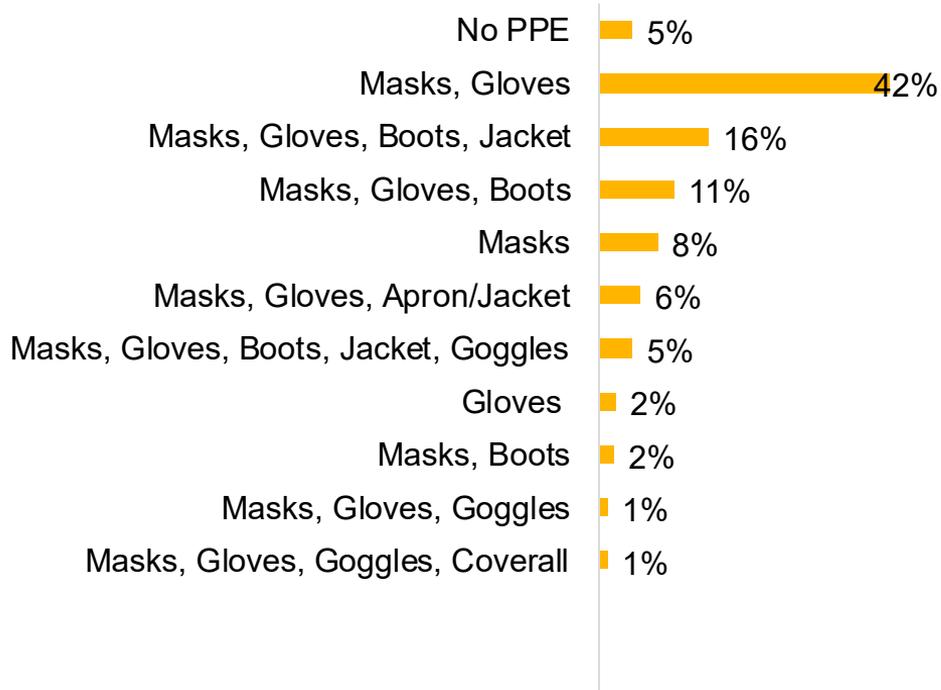
- State order for paid leaves issued
- However ULB official interviewed was unaware

## Gujarat

- ULB following MoHFW advisory for sanitation workers and CPCB guidelines for waste management

# Personal Protective Equipment

## Type of PPE available varied



## Source of PPE:

80% workers received PPE from employers

- Employer support higher for permanent staff (95%) than contractual workers (78%)
- Inadequate: some workers had to arrange masks after initial provision by employers

### PPE provision challenges in one of the cities

Funding support was available only for 30 kits. The ULB could procure 40 more kits using own revenues. Thus only 70 of total 300 workers could be provided PPE kits.

# Personal Protective Equipment

## Specific PPE required as per nature of work not available

Example: 14 of 15 **hospital** sanitation workers had PPE. But **none had all types**:

- 2 had masks, gloves, boots, coveralls
- 1 had mask, gloves, shoe cover and cap
- 5 had masks and gloves
- 1 had masks, gloves, boots
- 1 had mask and boots
- 3 had only masks
- 1 had only gloves

## PPE use was not regular due to following challenges:

- Discomfort due to heat
- Sweating
- Suffocation
- Size and fitting
- Glove grip

“Due to high temperature it is difficult to wear full apron which is made of plastic. Other than that everything is OK.”  
- Sanitation worker at hospital

“As drain cleaning sometimes involves getting into the drain and emptying it, maintaining grip while using gloves requires a lot of physical strength. Hence, sometimes we take off gloves during work. But I always use masks and boots.”  
- A drain cleaner

# Hand hygiene practices

- More than **90%** sanitation workers had **access to either soap or hand sanitizer** at work.
- **40% lacked access to handwashing station** with water and soap at places of work.
  - workers travelling to different sites: sewer/septic tank/drain cleaners, sweepers, waste collectors, etc.
- Most workers either washed or sanitized hands at least twice during work day.
  - However **not regularly** at all times critical for **COVID prevention**
- **68% cleaners of sewers, septic tanks and drains lacked access to bathing** facilities after work at their worksites



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## Screening and testing (for those working during pandemic)

- As reported by all ULB officials, thermal screening has been conducted in their cities.
- However **less than 20% sanitation workers** across study locations reported **thermal screening or medical check up**
  - Thermal screening frequency varied: one-time, daily, weekly, fortnightly
  - Most medical check-ups: one time
  - Organized by employers for majority cases
- A ULB in Chhattisgarh facilitated COVID tests for workers with symptoms (as reported by sanitation workers interviewed)
- In a Telangana city: weekly health check-ups (including BP, blood sugar test and temperature) conducted, prescriptions recorded in health diary



# Findings:

## Impact of COVID on sanitation workers

# COVID cases and deaths

## Media reports (upto 29 June 2020)

**Sweeper faints, dies after fogging in Uttar Pradesh**

Pradesh

Four Covid-19 patients  
Deaths  
2:53 AM

**Sanitation Workers Holding the Fort Against COVID-19 Have No Protective Equipment**

The pandemic once again highlights the hazardous conditions that sanitation workers are forced to work in.

**SDMC's sanitation worker who tested positive for coronavirus dies at AIIMS**

Vishva Sharma | TNH | Updated: Apr 26, 2020, 10:50 IST

**'Stigmatised, ostracised': Sanitation workers in Tamil Nadu battle COVID-19**

Sanitation workers have tested positive for COVID-19 in Tamil Nadu. During recovery, the workers battle societal stigma and

**Dharavi-Based Sanitation Worker's Wife Dies Of Coronavirus; Family Blames Kasturba Hospital**

The family said that the hospital starved her for a long time and did not provide proper care. Kasturba Hospital denied the allegations.

By [Sudhakar Singh](#) | Updated: May 26, 2020 10:30 IST

**Coronavirus: Sanitation Worker Forced to Drink Disinfectant in UP's Rampur, Dies**

The incident took place after the sanitation worker drank the disinfectant as a means to cure himself. Along with

**AIIMS sanitation supervisor dies due to Covid-19**

Sanitation supervisor was on ventilator and succumbed to the infection on Sunday around 7.30 pm.

DELHI Updated: May 26, 2020 10:30 IST

## Reported by ULB officials:

A city in MP:

- 3 infected.
- 1 death- 50 lakhs compensation provided to family.

A city in Gujarat:

- 2 infected-both have recovered and resumed work.

# Working conditions

## Working hours increased for 23% workers

- Ranging from 2-6 hours per day
- 2% respondents (drain cleaners)- additional responsibility as quarantine centre-security guard: but no additional income
- Longer shifts for sanitation workers at hospitals (upto even 30 hours).

## 30% workers faced transport challenges

- Had to walk or depend on personal cycle/bike, commuting even upto 32 km
- additional burden of fuel expenses
- A municipal body in Telangana made transport arrangements for workers

## Working hours have reduced for 12% persons

- Domestic waste collectors: number of trips have come down as the quantity of waste generated has reduced
- Some female sanitation workers in Gujarat who had negotiated for reduction in work hours during the lockdown

# Loss of livelihood

- 13% workers interviewed out of work since lockdown started
- Of these: 92% informal workers, 8% contractual
- Reasons of livelihood loss:
  - Movement prohibition in absence of ID card/pass
  - Households were afraid to call them for work
  - Schools and offices where they worked were closed
  - Sanitation workers could not go to work as they were living in containment zones

## Livelihood implications: Dry latrine cleaners

- 40% dry latrine cleaners (all women) completely out of work since the lockdown started.
  - Because of lockdown, and since households stopped calling them for work

“Hunger is more dangerous than Coronavirus. Our situation is very bad.” - A dry latrine cleaner

- Rest 60% partially resumed working in May last week: earnings down to less than 1/5th
  - Working once a week at only 20-30% households where they usually go for work.
  - Some women have to sneak out at night to avoid getting noticed by police.
- From discussions with community leaders, it emerged that most other dry latrine workers have not been able to work since the lockdown started.
  - Even with lockdown relaxations, most people still apprehensive for allowing workers inside
  - Some people preferring to call municipality solid-waste pickers instead

## Livelihood implications: Waste/rag pickers

- Most waste pickers interviewed have been out of work since the lockdown was imposed
- Reasons:
  - Due to lockdown restrictions
  - Lesser waste is available for collection.
  - Materials recovery facilities and micro-composting centres were shut
  - Bulk waste recycler who purchases waste not been operational since the lockdown.

# Financial challenges

- **Income reduction for 30%** workers (reduction ranging from 12 to 95%). 67% of them are informal workers.
- **Payments delayed for 20%** workers since lockdown started.
- **40%** workers faced challenges in meeting their **day-to-day necessities** such as groceries, loan repayments, medical expenditure etc.
- 26% workers not covered under Public Distribution System

“I am not getting private work like cleaning in households since lockdown. Don't know when people will start calling us for work again.”  
- A drain cleaner, who also did additional cleaning work at houses.

“Summer is the main season for us. We lost so much of business due to lock down.”  
– A septic tank cleaner

# Financial Strategies

- **28% workers had to borrow** to deal with financial constraints. 67% of them are informal workers.
- If such a situation continues for long,
  - 12% would consider borrowing
  - 19% are clueless about how they will deal with the financial crisis

## Alternative livelihoods

- 26% sanitation workers said they would be interested in an alternate source of livelihood
  - options such as: grocery store, fish farming, driving, other sanitation jobs, tailoring, photography, etc.
  - 40% of the informal workers said that they would like to pick up alternate source of livelihood
- Various constraints in operationalization mentioned, such as: capital, land, demand by customers, etc.

## Additional challenges for female sanitation workers

- Women's representation **higher among informal workforce** than permanent staff or contractual staff
  - Lower income security
  - Lower coverage- work benefits and support
- Additional difficulties during **menstruation**
  - Many public toilets closed during lockdown
  - Physical discomfort- increased workload and commute

- Additional **workload**- difficulties in meeting household responsibilities
- Forced to leave **children** home alone- challenging in absence of crèches or child support.

In a ULB of Gujarat, sanitation workers' groups had negotiated for reduced working hours for women during the lockdown

# Social and personal implications

- Positive implications reported by sanitation workers
  - Support from employers and public
  - Appreciation and pride for working during pandemic
  - Better hygiene and waste segregation practices
- Public perceptions and behaviour due to pandemic fear:
  - Concerns of family members and neighbours
  - Some respondents said that people don't open their doors and talk from inside instead
  - Due to 'social distancing' people in community now avoid helping each other



# Support measures by various agencies

## Government welfare measures

- **Telangana:** 12 kg of rice, and INR 1500 for food security card holders.
- **Chhattisgarh:** One-time ration support for Aadhar card holders, not having ration card.
- **Jan Dhan Yojana:** INR 500 received by 5% respondents

## Government provisions specifically for sanitation workers

- **Telangana:** INR 5000-7500 monthly incentives for sanitation workers deployed by municipal bodies
- **ULBs in Madhya Pradesh, Odisha and Gujarat:** one-time ration support and/or cash assistance
- **A Gujarat ULB:** Paid leaves and INR 10,000 if a sanitation worker falls ill (only for permanent staff)
- **A Telangana ULB:** Monthly performance incentive of INR 500 to top 20 workers

- **Informal workers** eligible for some general welfare measures, but not covered under specific government provisions for sanitation workers
- **23%** sanitation workers received **support from NGOs, CSOs and local volunteer groups** : ration, monetary support, hygiene kits, cooked food packets

# Case study: a city in Telangana

## Initiatives by ULB

**PPE** provided to all 2700 sanitation workers deployed by the ULB. Quality of the gloves and masks have been checked.

**Hand sanitizer** (500 ml) provided to all sanitation workers

Regular **orientation and on-the-job training** provided to the sanitation workers through sanitary jawans.

Workers were also provided **breakfast and lunch** during the lockdown

**Mechanisation** has been increased in solid waste management to ensure no direct contact of workers with waste.

## State government initiatives

Sanitation workers provided with **additional monthly incentive** of Rs. 5000 for two months

ULB officials given **exposure to best practices** in other cities through webinars.

## Initiatives by NGOs

Informal sanitation workers were also given **cash assistance** of INR 1500 by NGOs (Samhita and UMC)

## Challenges reported by ULB officials

- Shortage of workforce
- Challenges in fund allocation for PPEs reported in 2 locations
- Lockdown related:
  - Public transport
  - Some workers with passes were still being stopped by police
- Related to public perceptions and taboos
  - Some workers deployed in containment zones were not allowed to enter other areas by people
  - Hesitation among sanitation workers to work in localities inhabited by specific communities



## Recommendations

Critical issues emerging from the study have been existing since years and further exacerbated with COVID-19.

The pandemic presents an opportunity for stronger actions and increased accountability of stakeholders at all levels.

# Occupational Health & Safety

## Immediate measures

1. Provision of **adequate and appropriate PPEs**, of proper sizes and quality; **timely replenishment**.
2. **Functional hand washing and bathing facilities** at work sites with access to water and soap; Provision of **hand sanitizers** to all, with regular replenishment. Instructions to RWAs to ensure handwashing facilities for domestic waste collectors.
3. Provision of simple handwashing facility in vehicles, designated work areas, for workers required to travel across sites.
4. **Daily thermal screening; regular health check-up**, inclusive of BP, blood sugar, examination of respiratory functions, skin diseases etc.;
5. **Counselling and mental health support** for workers and families
6. Separate **facilities for quarantine/isolation** of workers with symptoms, to avoid putting their families into risk.
7. Considering high risks of **hospital sanitation workers**, ensuring all **safety measures**, at par with the health frontline staff, including for informal/outsourced workers.

## Long Term measures

1. Complete **mechanization** of sanitation work such as sewer/septic tank/drain cleaning
2. Enabling **safe handling and treatment of waste**, adequate waste management facilities
3. **R&D on comfortable PPE** for different categories of sanitation workers, and introduction/revision of **specifications and standards** for various PPE

# Social & Financial Protection

## Immediate measures

1. **Life & Health Insurance** for all sanitation workers
2. Provisions for **paid leave, monetary compensation, treatment support for sanitation workers infected with COVID**
3. **Ensuring timely release of payment**, including **incentives and risk allowances**, with separate provisions for compensating additional work.
4. **Provision of crèche/ child support facility at muster station**
5. **Special support for informal workers**- preparing local databases, provision of supplies, coverage in health and death benefits schemes etc.
6. **Engagement of CSOs for supporting sanitation workers**, especially informal workers and their families.
7. Considering high risks of **hospital sanitation workers**, ensuring all **social security measures**, at par with the health frontline staff, including for informal/outsourced workers.

## Long Term measures

1. **Mandatory coverage of all sanitation workers under various social security schemes**
  - a. Health, accidental, injury and life insurance,
  - b. minimum wages inclusive of risk allowance,
  - c. educational support for children of SWs,
  - d. Access to transferable (ration) card
  - e. establishment of corpus to compensate any accidents and deaths of sanitation worker
  - f. Housing support

# Systems strengthening & Capacity building

## Immediate measures

1. Use of innovative approaches for **capacity building** of sanitation workers **on COVID prevention**, especially PPE use and reuse/disposal, hand washing, work-related risks and hazards, keeping in mind the gaps in digital access.
2. **Capacity building of ULB officials** for implementation of protocols and guidelines
3. **Sensitization** of officials and public in general on aspects of **caste and gender-based discrimination** of sanitation workers

## Long Term measures

1. **Strengthening and formalizing community-based initiatives** and institutions, including use of **community-based platforms** for livelihood and upward economic mobility
2. **Strengthening ecosystem for skill building and livelihoods**
  - a. Skill enhancement and rehabilitation of sanitation workers, in coordination with NULM, NSKFDC and others
  - b. Enabling workers and their families to become equipment owners and service providers.
  - c. Establishing protocols, developing courses for skilling and training
  - d. Counselling and support for taking up alternative livelihoods
  - e. Regular trainings and certification to ensure skill enhancement of sanitation worker

# Enabling Environment

## Immediate measures

1. **Facilitating fund provisions:** ULBs can be given state instructions for utilizing untied grants under the 15th FC, AMRUT and other possible sources for supporting sanitation workers
2. **Declaring all work-related discrimination and offence against sanitation workers as a punishable offence**, and provide legal support to workers in need, using the provisions of National Disaster Management Act.
3. **Strict monitoring** to ensure enforcement of various provisions, through ULBs and private service contractors
4. Introducing **schemes, guidelines and necessary for safety and livelihoods** of sanitation workers

## Long Term measures

1. **Necessary changes in existing legislations and policies** to stop exploitation of sanitation workers- minimum wages, labour laws
2. **Reserving budgetary provision targeted towards** for supporting sanitation workers
3. **Formalization of work arrangements**, including model contracts and SOPs to address gender and social inequalities within sanitation workforce.
4. **Doing away with discriminatory informal/outourced work arrangements and disparities** in sanitation workforce
5. Preparation of **database of informal workers** in the WASH sector with a gender and caste segregation, for necessary actions and measures.
6. Mass IEC campaign for **citizens' awareness and sensitivity**

# Thank you

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