

## Webinar Report

### Health and Safety Challenges of Sanitation Workers during COVID-19 Pandemic

30 June 2020

#### Background

In the current COVID-19 situation, the sanitation workers are dealing with waste collection and management, cleaning/disinfection of public places, and maintaining sanitation services. Their work requires them to move across different areas and work in high-risk settings including health care facilities, and in quarantines and containment zones. Due to social discrimination as well as the nature of their employment, sanitation workers usually lack a regular and decent pay; and usually do not have access to quality health care, employment benefits, insurance and other social security measures- and the COVID-19 pandemic adds another strong layer to their vulnerabilities.

The sanitation workers are at higher risk of contracting the disease as they are more prone to exposure to other individuals and handling potentially contaminated waste. Further, their work environment does not always give a possibility of maintaining social distance with co-workers and lack of access to appropriate personal protective equipment (PPE), soap, water and handwashing facilities prohibits them from taking precautionary measures to fight the coronavirus. A positive diagnosis of COVID-19 can also lead to a double burden for them in the form of (1) concern of fast spread within the communities and (2) an added layer of stigma and discrimination which can lead to loss of livelihood and difficulties in availing proper health care services.

Apart from facing higher occupational risks and hazards, sanitation workers also faced livelihoods and financial challenges; lack of job security striking the informal workers, especially women, hardest. Consequently, pushing them further into poverty and having a negative impact on mental health and nutrition of these workers and their families.

The Union government and few state governments announced interim measures including compensation to family in case of death by Covid-19, provisioning of food grains and PPEs at workplace. However, the extent of coverage, adequacy and impact of these measures were unknown.

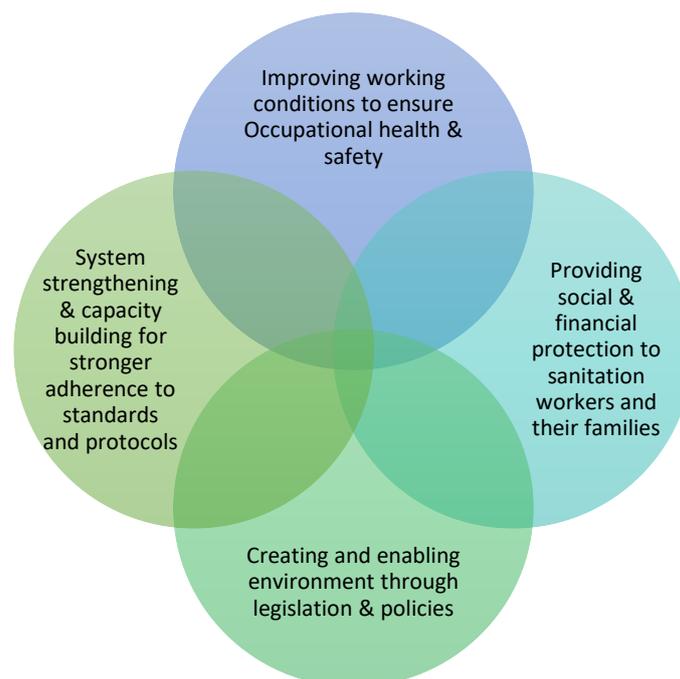
In this context, WaterAid India (WAI) and Urban Management Centre (UMC) jointly conducted a **rapid assessment to understand the health, safety and livelihood challenges faced by sanitation workers in India during the COVID-19 pandemic**. The study findings have helped highlight specific challenges, bringing out critical insights for immediate measures in the pandemic context, as well as long term systemic measures for ensuring their health, improved working conditions and dignified livelihoods.

**Urban Management Centre** and **WaterAid India** jointly organized a webinar on “Health and Safety of Sanitation Workers during COVID-19 Pandemic” on 30<sup>th</sup> June 2020. **Mr. Sanjay Kumar, IAS, Joint Secretary- Ministry of Housing & Urban Affairs; Mr. G Mathivathanan, IAS, Principal Secretary, Housing & Urban Development Department, Govt. of Odisha; Ms. Pamela Satpathy, IAS, Municipal Commissioner, Greater Warangal Municipal Corporation (GWMC); and Ms. Amarjeet Kaur, General Secretary, All India Trade Union Congress** joined the webinar as panelists, though we missed the opportunity of listening to Mr. Sanjay Kumar and Mr. G Mathivathanan due to technical difficulties. The webinar was attended by more than 170 participants.

## Key Discussions and Takeaways

**Ms. Manvita Baradi, Director, Urban Management Centre** opened the session by highlighting the importance of attending the issues and challenges faced by sanitation workers, **one of the most vulnerable groups both in societal and covid context**. She then introduced the speakers, and moderated the study dissemination and panel discussion.

In his opening remarks, **Mr. V R Raman, Head of Policy, WaterAid India** shared that the Covid-19 pandemic made us think if sanitation workers have gained an **enhanced recognition as frontline workers by the government and the society**? Have the **guidelines issued, and steps taken by government at national, state and city levels** been sufficient to address concerns of sanitation workers? What is further required to ensure health and safety of sanitation workers and reduce the vulnerabilities of sanitation workers and their families? These questions led WaterAid India and UMC to undertake the rapid assessment study, the findings of which were shared by **Ms. Meghna Malhotra (Deputy Director, UMC)** and **Ms. Kanika Singh (Policy Officer, WAI)**. The study brought out critical **findings** related to understanding on COVID-19 prevention among sanitation workers; COVID-10 prevention measures being followed (including PPE use, hand hygiene, screening and health care); and challenges related to livelihoods, financial situation, work conditions and social security coverage. Based on the study findings, **recommendations** comprising of short-term and long-term measures pertaining to **occupational health and safety, social and financial protection, systems strengthening and capacity building, and building an enabling environment through legislations and policies** were presented.



Many of the findings were further substantiated by the experiences and responses shared by the panellists. **Ms. Pamela Satpathy, Municipal Commissioner, GWMC** recounted the challenges observed by the urban local body (ULB) in the early days of lockdown. The city immediately realized higher need of PPE for sanitation workers and streamlined **procurement of quality and appropriate PPEs** for various categories of sanitation workers. For instance, different types of gloves were given for different tasks like sweeping and desludging. However, she acknowledged that distribution and replenishment wasn't always as per schedule. She also highlighted greater risks to sanitation workers during the pandemic despite wearing PPEs, dealing with chemicals for disinfection. These workers got severe rashes and had to be later treated in hospital. She further highlighted the additional efforts put in by female workers wherein women

sweepers sweep with a broom in each hand unlike the male workers. There were also cases wherein the sanitation workers were not using PPE despite having access, the reasons of which were multifold; some did not use due to lack of habit and comfort while others who practiced manual cleaning of sewers, septic tanks or drains had to take off their PPEs given the fact they had to deal with faecal/liquid wastes. Ms. Satpathy raised the importance of providing innovative PPEs made of waterproof material.

Ms. Satpathy also shared various initiatives the city took to support sanitation workers and ease their struggles. As per state directions, the ULB **distributed 12 kg ration** through white card and provided **Rs. 5000 as special incentive** to all regular and contractual sanitation workers. In addition, the city has been providing Rs. 1500 each as incentive to 15 best performing sanitation workers every month and sharing their names on Wall of Honour, **recognising their performance**. Further, the city did not deduct salaries and provided two cooked meals for breakfast and lunch to sanitation workers as they were bearing additional responsibilities both at work and at home. These initiatives were inclusive and provided relief to female sanitation workers. Another initiative for female sanitation workers was **free distribution of sanitary napkins**. The city also ensured that all sanitation workers had access to **health check-ups once a week** at the nearest health centre, teleconsultation and a health card bearing details of their diagnosis and precautionary measures to take during Covid-19.

**Ms. Amarjeet Kaur** from **AITUC** expressed her appreciation for the efforts undertaken by GWMC; while also emphasizing that is not the case with majority places in India, as was seen in the study findings. She urged for **regularizing employment of sanitation workers** as their services are essential throughout the year, their demand getting highlighted during the ongoing pandemic. The current system needs to be strengthened to accept, facilitate, help and provide knowledge to sanitation workers. The policy framework of the government should focus on having contractual workers as regular workers, while, in times of emergency, additional contractual workers can be deployed. Heightened need of **social security measures** including linkage for **cash transfers** and access to regular **supply of ration** to meet their nutritional needs is necessary. Apart from access to PPEs and 2 sets of uniforms, the sanitation workers need hygiene facilities at work sites. She strongly emphasized the need of **additional support for female sanitation workers**, who face additional challenges, and mentioned transportation and child support services like ICDS or crèches as key support areas. Given that **informal workers** are the most vulnerable, there is a need to **collectivise them** and ensure that they are linked with social safety net. **Mechanization of sanitation work** and execution of legislations are critical to ensure health and safety of sanitation workers.

Reflecting on the study findings and panel discussion, **Mr. V K Madhavan, Chief Executive, WaterAid India** summed up that **due to Covid-19, systematic discrimination (both gender and caste based) has worsened** in India. Ms. Pamela showed how leaders with empathy, dignity, hope, and attention to details for the well-being of the sanitation workers can bring tangible changes even in difficult times. The webinar discussions reaffirmed the need for formalizing sanitation workers to reduce their vulnerabilities, quantifies how adequate and suitable PPEs are still inaccessible to sanitation workers and shows that despite hygiene being critical during covid times, sanitation workers lack access to proper facilities. In particular, women sanitation workers who make up a considerable chunk of informal sanitation workforce, have been further marginalised. He concluded by sharing that while we have treated health professionals as frontline workers, **sanitation workers have not been treated with same respect and dignity**, though they are an important part of public health system. Easy access to cheap labour (and that too from particular castes) has reduced the incentive for municipalities to look into technology to save lives. Skilling and handholding of sanitation workers to own and manage enterprises will allow them to make the **transition from mere labour, to owners of capital** which in turn will change their relationship with municipalities, and also help in changing the public perceptions.