

Health, Safety and Social Security Challenges of Sanitation Workers during the COVID-19 Pandemic in India



Based on a rapid assessment by
Urban Management Centre and WaterAid India
September 2020

**HEALTH, SAFETY AND SOCIAL SECURITY CHALLENGES OF SANITATION
WORKERS IN INDIA DURING THE COVID-19 PANDEMIC**

Research conducted between May-July 2020

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ABBREVIATIONS

CPCB	Central Pollution Control Board
CSO	Civil Society Organisation
CT	Community Toilet
DAY-NULM	Deendayal Antyodaya Yojana- National Urban Livelihoods Mission
FSTP	Faecal Sludge Treatment Plant
INR	Indian Rupees
MoHFW	Ministry of Health and Family Welfare
MoHUA	Ministry of Housing and Urban Affairs
NGO	Non-Governmental Organisation
NSKFDC	National Safai Karamchari Finance and Development Corporation
PDS	Public Distribution System
PPE	Personal protective equipment
PT	Public Toilet
QC	Quarantine Centre
RWA	Resident Welfare Association
SHG	Self-Help Group
SOP	Standard Operating Procedures
ULB	Urban Local Body
UMC	Urban Management Centre
WAI	WaterAid India

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EXECUTIVE SUMMARY

While sanitation workers already face several health and safety risks, financial challenges and stigma due to the nature of their work and caste-based discrimination, the COVID-19 pandemic has further added to their challenges and vulnerabilities. The **Urban Management Centre and WaterAid India** jointly conducted a rapid assessment to understand the health, safety and social security challenges faced by sanitation workers in cities/towns across India during the COVID-19 pandemic.

This involved telephonic and face-to-face interviews of **95 sanitation workers and 12 urban local body (ULB) officials** from 18 cities/towns across 9 States/Union Territories (UTs) of India, conducted between 26 May and 8 June 2020. In addition, a secondary review of government guidelines and advisories, and media reports was undertaken.

Nine different categories of sanitation work were covered: domestic waste collection, street sweeping, cleaning at hospitals/quarantine centres, desludging of sewers/septic tanks and faecal sludge treatment plant (FSTP) operations, drain cleaning, cleaning of community/public/institutional toilets, waste/ rag picking, waste collection at hospitals/quarantine centres, and dry latrine cleaning. The sample included 68% male and 32% female respondents. Different types of employment modalities were covered, namely: permanent employment (21%), contractual employment (56%), and informal work (22%).

Key highlights from the study

1. **Awareness of COVID-19 preventive measures:** The majority of workers were aware about at least two COVID-19 symptoms and at least one preventive measure. However, there is a need for greater emphasis on building awareness on other critical aspects, such as personal protective equipment (PPEs) reuse/disposal, waste handling, and safe disposal.
2. **Personal protective equipment:** Very few workers had all the different PPEs which were required to protect them for all the risks and hazards they face at work, including workers in hospital/ quarantine centers. PPEs provided by employers was not adequate in some cases. Lack of user-friendly PPEs led to irregular usage.
3. **Hand hygiene practices:** 40% of respondents lacked access to handwashing stations with water and soap at places of work, most of these were workers who had to visit multiple locations in a day.
4. **Medical examination/ testing:** Less than 20% of sanitation workers across study locations reported undergoing thermal screening or medical examination for COVID-19 at work.
5. **Impact on working conditions:** Working hours increased for 23% of sanitation workers, with most of them not receiving compensation for additional workload and responsibilities. 30% of workers faced challenges in commuting due to the shutdown of public transport services.
6. **Livelihood and financial implications:** Most dry latrine cleaners and waste/ rag pickers interviewed were out of work since the lockdown started. Further, 30% of respondents faced reduction in income, while 20% of workers reported delays in payment since the inception of lockdown. 28% of workers had to borrow to deal with financial constraints.
7. **Insurance coverage:** 35% of workers had insurance coverage; majority of these were permanent staff. None of the informal workers had insurance cover.
8. **Additional challenges faced by female sanitation workers:** Women's representation among informal workforce was higher in comparison to male sanitation workers,

which resulted in greater livelihoods and income security challenges for them, as well as lower coverage in terms of employment benefits, insurance coverage and other support measures. Female sanitation workers also faced other challenges, which were amplified during COVID-19 pandemic. These included difficulties in working during menstruation due to excessive physical stress of walking to and from work owing to lack of public transportation, and lack of access to public toilets which were inoperative during the lockdown. They also faced challenges in managing child care and domestic responsibilities due to additional workload.

9. **COVID-19 related support measures by various agencies:** National and state governments introduced some welfare measures such as compensation in case of death by COVID-19, cash assistance and ration support. Some state and city level authorities across study locations had also introduced provisions specifically for sanitation workers, including monthly financial incentives, cash assistance, ration support, paid leaves and compensation for infected workers. However, informal workers were excluded from most such provisions. Overall, 23% of sanitation workers received support from local non-governmental organisations (NGOs) or civil society organisations (CSOs).

Some of the critical challenges emerging from the study are a result of systemic issues existing in the country since decades, which have been further exacerbated by the COVID-19 pandemic. While there is a need for immediate measures in the COVID-19 context, the pandemic also presents an opportunity for long-term structural measures with stronger actions and increased accountability of stakeholders at all levels.

Key recommendations

Immediate health and safety measures in the COVID-19 context

- Functional handwashing stations and hand sanitisers/ soaps for all.
- Adequate, periodic provisioning, user- friendly PPE for all workers and appropriate as per workers' needs.
- Adequate arrangements for safe handling and disposal of waste.
- Training on COVID-19 prevention, work-related risks, PPE use and disposal/reuse.
- Regular medical check-up and routine checking for symptoms.
- Facilities for quarantine/isolation of sanitation workers and their families.
- Provisions for paid leave, monetary compensation and incentives, treatment support for infected workers.

Social and financial protection measures

- Insurance coverage (life and health) for all workers irrespective of their engagement modalities.
- Targeted support for informal workers.
- Timely payments, inclusive of monetary compensation for additional working hours and risk allowances.
- Ensuring access to the public distribution system (PDS), and state-specific social and financial security schemes and programmes. Linking female workers to programmes on nutrition, and day care support for children.

Long-term systemic measures

- Research and development (R&D) on user-friendly PPE for different categories of sanitation workers.
- Introduction/ revision of specifications and standards of PPE.
- Formalisation of work arrangements, including model contracts with flow-down clauses and Standard Operating Procedures (SOPs).
- Minimum wages including risk and hardship allowance.
- Complete mechanization of sanitation work such as sewer/septic tank/drain cleaning, with protection of the livelihoods of sanitation workers by making them equipment owners and service providers.
- Skilling and support for taking up alternative livelihoods.
- Capacity building of ULB officials, sensitization of public on aspects of caste and gender-based discrimination.

BACKGROUND

India has over 5 million sanitation workers, as suggested by a study by Dalberg¹ conducted in 2018. There are several forms of sanitation work prevalent in urban and rural areas, including cleaning of household toilets, public and community toilets, institutional toilets, sewers and septic tanks, drains, railway tracks; waste collection and segregation; etc. Due to social discrimination as well as the nature of their employment, sanitation workers lack a regular and decent pay; and usually do not have access to quality health care, employment benefits, insurance and other social security measures.

Even during the current COVID-19 pandemic, sanitation workers are dealing with waste collection and management, cleaning of toilets, cleaning/disinfection of public places, and maintaining sanitation services. Their work requires them to move across different locations, interact with several people and work in high-risk settings including health care facilities, quarantine centres and containment zones. The lack of personal protective equipment and other safety measures at work puts sanitation workers at a high risk of infection. Getting infected with COVID-19 can lead to an added layer of stigma and discrimination which can lead to loss of livelihood and difficulties in availing proper health care services. Moreover, since many of them live in informal settlements, there is also a concern about transmission in their communities. In this context, Urban Management Centre (UMC) and WaterAid India (WAI) conducted a rapid study on the challenges of sanitation workers during COVID-19 pandemic.

RESEARCH OBJECTIVES

The study was undertaken with the following 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.



METHODOLOGY

This was a cross-sectional study with a mixed-methods approach, involving the following:

- i. Interviews of 95 sanitation workers and 12 urban local body (ULB) officials from across 18 urban locations across 9 states/union territories in India (see Figure 1), using a structured questionnaire.
- ii. Secondary review of various guidelines, advisories and orders by national and state governments; and media reports.

Interviews were conducted by teams from UMC, WAI and their local partners between 20 May 2020 and 8 June 2020. Due to lockdown-related restrictions and for safety of interviewers and interviewees, most interviews were conducted over telephone. Most study locations were UMC and WAI intervention areas. 9 categories of sanitation work across the value chain in different settings were included. Sanitation workers from each of these categories were identified with the help of local contacts, through purposive sampling. Figure 2 gives the percentage distribution of various categories of sanitation workers in the sample. ULB officials from the same locations were interviewed based on their availability.

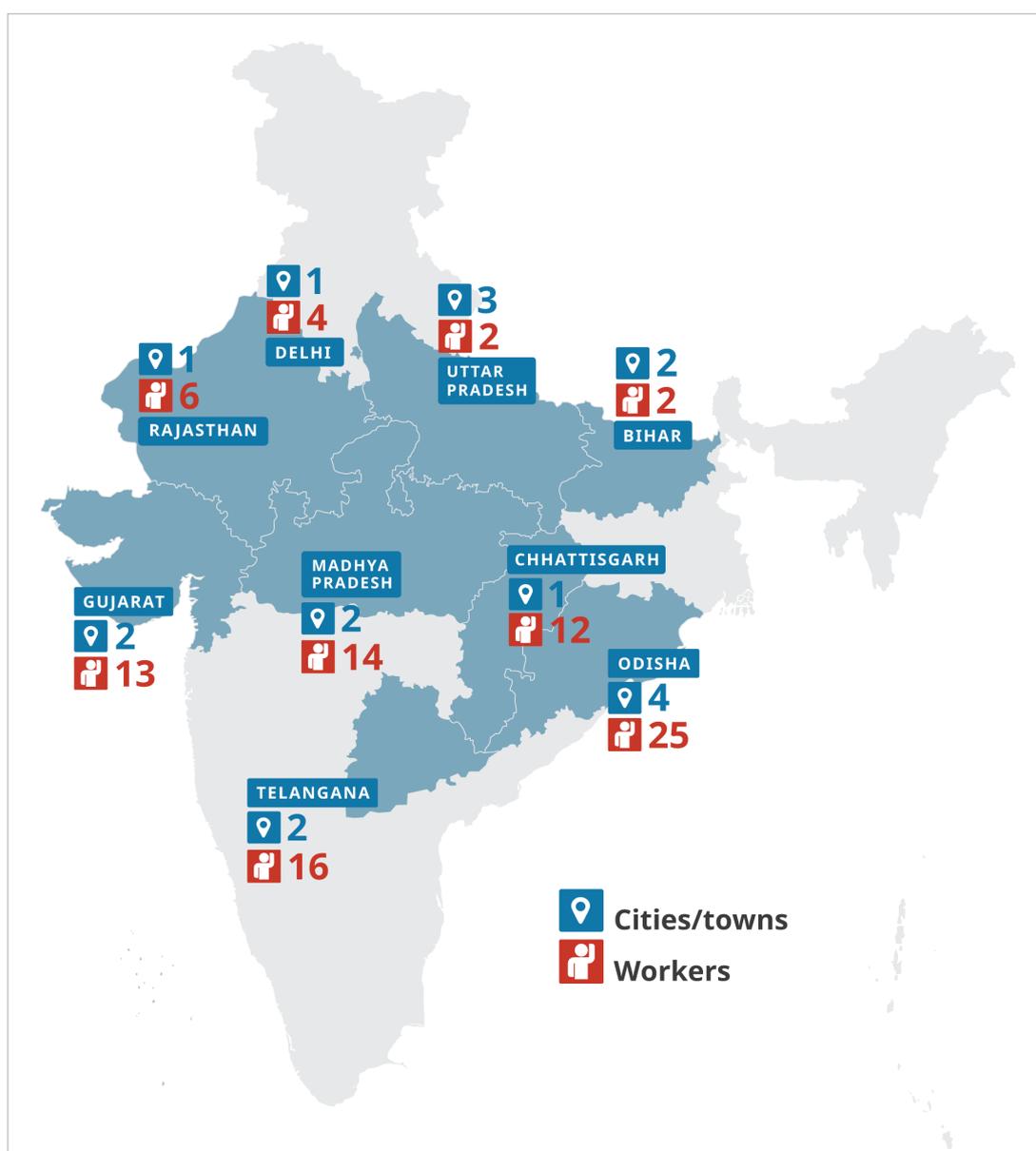


Figure 1: Sample of sanitation workers covered across study locations

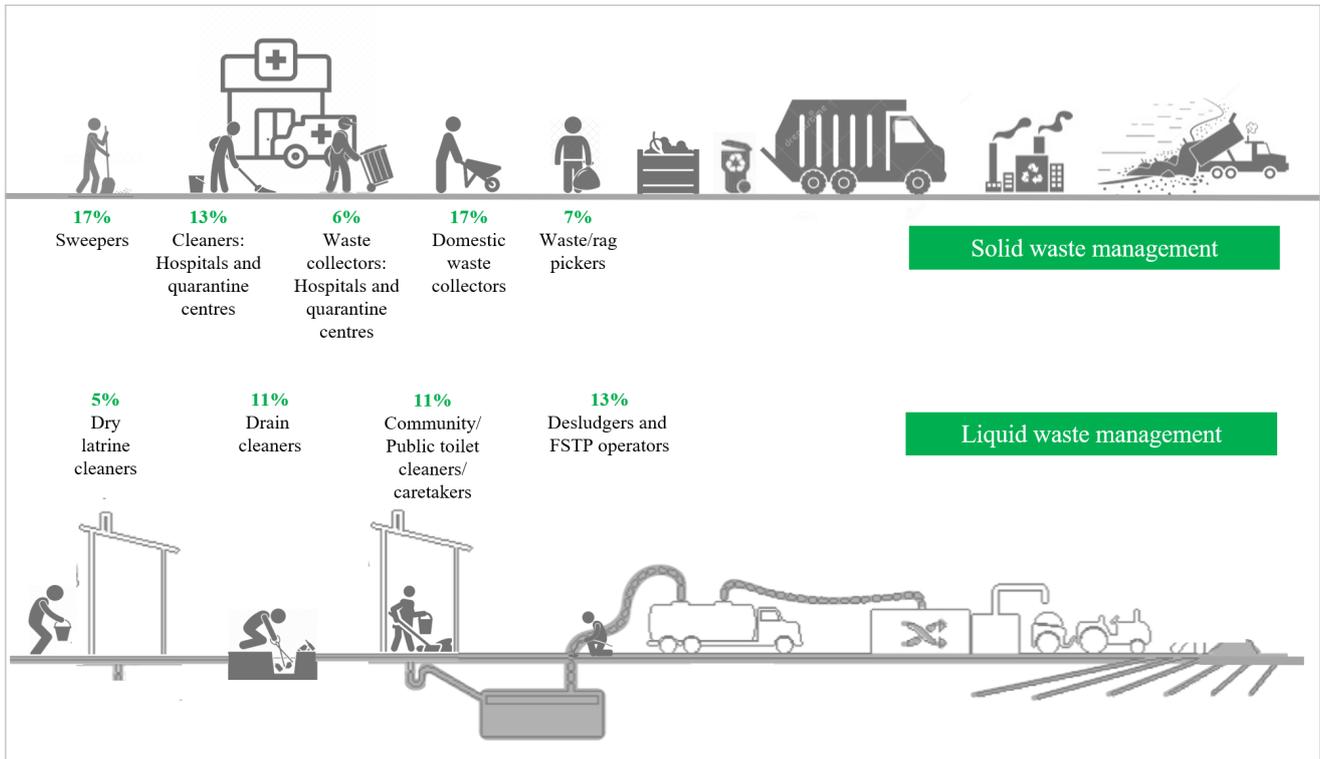


Figure 2: Categories of sanitation workers interviewed for the study

LIMITATIONS OF THE STUDY

Due to lockdown-related constraints, it was challenging to cover a comparable sample across all categories of sanitation work, especially for those working in informal settings such as dry latrine cleaners and waste/rag pickers, since there is no readily available database or contact list of such workers. Developing a rapport with respondents over telephonic interviews was also challenging at times. In some cases, the sanitation workers could not be reached directly for telephonic interviews, due to which we had to take help of local community resource persons. The presence of a third person in these cases may have affected the flow of interactions.

STUDY FINDINGS

1. PROFILE OF RESPONDENTS

Figure 3 gives the distribution of sanitation workers' sample based on demographic characteristics.

Smartphone ownership: 30% of sanitation workers lacked access to a smartphone with internet service at the household level.



Figure 3: Respondents' profile - sanitation workers

2. NATURE OF EMPLOYMENT

Sanitation workers in India are usually engaged in one of three ways - permanent staff, contractual workers and informal workers. For the purpose of this study we have defined **permanent workers** as those who are employed full-time by government or local bodies and have access to employment-related entitlements from their employers. **Contractual workers** are either on a periodic/ short-term contract with the government directly or engaged through a third-party agency. Here while their work has a formal nature, they may not form direct liability to the agency/individual for which they work. **Informal workers** are those who engage in the work without any formal association with the employers, institutions or households, and include categories such as dry latrine cleaners, waste/ rag pickers and proxy workers (who work on behalf of a formal worker without any documentary evidence).

Contractual mode of employment formed the highest proportion in the overall sample (56%), as well as across both genders (63% and 41% among male and female sanitation workers respectively).

Only 21% of sanitation workers interviewed were engaged as permanent staff.

Informal workers constituted 21% of the overall sample. The proportion of informal employment among female workers (41%) was much higher than among male workers (22%).

Figure 4 gives the percentage distribution of nature of employment of sanitation workers across the sample covered.

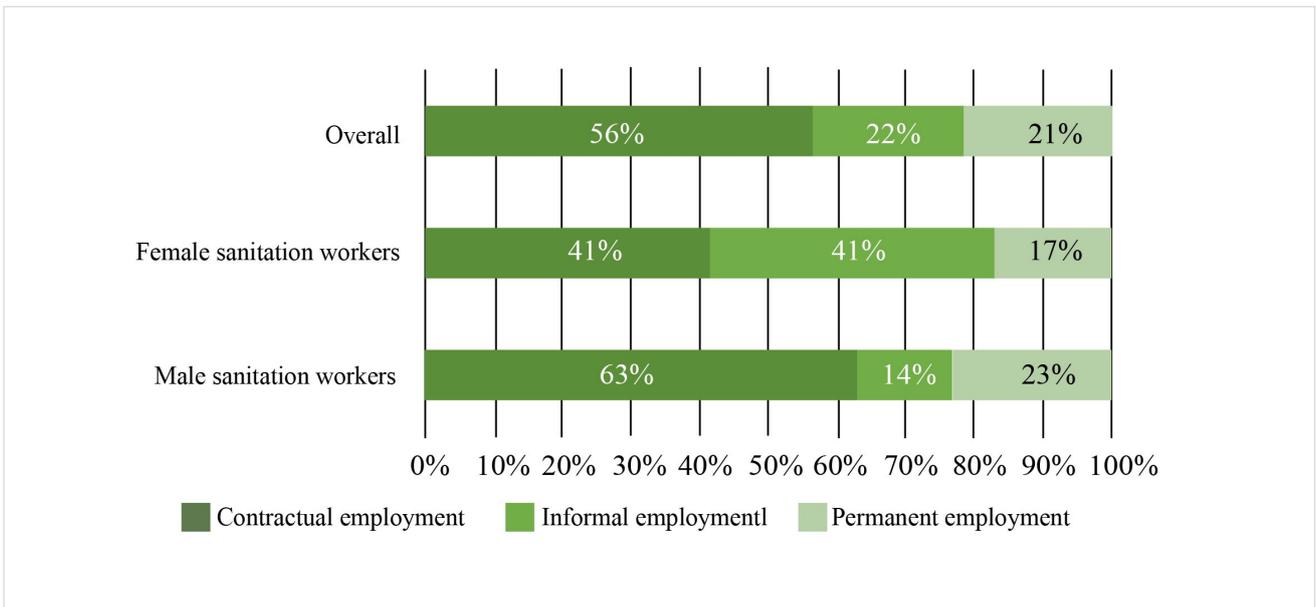


Figure 4: Nature of employment of sanitation workers

The nature of employment varied across different categories of sanitation work, as shown in Figure 5. All waste pickers and dry latrine cleaners were engaged in informal work. Most of the desludgers/ FSTP operators, cleaners at hospitals, cleaners at quarantine centers and domestic waste collectors were engaged as contractual employees.

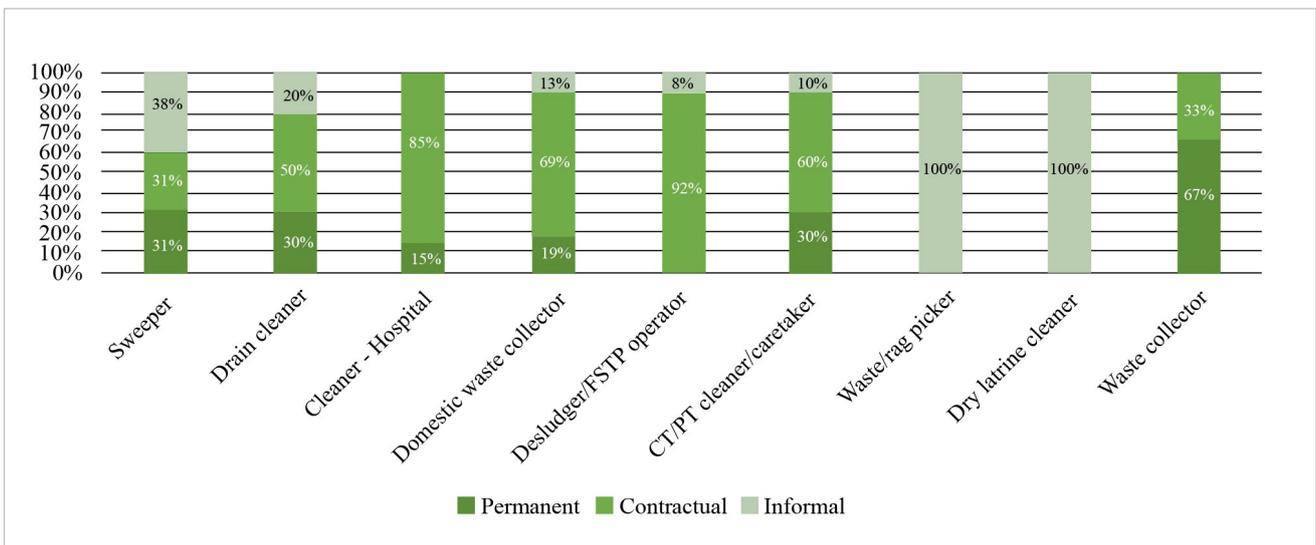


Figure 5: Nature of employment across different categories of sanitation work

3. SANITATION WORKERS' UNDERSTANDING ON COVID-19 PREVENTION

Training on COVID-19 by ULBs

Due to physical distancing constraints, alternate approaches for training and sharing of information with sanitation workers were adopted by ULB officials interviewed. These included:

- Formal training of sanitation workers in small batches, in order to ensure physical distancing
- Training through video calls
- Sharing of information by supervisors with sanitation workers during regular work interactions
- Preparation of videos on different themes and dissemination through WhatsApp.

The most commonly covered topics by ULBs for spreading awareness amongst sanitation workers were use of PPE and hand hygiene. Other areas which are critical for COVID-19 prevention, such as reuse and disposal of PPE, handling and disposal of waste, and disinfection procedures, were not covered in most cases.

COVID-19 awareness among sanitation workers

The study assessed the level of awareness amongst sanitation workers. The sanitation workers received a variety of information around COVID-19 from sources like employers, television, WhatsApp, Aarogya Setu app and word of mouth.

More than 80% of sanitation workers interviewed were aware of at least two symptoms of COVID-19, mostly mentioning common symptoms such as cold, cough and fever. Close to 95% of sanitation workers were aware of at least one preventive measure.

The most frequently mentioned preventive measures included: use of masks (69%), handwashing (56%), and physical distancing (49%). In a couple of instances, respondents also mentioned unsubstantiated measures such as drinking hot water, living in a place with high temperature, and consumption of herbal supplements. 60% of sanitation workers were aware that they should self-quarantine if they get infected.

Perceived health risks

The study also attempted to gauge the level of concern amongst sanitation workers regarding the disease. Most workers interviewed were aware of the high spread of COVID-19. However, due to financial constraints, most workers were compelled to continue work.

The interviews reflected widespread concerns about falling sick, as well as the added financial stress linked to the lockdown. Many respondents also shared concerns about the risk of transmission to their family members. It is possible that these may have implications on their mental health.

“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? Until when are we going to sit at home?”

- A dry latrine cleaner

4. COVID-19 PREVENTION MEASURES AT WORK

Implementation of national and state guidelines

Various national-level guidelines and advisories were released by different Ministries and agencies, which touched upon aspects of sanitation workers' safety in the COVID-19 context. These are listed in Table 1.

Table 1: National-level guidelines and advisories for sanitation workers' safety in the COVID-19 context

National-level guidelines/advisories		
Ministry/ Agency	Name of advisory/ guidelines document	Aspects related to sanitation workers covered
Ministry of Housing and Urban Affairs (MoHUA)	Safe and Sustainable WASH services ²	<ul style="list-style-type: none"> • PPE provision and use • Awareness-building on hand hygiene and respiratory hygiene • Support for essential supplies to informal workers if required • Arrangements for hand hygiene, safe PPE reuse and disposal, drinking water, toilets etc. at treatment and waste management sites.
Ministry of Health and Family Welfare (MoHFW)	Disinfection of common public places ³	<ul style="list-style-type: none"> • Types of PPE to be used by sanitation workers during disinfection of public places • Guidelines for use of masks
	Rational use of personal protective equipment ⁴	Types and specifications of PPE for sanitation workers deployed at different types of healthcare settings, such as hospitals, quarantine centres, etc.
Central Pollution Control Board (CPCB)	Handling, treatment and disposal of waste generated during treatment/ diagnosis/ quarantine of COVID-	<ul style="list-style-type: none"> • Protocols for handling, treatment and disposal of waste • Role of ULBs and other institutions • Disposal of PPE

These national-level guidelines were not being implemented across all study locations, as indicated by ULB officials during interviews. Provisions under the MoHUA advisory for Safe and Sustainable WASH services, and MoHFW advisory for sanitation workers, were being implemented in the study locations in Telangana. The MoHFW advisory for sanitation workers and CPCB guidelines for waste management were being followed in a study location in Gujarat. Apart from these, some states also released advisories, circulars and orders on this subject. Details of some state-level policy initiatives undertaken in the study locations are mentioned in Table 2.

For most of these guidelines at national and state-levels, the scope was limited to only certain categories of sanitation work.

Table 2: Guidelines and advisories issued by states for sanitation workers' safety in the COVID-19 context

State-level advisories/ circulars/ orders		
State	Name of advisory/circulars/ order	Aspects related to sanitation workers' safety covered
Telangana	Additional advisory for maintaining cleanliness during lockdown period	<ul style="list-style-type: none"> • Safe disposal of waste from quarantined households • Safety measures such as PPE provision, thermal screening, medical examination for symptomatic workers and hand hygiene for the sanitation workers involved in collection and disposal of COVID-19 waste. Here COVID-19 waste is defined as all waste from quarantined households, as well as used masks and related materials from non-quarantined households.
Rajasthan	Order for financial support to sanitation workers for PPEs during COVID-19 pandemic	Provision of INR 1,000 to all sanitation workers through direct benefit transfer, using which they may purchase PPEs
Odisha	Maintenance of cleanliness during lockdown period in the wake of COVID-19	<ul style="list-style-type: none"> • Provision of PPEs including masks and gloves for all sanitation workers including informal waste pickers. • Paid leaves for sanitation workers

For example, the two advisories issued by the MoHUA mention provisions for sanitation workers at health care facilities, and those involved in cleaning and disinfection of public places, respectively. The Telangana advisory focuses on workers involved in domestic waste collection and disposal. Similarly, the Rajasthan order mentions financial support for PPE purchase for workers involved in disinfection work such as cleaners, sweepers, and health inspectors.

Moreover, since most of these guidelines and provisions pertain to sanitation workers engaged by municipal bodies, informal workers are not covered under these, except the MoHUA advisory which suggests income and wage support for informal workers.

Access to Personal Protective Equipment (PPE)

5% of sanitation workers did not have access to any personal protective equipment. While the rest had access to PPEs, there were variations in the type of PPEs available. 93% of sanitation workers had access to a mask. However, the availability of other equipment and gear such as gloves, boots, jackets, etc. varied. Figure 6 gives the percentage access to different types¹ of PPE among sanitation workers

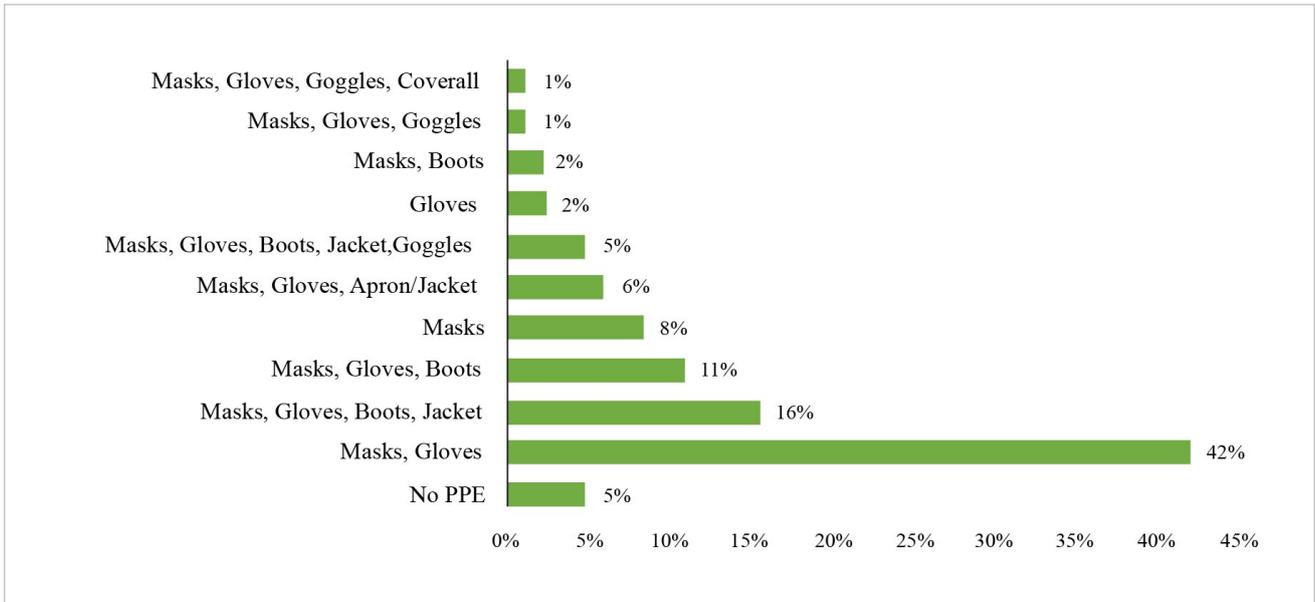


Figure 6: Access to different types of PPEs among sanitation workers



This meant that **sanitation workers did not have access to all kinds of PPEs required for their category of work**. For example, the types of PPEs available for 15 sanitation workers at hospitals is mentioned in Table 3. As can be observed below, 14 workers had access to some type of PPEs, but none of them had all types needed to perform their jobs safely.

Table 3: Types of PPEs available to hospital sanitation workers

Type of PPEs available	Number of sanitation workers
Masks, gloves, boots, coveralls	2
Mask, gloves, shoe cover and cap	1
Masks and gloves	5
Masks, gloves, boots	1
Boots	1
Masks	3
Only gloves	1
No PPEs	1
TOTAL	15

Overall, 80% of sanitation workers received PPEs from their employers. The employer support for provision of PPEs was higher for permanent staff (95%) as compared to contractual workers (78%). The provision of PPEs was also found to be greater among workers engaged by municipalities as compared to those engaged by private agencies, which could either be because provision of PPEs by contractors was not mentioned in the contracts, or due to weak monitoring and enforcement of contracts enforcement by ULBs.

In three cases, the quantity of PPEs provided was not adequate, and after initial provision of masks by employers, workers had to arrange for more masks on their own. Further, in one study location, the ULB could provide PPE kits to only 70 of the total 300 municipal sanitation workers, due to lack of adequate funds for PPE procurement.

Lack of user-friendly PPEs

45% of sanitation workers reported challenges in regular usage of PPEs since these were not user-friendly. The specific challenges included discomfort due to heat, sweating, suffocation, inappropriate size and fitting, and inadequate grip of gloves.

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

- A 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 dry latrine cleaner

Handwashing and hygiene practices

More than 90% of sanitation workers shared that they had access to either a soap or hand sanitizer at work. Most workers reported that they either washed or sanitized their hands at least twice during a workday. However, this was not done regularly in every instance critical for prevention of COVID-19, such as handling of waste, disposal of used PPEs, touching surfaces, etc.

Moreover, 40% of workers lacked access to a handwashing station with water and soap at places of work. These included workers who were required to travel to multiple sites in a day, such as sewer/septic tank/drain cleaners, sweepers, waste collectors, etc. Additionally, 68% of cleaners of sewers, septic tanks and drains lacked access to bathing facilities after work at their worksites. This is a hygiene concern, since in many instances they are required to enter sewers, septic tanks or drains for cleaning. Some workers also reported a lack of changing and washing facilities due to which they had to look for sources of water near their work premises or carry the reusable PPEs to their homes for cleaning these.

Screening and testing

During our interaction with ULB officials, we learnt that thermal screening had been conducted in their cities. However, interviews with sanitation workers revealed that thermal screening was not being conducted regularly in all locations. Less than 20% of sanitation workers across study locations reported thermal screening or medical examination. While most medical check-ups were conducted as one-time activities, the frequency of thermal screening varied from one-time, daily, weekly, to fortnightly. Since these initiatives were organised by employers in most cases, informal workers were excluded from these.

In a study location in Telangana, the ULB facilitated weekly health check-ups for municipal sanitation workers, which included tests of blood pressure, blood sugar and temperature. The prescriptions were recorded in health diaries provided to sanitation workers, which also had key messages on COVID-19 prevention.

In a study location in Chhattisgarh, the ULB facilitated COVID-19 tests for municipal sanitation workers who had COVID-19 symptoms, as was reported by the sanitation workers interviewed.

5. SOCIAL SECURITY COVERAGE

Insurance coverage

Overall, 65% of sanitation workers did not have any kind of insurance coverage, while the remaining 35% had some form of health, life or accidental death insurance. Figure 7 gives the percentage distribution of insurance coverage across sanitation workers under different modalities of employment. The insurance coverage among permanent staff was 70%, while for contractual workers it was 36%. **All informal workers were excluded from insurance coverage.**

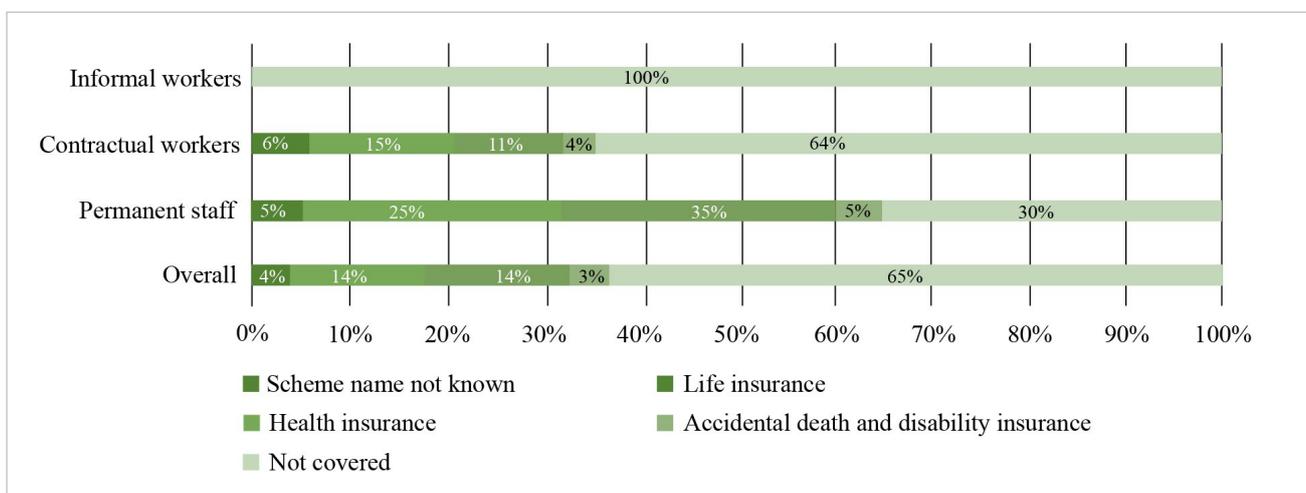


Figure 7: Insurance coverage among sanitation workers with different modalities of employment

Moreover, there was a considerable difference of 22 percentage points in the insurance coverage of male and female sanitation workers, as shown in Figure 8.

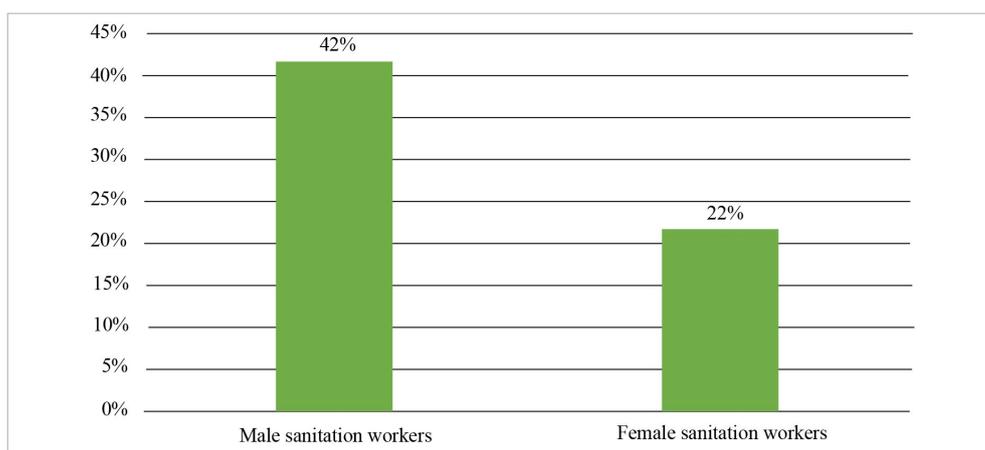


Figure 8: Insurance coverage across male and female sanitation workers

Coverage under Public Distribution System

The Public Distribution System (PDS) in India helps in providing subsidized food grains and essential commodities to poor. 26% of sanitation workers were not covered under the PDS.

Self-help group (SHG) membership

Self-help groups are community platforms that provide members of vulnerable communities an opportunity to collectivise and work towards self-empowerment.

Under the Deendayal Antyodaya Yojana- National Urban Livelihoods Mission (DAY-NULM), these SHGs are provided support for livelihoods and skilling. These platforms are also used to easily reach out to urban poor and link them to various schemes and entitlements they are eligible for.

The study found that 39% of sanitation workers or their family members were members of self-help groups (Figure 9). The coverage was considerably higher among informal workers in comparison with permanent staff and contractual workers. A possible reason for this trend could be that most study locations were either in UMC or WAI intervention areas, and support was being provided to SHGs of sanitation workers, due to which this data may not be generalisable.

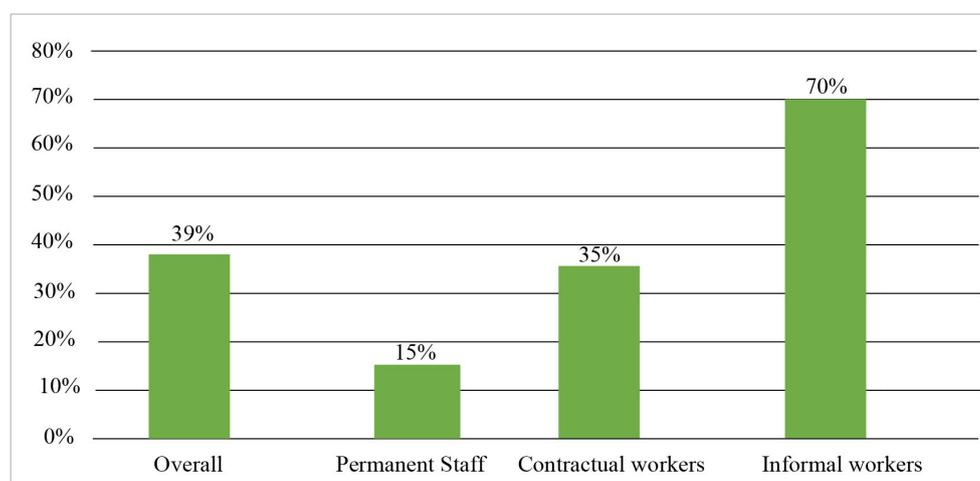


Figure 9: SHG membership among sanitation workers and their family members

6. COVID-19 CASES AND DEATHS AMONG SANITATION WORKERS

Several media reports covered the plight of sanitation workers since the imposition of the nationwide lockdown in March 2020. Apart from incidents of deaths due to COVID-19 infection, there were also reports of sanitation workers being forced to work against their will by their employers; as well as instances of attacks, stigmatization and ostracism by the society. There were also some cases in which sanitation workers were inhumanely forced to consume disinfectant or had inhaled very high doses of disinfectant resulting in their deaths. Figure 10 provides a snapshot of some of these media reports.

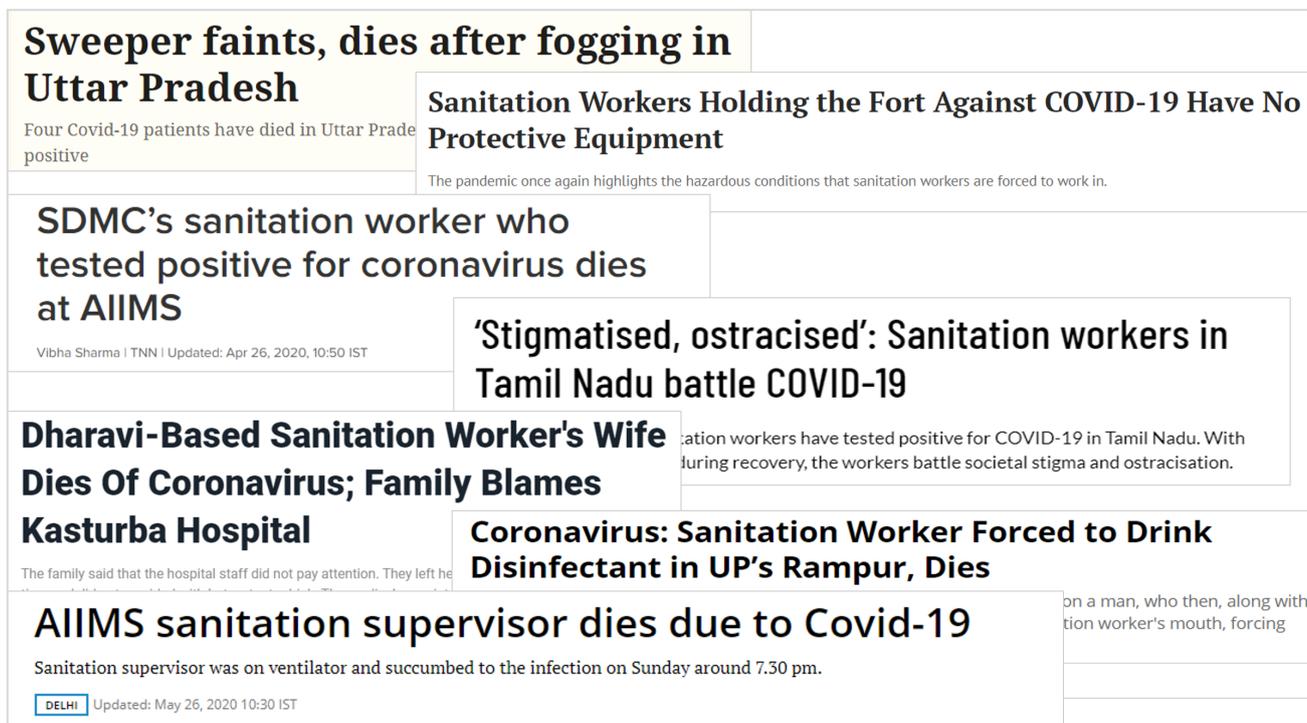


Figure 10: Media reports of COVID-19 cases and COVID-19-related deaths among sanitation workers (Online reports accessed from India.com⁶, Mumbai Live⁷, The Wire⁸, Times of India⁹, The News Minute¹⁰, The Telegraph¹¹, and Hindustan Times¹²)

During the study, the ULB officials interviewed reported three cases of COVID-19 infection in a location in Madhya Pradesh, and two cases in a location in Gujarat. While four of these sanitation workers had recovered, one sanitation worker from Madhya Pradesh had died. It was reported that the ULB had taken necessary steps and ensured that the family of this sanitation worker has received INR 50 lakh as compensation, in accordance with the union government's Pradhan Mantri Garib Kalyan Package.

7. IMPACT ON WORKING CONDITIONS

The sudden imposition of lockdown had several direct and indirect impacts on working conditions of sanitation workers. Sanitation workers from some study locations returned to their native places, which led to availability of a smaller workforce. 23% sanitation workers had to work for longer hours than usual, ranging from additional 2-6 hours per day, due to added tasks such as disinfection. Some hospital workers were being required to work for longer shifts, even up to 30 hours. Most of these workers were not compensated for additional workload and responsibilities, including two drain cleaners who were asked to work as security guards of quarantine centres in the night shift.

The shutdown of public transport services resulted in challenges in commute for 30% of sanitation workers, who were left with no choice but to either walk to their work site or use a cycle or bike. Some workers reported walking for distances as long as 32 kilometres daily. Those using private means of transport had to bear additional fuel expenses.

8. LIVELIHOOD IMPLICATIONS

The pandemic also affected livelihoods of sanitation workers due to various reasons including prohibition of movement in absence of identity cards/passes; shutdown of worksites such as schools and offices; restrictions for those living in containment zones; and lack of demand for informal sanitation work.

13% of sanitation workers interviewed had been completely out of work since the lockdown was imposed. Of these, 92% were informal workers, while 8% were contractual workers. Apart from these, many workers experienced reduction in demand of work, which resulted in lesser earnings.

Livelihood implications for dry latrine cleaners

The pandemic led to severe impact on the livelihoods of dry latrine cleaners, all of whom were women. 40% of dry latrine cleaners in study locations had been completely out of work since the lockdown started.

The remaining 60% had partially resumed work during the last week of May, though their earnings were down to less than 20% of pre-lockdown amounts. Some women reported that they had to sneak out at night to avoid getting noticed by police.

Even with lockdown relaxations, most households were hesitant to allow dry latrine cleaners inside their homes – some preferred to get the cleaning done by municipality solid waste pickers instead.

Livelihood implications for waste/ rag pickers

More than 90% of waste/ rag pickers interviewed had been out of work since the lockdown was imposed. The reasons included: lockdown restrictions, availability of lesser waste for collection, and temporary discontinuation of operations of materials recovery facilities, micro-composting centres and bulk waste recyclers.

9. FINANCIAL CHALLENGES

The reduced demand for work and loss of livelihoods have had a direct impact on the earnings of sanitation workers. Around one-third workers reported a reduction in incomes between 12 to 95%. Of those who reported income loss, 67% were informal workers. Moreover, 20% of sanitation workers reported that their payments were delayed since the lockdown was imposed.

As many as 28% of workers had to rely on borrowings to deal with financial constraints, with two-thirds of these being informal workers, which may have pushed them into further debt. Another 12% of workers shared that if such a situation continues, they would consider borrowing money in the near future.

“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 lockdown.”

- A septic tank cleaner

“Hunger is more dangerous than Coronavirus. Our situation is very bad.”

- A dry latrine cleaner

Accessing basic necessities was another challenge for many. As many as 40% of workers faced challenges in meeting their day-to-day expenses for groceries or for other financial purposes like loan repayments, medical expenditure etc. Two sanitation workers also responded that while they had savings in bank accounts, they were unable to withdraw money from banks as well as ATMs, and thus had to face a cash crunch. Other than financial reasons, a few sanitation workers reported difficulties in buying groceries during the lockdown, due to reasons such as shops being closed, limited opening hours or distance from their place of residence.

Alternative livelihoods

Owing to the financial challenges and uncertainties during the COVID-19 pandemic, 26% of sanitation workers expressed interest in exploring alternative sources of livelihood in the near future. The options mentioned included grocery stores, fish farming, driving, tailoring, photography, etc. However, they also mentioned various potential constraints in starting and operationalising these livelihood options, such as access to capital and assets, market demand, skillset, etc.

10. GENDER INEQUALITIES: Additional challenges for female sanitation workers

The higher representation of female sanitation workers among the informal workforce meant that women were disproportionately impacted not only by adverse shocks to income and livelihood, but were also less prepared to cope due to lower coverage under employment benefits, insurance and other support measures.

Many women also faced additional workload during the pandemic, which caused difficulties in handling household responsibilities and taking care of children.

Given the pandemic situation, it was not possible for many women to take their children along to work due to lockdown restrictions and COVID-19 risk.

Some women also reported added challenges during menstruation, as public toilets were closed due to the lockdown, thereby leading to difficulties in accessing sanitation facilities. Moreover, the increased workload and commute during the lockdown also led to physical discomfort during menstruation.





11. SOCIAL IMPLICATIONS

Sanitation workers reported various positive changes in public perception, including a sense of pride for working during the pandemic, and appreciation from their employers and local authorities. Various officials at state and ULB officials initiated awards and ceremonies to recognise and appreciate the efforts of sanitation workers. Some workers also shared that the pandemic led to greater attention towards workplace safety, leading to better provisions for hygiene and waste segregation.

However, some experiences of stigma and discrimination resulting from public perceptions and fear of the pandemic also emerged from the study. For instance, an official from a study location shared that sanitation workers allotted tasks in containment zones were not being allowed to work in other areas by citizens. In another instance, sanitation workers hesitated to work in localities inhabited by specific communities, who were being seen as COVID-19 carriers by the public. Some sanitation workers also shared concerns among their neighbours and family members, who perceived them to be at higher risk of contracting the disease, and were thus wary of them going out and working.

12. SUPPORT MEASURES BY VARIOUS AGENCIES

Considering that sanitation workers are at risk while performing their duties, a directive was issued by the Ministry of Health and Family Welfare guiding that they must be provided with adequate PPEs in hospitals and other places. The union government also announced compensation of INR 50 lakh in case of death of sanitation workers due to COVID-19. Six states and one Union Territory in the country announced additional compensation in case of death on duty ranging from INR 5 lakhs (West Bengal) to INR 1 crore (New Delhi).

In addition to compensation, other provisions such as financial support and incentives, grocery support and employment benefits were introduced by the national and state governments, and ULBs. These are listed in Table 4.

Though informal workers were eligible for some general welfare measures by the government, they were not covered under most specific provisions for sanitation workers.

Local civil society organisations, NGOs and volunteer groups also played an important role in supporting sanitation workers facing challenges due to the pandemic situation. 23% of sanitation workers across study locations received monetary support, hygiene kits and cooked food packets.

Table 4: Support provisions by various agencies

General welfare measures (not limited to sanitation workers)	Provisions specifically for sanitation workers introduced in study locations
<p>Telangana state: 12 kg of rice, and INR 1,500 for food security card holders.</p> <p>Chhattisgarh state: One-time ration support for Aadhar card holders, who did not have ration cards.</p> <p>Nation-wide Jan Dhan Yojana: Cash assistance of INR 500, which was received by 5% study respondents</p>	<p>Telangana state: Monthly incentives of INR 5,000-7,500 for sanitation workers deployed by municipal bodies</p> <p>Cities in in Madhya Pradesh, Odisha and Gujarat: One-time ration support and/or cash assistance</p> <p>A Gujarat city: Paid leaves and INR 10,000 if a sanitation worker falls ill (only for permanent staff)</p> <p>A Telangana city: Monthly performance incentive of INR 500 to top 20 workers</p>



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CASE STUDIES

Support measures for sanitation workers in a study location in Telangana

In one of the study locations, a number of support measures and provisions for sanitation workers were implemented by different agencies. These are listed below.

State government initiatives implemented in the city

- 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 undertaken by ULB

- PPE provided to all 2,700 sanitation workers deployed by the urban local body.
- Hand sanitizer provided to all sanitation workers
- Regular orientation and on-the-job training provided to the sanitation workers through sanitary jawans (supervisors of the sanitation workers).
- Cooked meals (breakfast and lunch) provided to workers during the lockdown
- Increased mechanisation in solid waste management to limit direct contact of workers with waste

Initiatives by NGOs

Cash assistance of INR 1,500 for informal sanitation workers, as part of a joint initiative by Samhita and UMC.

State initiative to ensure safety and dignity of sanitation workers in Odisha

The issue of social discrimination and neglect of sanitation workers and their families has raised at various platforms. There is an increasing recognition of these issues leading to measures by various stakeholders.

The Government of Odisha has taken various initiatives in the state to improve faecal sludge management in urban areas. The State is now in the process of developing a comprehensive scheme for safety and dignity of sanitation workers. The Scheme shall focus on institutionalising and regulating sanitation service delivery through urban local bodies and private service providers, formalising and skilling of sanitation workforce, improving working environment and providing service level and social security benefits.

RECOMMENDATIONS AND WAY FORWARD

Some of the critical challenges emerging from the study are a result of systemic issues existing in the country for decades, which have been further exacerbated by the COVID-19 pandemic. While there is a need for immediate measures in the COVID-19 context as well as long-term structural measures, the pandemic also presents an opportunity for stronger actions and increased accountability of stakeholders at all levels.

The study also presents various dimensions of the additional vulnerabilities faced by informal sanitation workers, as well as female sanitation workers. This highlights the need for inclusive and equitable support for such marginalised population, which must form a critical component of any policy, programmatic and research initiatives undertaken for sanitation workers. Though significant findings related to caste-related vulnerabilities and challenges did not emerge from this study, these too are crucial considerations.

Immediate COVID-19 related measures for state and local authorities

Measures to improve occupational health and safety

- i. Regular provision of adequate and user-friendly personal protective equipment based on category of sanitation work. Urban local bodies and other relevant government authorities should ensure that their contractor clauses include provisioning of PPEs to workers with penal clauses.
- ii. Functional handwashing and bathing facilities and changing stations at work sites with access to water and soap. Provision of hand sanitisers to all, with regular replenishment. Local authorities to issue instructions to Resident Welfare Associations (RWAs) to ensure handwashing facilities and provision of soaps and disinfectants for domestic waste collectors at society level.
- iii. Provision of simple handwashing facilities in vehicles and designated work areas, for workers required to travel across sites.
- iv. Adequate arrangements for safe handling and disposal of waste.
- v. Training on COVID-19 prevention with special focus on work-related risks, PPE use and disposal/reuse. The training should be hands-on, with visual aids and small reference guidebooks to be given to all workers.
- vi. Regular medical examination and routine checking for symptoms.
- vii. Separate facilities for quarantine/isolation of workers with symptoms.
- viii. Counselling support for workers and their families on a periodic basis.
- ix. Provisions for paid leave, monetary compensation, and treatment support for COVID-19 infected workers.
- x. Considering the high risks faced by sanitation workers working at hospitals and quarantine centres, they should be supported with all safety measures and provisions at par with the frontline healthcare staff, including informal/outsourced workers.

Social and financial protection measures

- i. Life and health insurance coverage for all workers- irrespective of the nature of employment.
- ii. Special support for informal workers, including preparing local databases and ensuring social and financial security. Local civil society organisations to be brought in for supporting these initiatives.

Administrative measures and capacity building of officials

- i. For facilitating fund provisions, states to issue instructions to ULBs for utilising untied grants under the 15th Finance Commission, and programs such as Atal Mission for Rejuvenation and Urban Transformation (AMRUT) and other possible sources for supporting sanitation workers
- ii. Rewards for officials taking proactive initiatives.
- iii. Capacity building of ULB or state officials on guidelines, advisories and schemes for sanitation workers, and strategies for their implementation.
- iv. Inclusion of indicators for sanitation workers' safety in state/city-level surveys and monitoring systems. Some of these aspects have already been included in the Swachh Survekshan 2021 survey, which is a good start.

Long-term measures for work safety, equity and livelihoods

- i. Research and development on user-friendly PPE for different categories of sanitation workers.
- ii. Introduction/ revision of specifications and standards of PPE.
- iii. Formalisation of work arrangements, with model contracts having flow-down clauses and standard operating procedures (SOPs).
- iv. Mandatory coverage of all sanitation workers under various social and financial security schemes and benefits.
- v. Inclusion of female sanitation workers under programmes on nutrition (POSHAN Abhiyan), and provision of day care support for children.
- vi. Strengthening institutional arrangements for community-based initiatives to support livelihood and upward economic mobility of the families of sanitation workers. This can be done in coordination with programmes and agencies such as the Deendayal Antyodaya Yojana-National Urban Livelihoods Mission (DAY-NULM), National Safai Karamchhari Finance Development Corporation (NSKFDC) and others.
- vii. Complete mechanisation of sanitation work such as sewer/ septic tank/ drain cleaning, while protecting the livelihoods of sanitation worker communities by making them equipment owners and service providers.
- viii. Skill enhancement of sanitation workers, and provisions for financial assistance for alternative livelihoods. These are particularly relevant for workers such as waste/ rag pickers, and dry latrine cleaners.
- ix. Sensitisation of officials and public in general on aspects of caste and gender-based discrimination of sanitation workers.

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HEALTH, SAFETY AND SOCIAL SECURITY CHALLENGES OF SANITATION WORKERS IN INDIA DURING THE COVID-19 PANDEMIC

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