

REPORT

# UNDERSTANDING ENABLERS AND BARRIERS TO SOCIAL PROTECTION OF SANITATION WORKERS

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# Table of Contents

List of Abbreviations	4
Table of Figures	5
<b>Executive Summary</b> .....	<b>6</b>
<b>Introduction</b> .....	<b>7</b>
<b>Social Protection for Sanitation Workers</b> .....	<b>9</b>
<b>Research Questions and Methodology</b> .....	<b>13</b>
<b>Profile of Sanitation Workers Interviewed</b> .....	<b>16</b>
<b>Sanitation Workers in Dhenkanal</b> .....	<b>18</b>
<b>Major Findings</b> .....	<b>22</b>
<b>Analysis and Recommendations</b> .....	<b>29</b>
End Notes	33
Bibliography	34

# List of Abbreviations

ALF	Area Level Federation
COVID-19	Coronavirus Disease 2019
CPR	Centre for Policy Research
EPF	Employee Provident Fund
ESI	Employee State Insurance
FSM	Faecal Sludge Management
FSTP	Faecal Sludge Treatment Plant
GoI	Government of India
GoO	Government of Odisha
H&UDD	Housing and Urban Development Department
HDFC	Housing and Development Finance Corporation
HRW	Human Rights Watch
IDI	In-Depth Interview
IEC	Information, Education and Communication
IHHL	Individual Household Latrine
ILO	International Labour Organisation
INR	Indian Rupee
JNNURM	Jawaharlal Nehru National Urban Renewal Mission
KII	Key Informant Interview
MEDS	Measurement, Evidence and Dissemination for Scale
MoHUA	Ministry of Housing and Urban Affairs
MoSJE	Ministry of Social Justice and Empowerment
MoU	Memorandum of Understanding
NCSK	National Commission for Safai Karamchari
NFSSM	National Faecal Sludge and Septage Management
NMR	Nominal Muster Roll
NSKFDC	National Safai Karamcharis Finance and Development Corporation
NULM	National Urban Livelihoods Mission
O&M	Operation and Maintenance
OD	Open Defecation
ODF	Open Defecation Free
PDS	Public Distribution System
PHED	Public Health Engineering Department
PPE	Personal Protective Equipment
PMGKAY	Pradhan Mantri Garib Kalyan Ann Yojana

# List of Abbreviations

PMGKP	Pradhan Mantri Garib Kalyan Package
PMGKY	Pradhan Mantri Garib Kalyan Yojana
PMJJBY	Pradhan Mantri Jeevan Jyoti Bima Yojana
PMSBY	Pradhan Mantri Suraksha Bima Yojana
PMAY	Pradhan Mantri Awas Yojana
PSSO	Private Sanitation Service Organisations
PT/CTs	Public Toilets/Community Toilets
SBM-U	Swachh Bharat Mission Urban
SeTP	Septage Treatment Plant
SC	Scheduled Caste
SCI-FI	Scaling City Institutions for India
SDA	Slum Dwellers' Association
SHG	Self-Help Group
SIRC	State Implementation and Review Committee
SRMS	Scheme for Rehabilitation of Manual Scavengers
SW	Sanitation Worker
ULB	Urban Local Body
UMC	Urban Management Centre
UP	Uttar Pradesh

## Table of Figures

Figure 1: Different kinds of social protection measures	10
Figure 2: a) Gender Profile b) Educational Profile c) Nature of Employment d) Type of sanitation work	16
Figure 3: a) Residential Location b) Housing Tenure	17
Figure 4: a) Type of employer b) Type of employment	17
Figure 5: Organogram of sanitation department in Dhenkanal ULB	18
Figure 6: Documents on Health Insurance	24
Figure 7: Pucca Drains in Danda Sahi	26
Figure 8: House built under PMAY	26
Figure 9: Community Toilet in Kalyani Sahi	27
Figure 10: Public Stand post in Kalyani Sahi	27

# Executive Summary

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There has been a strong focus on improving the sanitation situation in the last decade in India due to the Government of India's flagship program called Swachh Bharat Mission. In the last decade, the country witnessed an increase in the number of toilets, Sewer Treatment Plants and Faecal Sludge Treatment plants. The demand for sanitation services has spotlighted the issue of sanitation workers too. Sanitation workers are vital to the provision of safe sanitation for all the residents in the city. However, hazardous work conditions and low social status, coupled with discrimination, long working hours, and lack of social protection, accentuate their vulnerabilities.

Recognizing the high level of social and economic vulnerability and discrimination faced by sanitation workers, the Government of India (GoI) and several state governments have initiated many programs and schemes, including social protection measures for Sanitation workers. The main objective of the research is to identify the enablers and barriers to availing social protection benefits (in the form of healthcare, insurance, pensions, and allowances) for sanitation workers. The study examines the social protection coverage of formal and informal sanitation workers in Dhenkanal, Odisha. Semi-structured interviews with Sanitation workers employed with ULB, private contractors and Area

Level Federation were conducted to understand the challenges faced by Sanitation workers in accessing social protection. In addition, key informant interviews were also carried out with leaders from employee unions of sanitation workers, ULB officials, and other stakeholders, including private contractors.

The study recognizes enablers such as a favourable policy environment, capacity enhancement, collaboration with other stakeholders, and barriers like low awareness, inadequate capacities, and lack of institutional convergence mechanisms to improve socioeconomic well-being and promote sanitation workers' safety, dignity, and social protection.

This study highlights the disparity in working conditions and employment benefits received by regular and contractual sanitation workers, the need for creating a formal grievance redressal mechanism and undertaking measures to build the capacity of sanitation workers. The report presents key recommendations emerging from the study, such as greater involvement of employee unions, convergence with other departments providing welfare benefits to sanitation workers, improving grievance redressal mechanisms, and creating more awareness and information dissemination to sanitation workers on different social protection measures.

# Introduction



In the last decade, India witnessed increased demand for sanitation services in urban areas. It can be attributed to increased access to toilets and a greater focus on improving sanitation facilities due to the Government of India's flagship program Swachh Bharat Mission (Urban), launched in 2014, aimed to make the country Open defecation free by 2019. Under this program, 6.8 million individual and 0.6 million community toilets were constructed in urban India<sup>1</sup> (MoHUA, 2022). Apart from the increase in the number of toilets, the number of Sewer Treatment Plants (STPs) and Faecal Sludge Treatment Plants (FSTPs) has also grown significantly. More than 700 FSTPs are already planned, of which 220 are under construction and 150 are operational (NFSSM Alliance & Niti Aayog, 2021).

However, increased demand for sanitation services has spotlighted the issues of Sanitation Workers and their safety and dignity. Sanitation workers refer to a wide variety of workers engaged in “cleaning, maintaining, operating, or emptying sanitation technology at any step of the sanitation chain” (World Bank, 2019). They perform a wide variety of tasks, such as sewer cleaning, cleaning from dry or single pit latrines and septic tanks, cleaning of railway lines, cleaning the school and public or community toilets, sweeping and drain cleaning, and work in treatment plants (Bakshi et al., 2018). Most sanitation workers are

engaged in hazardous jobs and experience socioeconomic vulnerabilities due to their occupational conditions and social status (Dalberg, 2017; World Bank, 2019).

Sanitation workers are exposed to hazardous environments resulting in adverse health outcomes, sometimes even leading to death. As per government data, in the last five years, 347 sanitation workers have lost their lives (Bhatnagar, 2022). They are exposed to various communicable diseases and hazardous environments (Prasad, 2019) and lack adequate personal protection equipment (Darokar, 2019). Whenever available, they find it inconvenient to use while performing their work. They also have a lower life expectancy (Darokar, 2019) and suffer from psychological impacts and substance abuse due to degraded working conditions (Oza et al., 2022). The COVID-19 pandemic has increased their precarity, as many of them were dealing with medical waste, such as masks, without adequate protection. They were also restricted from accessing toilets and other facilities due to fear of the spread of disease (Kisana & Shah, 2021). Often, they had to work long hours, and due to a lack of transportation, they had to walk long distances to work and sometimes also faced violence (Kisana & Shah, 2021). The lack of social protection measures for sanitation workers brought their vulnerabilities to the fore during the lockdown (Dasgupta et al., 2020).

<sup>1</sup> [Swachh Bharat Mission - SBM Urban](#), accessed on 13/04/2022

Most sanitation workers have informal or contractual employment and do not have adequate employment benefits and job security. Due to their low income and social status, they are also more likely to live in overcrowded, environmentally degraded habitats that lack adequate basic services (World Bank, 2019). Although sanitation workers in formal jobs receive some degree of social protection and employment benefits, a vast majority of sanitation workers are engaged informally and hence unable to avail of benefits under government programs for sanitation workers. 77% of sanitation workers in India do not have a formal contract, and 72% do not have any form of social security (Thorat, 2021). Outsourced and contractual sanitation workers earn less than one-fourth and between one-half to one-fourth of permanent workers' salaries, respectively (PRIA, 2019).

Hazardous working conditions and high economic insecurity are further worsened by the social stigma of caste attached to sanitation work in India. A report by Human Rights Watch on manual scavenging and caste discrimination documents incidents of forced labour, untouchability, and caste-based discrimination in accessing basic facilities like health and education (HRW, 2014). The report also notes the threat of boycott and physical violence in case sanitation workers refused manual scavenging. Even their children experience several disadvantages in accessing education due to irregular income, death of parents, stigma and discrimination in schools and colleges, and illiterate parents, which restricts their ability to adopt other occupations. The caste-based stigma attached to sanitation work not only leads to discrimination but also restricts their socioeconomic mobility (Garg, 2019; Walters, 2019; World Bank et al., 2019).

Due to the high level of socioeconomic vulnerability and social discrimination of sanitation workers, the Government of India (GoI) and several state governments have taken measures for the socioeconomic welfare of sanitation workers. Several initiatives have been started to prevent manual scavenging<sup>i</sup>; and provide

support for moving to alternative livelihoods. However, laws and policies have a limited impact on sanitation workers' social and economic status. In response to a question in Lok Sabha, the Ministry of Social Justice and Empowerment informed that by 2019, 620 cases of death of sanitation workers had been reported, and out of that, total compensation has been made only in 445 cases and 58 cases received partial compensation<sup>2</sup>.

The Government is completely reliant on newspaper reports and civil society organizations for monitoring the death of sanitation workers. There is no robust system for monitoring the deaths of sanitation workers due to entry into the sewer and septic tanks. The policies for sanitation workers' social and economic welfare also have limited impact, largely because of ambiguity around the exact number of sanitation workers. Different organizations have different estimations of the total number of sanitation workers in India<sup>ii</sup>.

The existing literature on sanitation workers has highlighted poor working conditions, caste-based discrimination, occupational health risks, and the informal nature of their work. However, there is limited research on the reasons behind the limited impact of policies on the socioeconomic welfare of sanitation workers. This research contributes to a better understanding the policy challenges in implementing social protection schemes for sanitation workers. The main objective of the study is to understand the enablers and barriers in providing social protection to sanitation workers and propose recommendations for better implementation of the schemes. The research was conducted in Dhenkanal, Odisha. The report is divided into five sections. The next section discusses the various social protection schemes and initiatives for sanitation workers undertaken by the GoI and State Governments. The third section discusses the approach and methodology of the study. The fourth section discusses the main findings of the study mention and the last section presents policy recommendations for improving the social protection coverage of sanitation workers.

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<sup>2</sup> Lok Sabha, Unstarred Question No. 2648



# Social Protection for Sanitation Workers

Social protection addresses three overlapping groups, first chronically poor, second economically vulnerable, which includes people at risk of falling into poverty due to livelihood shocks, and third socially vulnerable group includes those who face discrimination and inequality due to cultural practices (Devereux & Sabates-Wheeler, 2004). As described in the previous section, sanitation workers also experience overlapping forms of vulnerability due to low income, risk of health impacts due to the hazardous nature of work, and discrimination due to caste status. Hence, sanitation workers need social protection to address their vulnerability and help their socioeconomic mobility.

This study categorizes social protection measures into four broad groups: protective or social assistance, preventive or social insurance, promotive, and transformative to analyze the different social protection measures for sanitation workers. In developing countries like India, where poverty

alleviation is a priority, **Protective measures** or social assistance forms the primary form of social protection. It aims to ensure minimum consumption levels, through resource transfers in the form of subsidies and direct cash transfers, for those in need of special assistance (Barrientos, 2010; Devereux & Sabates-Wheeler, 2004). **Preventive measures** aim to assist those who are at risk of falling into poverty and need assistance in managing socioeconomic shocks. These include unemployment benefits, maternity benefits, pensions, health insurance, etc., which are typically funded by employees and employers along with the State. **Promotive measures** aim to enhance the incomes and capabilities of the poor and vulnerable through livelihood promotion through microcredit programs. Lastly, social protection also includes '**transformative measures**,' such as changes in legislation and regulations to protect socially vulnerable groups from discrimination, promoting collective action for workers, and awareness-raising campaigns that dispel stigma.

FIGURE 1: Different kinds of social protection measures



### Protective Measures or Social Assistance

- Assured Minimum Wage (under for the high skilled and skilled category)
  1. Employee Provident Fund
  2. Retirement benefit and family assistance
  3. Post service benefit like family pensions and Other benefits like gratuity, bonus, maternity benefits etc.



### Promotive Measures

1. Assistance for building pucca house, and other assets
2. Capacity building and skill development within sanitation sector
3. Loans for family members to avail alternative livelihood
4. Education grants for children of sanitation workers



### Preventive Measures or Social Insurance

1. Health Insurance
2. Life insurance
3. Risk and Hardship Allowance
4. Disability support
5. Regular health check-ups for workers and their family
6. Illness allowance



### Transformative Measures

1. Workers Unions/ Collectives
2. Legal and Regulatory Frameworks

Sanitation workers experience overlapping forms of vulnerability. Most sanitation workers are poor and deprived due to low income and considerable risk of adverse health impacts or death due to the hazardous nature of their work. Most of them also belong to socially marginalized communities and face social discrimination, which restricts their socioeconomic mobility. The Government of India and the State Governments in India have launched various schemes and programs to address the overlapping vulnerability of Sanitation workers. This section will review the major national-level schemes and state-level schemes and programs for sanitation workers.

### National Initiatives

The Government of India has launched various schemes, operated under multiple departments. However, most of these schemes are concentrated within the Ministry of Housing and Urban Affairs (MoHUA) and the Ministry of Social Justice and Empowerment (MoSJE).

Under MoSJE, two organizations deal with schemes and programs focused on sanitation workers. First is the National Safai Karamcharis Finance and Development Corporation (NSKFDC)<sup>iii</sup> and second is the National

Commission for Safai Karamchari (NCSK)<sup>iv</sup>. NSKFDC operates loan and non-loan-based schemes that provide alternative livelihood means to sanitation workers and their dependents. The loan-based schemes provided a loan between INR 15 to INR 25 lakhs for shifting away from sanitation work. Each one's core objective is to “endow alternate means of livelihood to Safai Karamcharis and dependents to enable them to live with dignity in mainstream society”. It is also the nodal agency for implementing the Central Sector Self Employment Scheme for Rehabilitation of Manual Scavengers (SRMS) under the aegis of the Ministry of Social Justice & Empowerment (NSFKDC, 2023). The mandate of NSKC is to monitor the implementation of the “The Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act, 2013”, enquire into complaints regarding contravention of the provisions of the Act, and convey its findings to the concerned authorities with recommendations, advise the Central and the State Governments for effective implementation of the Act, and to take *Suo moto* notice of matter relating to non-implementation of Act. It also monitors the implementation of Supreme Court Judgement that involves the identification of the families of all persons who have died in sewerage work (manholes, septic tanks) since 1993 and awards compensation of Rs. 10.00 lakhs for each such death to the family members depending on them. In addition, MoSJE directly runs a few schemes that provide scholarships to children of those engaged in sanitation work.

Apart from MoSJE, MoHUA also operates schemes for economic welfare and improvement in the working conditions of sanitation workers. For example, under the Swachha Bharat Mission (SBM) urban, there is a focus on skill development and capacity building of sanitation workers. The funding under the Scheme is also linked with measures taken by states for capacity building of sanitation workers. It also promotes entrepreneurship and self-employment among sanitation workers through convergence with schemes like Startup India. Women's Self-help groups (SHG) are also engaged in the operation and maintenance of sanitation infrastructure and services through convergence with NULM. Moreover, there are other schemes run by Gol that are not explicitly targeted at sanitation workers but benefit them and were leveraged during COVID-19. Some of the schemes are Pradhan Mantri Garib Kalyan

Yojana (PMGKY), Pradhan Mantri Garib Kalyan Package (PMGKP) and PM Garib Kalyan Ann Yojana (PMGKAY), Atal Pension Yojana, Pradhan Mantri Suraksha Bima Yojana (PMSBY), Ayushman Bharat, and Subsidized food Grains through PDS.

In 2022, MoHUA and MoSJE jointly undertook a new scheme called National Action for Mechanized Sanitation Ecosystem (NAMASTE). The main aim of the Scheme is to eradicate unsafe sewer and septic tank cleaning practices by ensuring that no sanitation workers come in direct contact with human faecal matter. The objective of the Scheme is to ensure that all sanitation work is performed by skilled workers and there are no fatalities. The Scheme is extended to 500 AMRUT towns with a total budget outlay of 360 crores (3600 million) in the period 2022-2026.

### State Initiatives

In 2020, the Housing and Urban Development Department, Government of Odisha launched “GARIMA-Scheme for Safety and Dignity of Core Sanitation Workers in all 114 Urban Local Bodies (ULBs) of Odisha, covering nearly 20,000 core sanitation workers and their families. The major objective of the GARIMA scheme is “to create and regulate safe working conditions, social security benefits and protection measures for the core sanitation workers and their family members”. In addition, it endeavours to secure zero fatality and an accident-free work environment.

The Scheme defines a core sanitation worker as “any person engaged in or employed for any core sanitation work other than domestic work by the urban local body or outsourcing agency for at least 50 days in a financial year and registered in the concerned Urban Local Body (ULB) or engaged through a Private Sanitation Service Organizations (PSSO)”. Subsequently, the Scheme outlines core sanitation work as consisting of the following services: “(1) desludging of onsite sanitation systems (2) maintenance of sewerage network (3) cleaning of the drain (3) operation and maintenance of Sewage Treatment Plants or Faecal Sludge Treatment Plants and (5) cleaning, operation and maintenance of public and community toilets”.

It is an umbrella scheme that provides a comprehensive package for sanitation workers to ensure they receive basic employment benefits, social security and all other facilities required for a safe and dignified life. It introduces a range of measures, including risk and hardship allowance, compulsory health and insurance for all permanent and non-permanent sanitation workers, disability support, illness allowance, periodic capacity building and skill development, among other provisions for sanitation workers. It also categorizes sanitation workers into highly skilled, semi-skilled, and unskilled sanitation workers and fixes minimum wages for each group. It also advocates creating a corpus fund to extend financial support for promoting livelihoods, social security, and measures.

In addition to the various social welfare measures for sanitation workers, GARIMA also proposes a robust monitoring and enforcement system for the safety and welfare of sanitation workers. Under the Scheme, a dedicated cell at ULB is proposed which is monitored by an exclusive administrative wing in the Housing & Urban Development Department. A *State Commission for Prohibition of Employment of Manual Scavengers and their Rehabilitation* is constituted at the state level to look into the Scheme. Apart from this, a State level

Steering Committee is also formed that will take policy decisions, approve required budgetary outlays, review the implementation and execution of the Scheme at least once in six months and recommend various Departments for bringing in administrative changes. Similar committees are created at the district and ULB levels. In addition, a State Implementation and Review Committee (SIRC) is proposed to be formed for periodic review, monitoring of the implementation of the provisions of the Scheme and coordination with all the Departments and Bodies for smooth implementation. An emergency response sanitation unit (ERSU) responsible for the timely and safe delivery of sanitation services and protecting the core sanitation workers from hazards is also proposed in the Scheme.

In line with GARIMA, the Tamil Nadu Government has launched the Sanitation Workers' Development Scheme in December 2022 to provide social protection to Sanitation Workers in the State. Post-2020, the social welfare and dignity of sanitation workers have garnered greater attention than ever before. However, successful implementation of the Scheme depends on various factors, including awareness among sanitation workers, the capacity of ULB officials, and the resources available with the ULBs.



# Research Questions and Methodology



The research on the social protection of Sanitation Workers in Dhenkanal, Odisha, seeks to identify enablers and barriers in availing social protection benefits (in the form of healthcare, insurance, pensions and allowances) announced by the State for sanitation workers. The study aimed to examine social protection coverage of both formal and informal sanitation workers and attempts to explore the following:

- What social protection coverage (like healthcare, insurance, pensions and allowances) are available to sanitation workers in Odisha?
- What acts as enablers and barriers (including power structures in the community) for sanitation workers in availing these social protections in Dhenkanal?
- Which stakeholders play a significant role in supporting sanitation workers and linking them to social protection (healthcare, insurance, pensions and allowances)?

- What measures do local governments undertake to provide social protection coverage for sanitation workers?

Dhenkanal was identified as a site for the study to understand how social protection measures for sanitation workers are extended in small and medium towns. Dhenkanal ULB has been one of the key intervention sites for our programs since 2015. Under Project Nirmal,<sup>3</sup> a study on Culture and Sanitation followed by a survey of Manual Emptiers in the city from 2017-19 shed light on the precarious conditions of people engaged in sanitation work to access the benefits of various government programs and schemes. The launch of GARIMA and the enumeration of sanitation workers by the Dhenkanal ULBs in August 2022 contributed to the selection of the Dhenkanal as a site for the research.

We restricted the scope of research to understanding the social protection of core sanitation workers as defined

<sup>3</sup> Project Nirmal was a pilot initiative on FSM in two towns in Odisha, initiated in 2015 by the Centre for Policy Research and Practical Action with the support from BMGF and Arghyam

TABLE 1: Proposed framework for selection of sanitation workers for the study

	NGO/SHG/ALF		Contractor		Government		Total	Remarks
	Male	Female	Male	Female	Male	Female		
Sewer cleaning	2	2	2	2	NA	NA	8	· At least one differently abled sanitation worker · At least one sanitation worker who replaced his kin. · At least one who suffered injuries during work. · At least one who suffered illness
FSTP/STP Operator	2	2	2	2	NA	NA	8	
Faecal Sludge Handling	2	2	2	2	NA	NA	8	
Drain Cleaning	2	2	2	2	NA	NA	8	
CT/PT cleaning	2	2	2	2	NA	NA	8	

#### Other criterion

- One sanitation worker is a part-time sanitation worker.
- One sanitation worker who was working as a sanitation worker but is now engaged in some other livelihood.
- One sanitation worker who had moved away from sanitation work but is currently working as a sanitation worker.
- One sanitation worker engaged in cleaning household toilets/septic tank/pit.
- One sanitation worker engaged in core sanitation work in other public institutions like railway/hospitals/educational institutes.

by the GARIMA scheme. The selection of sanitation workers was made in a manner that we could conduct interviews with at least 40 sanitation workers engaged in different kinds of sanitation work and had different types of employment. We also tried to maintain gender balance; however, the most sanitation workers were male. In addition, we also identified some special categories of sanitation workers. The detailed list of different kinds of sanitation workers for interviews is mentioned in Table 1.

We followed the snowball sampling method for identifying sanitation workers. In consultation with ULB officials, we identified three sanitation workers with whom we conducted initial interviews. Based on our interaction with them, we identified five localities where most sanitation workers live. With the help of officials from Dhenkanal ULB and Swachha Sathis,<sup>4</sup> all sanitation workers were informed about the research study and requested to participate in it. We went to all five localities and conducted interviews with 48 sanitation workers. We

could interview sanitation workers engaged in different kinds of sanitation work. The strategy for selecting sanitation workers for the interview was also adjusted considering the on-ground situation. Initially, we did not plan to interview permanent sanitation workers based on the assumption that they were not involved in core sanitation work. However, based on our initial interaction, we realized that the distinction between core and non-core sanitation workers was not clear. Hence, we decided to conduct interviews with non-core sanitation workers, including permanent sanitation workers. In addition, we also managed to conduct interviews with union leaders, sanitation workers who got injured during work, differently abled sanitation workers retired sanitation workers, and sanitation workers currently engaged in other kinds of employment. In addition, Key Informant Interviews (KIIs) were conducted with ULB officials and other stakeholders working with sanitation workers. Table 2 lists the number of interview conducted with sanitation workers and other key stakeholders.

<sup>4</sup> Swachha Sathis are community based individuals who spread awareness in the community on sanitation issues.

TABLE 2: Interviews conducted in the study

Sanitation Worker	48
ULB Officials	1
Urban Management Centre, Co-ordinator	1
Area Level Federation (Secretary)	1
Private Contractor	1
<b>Total</b>	<b>52</b>

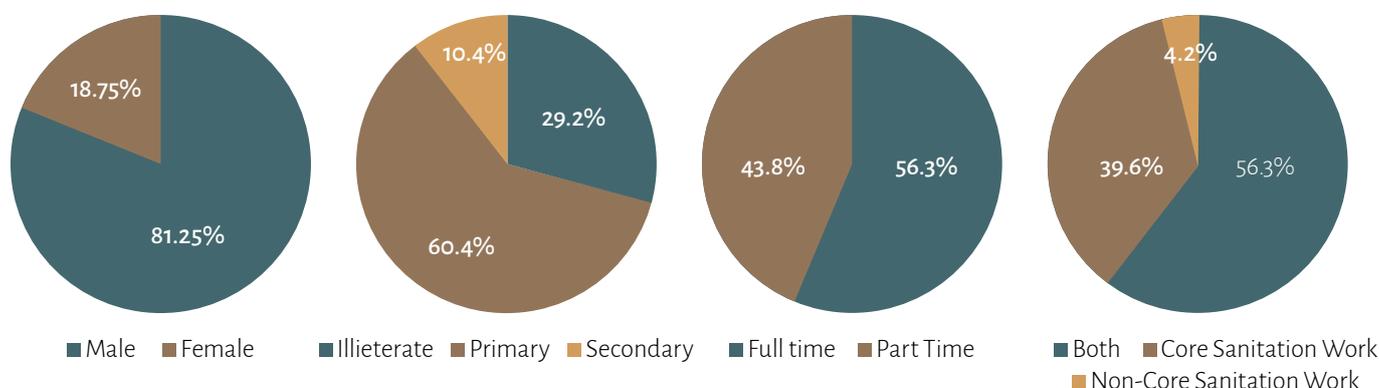




# Profile of Sanitation Workers Interviewed

We interviewed 48 sanitation workers, and all of whom are Scheduled Castes. 81% of the respondents were men, and 19% were women. Close to 90% of sanitation workers have at least completed their primary education, and 10% of sanitation workers were illiterate. 56% of the sanitation workers we interviewed worked full-time as sanitation workers, while the rest worked as part-time workers. 56% of sanitation workers were engaged in both core and non-core sanitation work, and 40% of interviewed sanitation workers were involved in core sanitation work.

FIGURE 2: A) Gender Profile b) Educational Profile c) Nature of Employment d) Type of Sanitation Work



The majority of the sanitation workers interviewed were located across five slums – Mrudung Sahi (23%), Danda Sahi (27%), Colony Sahi (15%), and Sarjanga Sahi (8%). Around 71% of sanitation workers live in houses on land owned by them or their relatives, while 27% have houses on Government or land owned by someone else.

77% of sanitation workers interviewed were employed by private contractors, and 12% were employed through SHG. Only 5 of the sanitation workers interviewed were directly employed by the municipality. Although many of the sanitation workers were engaged full-time in sanitation work, they also had other sources of livelihood. 46% of sanitation workers earned additional income through daily wage labour, and around 17% were self-employed.

FIGURE 3: A) Residential Location b) Housing Tenure

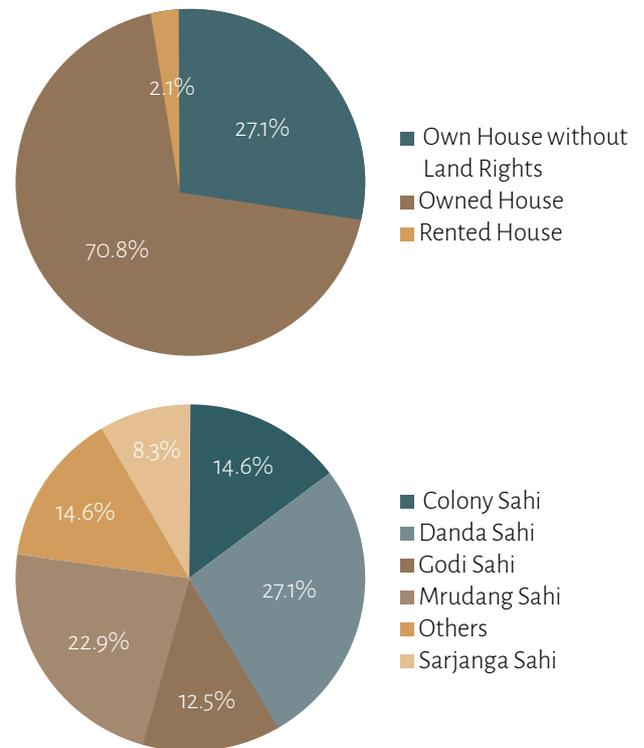
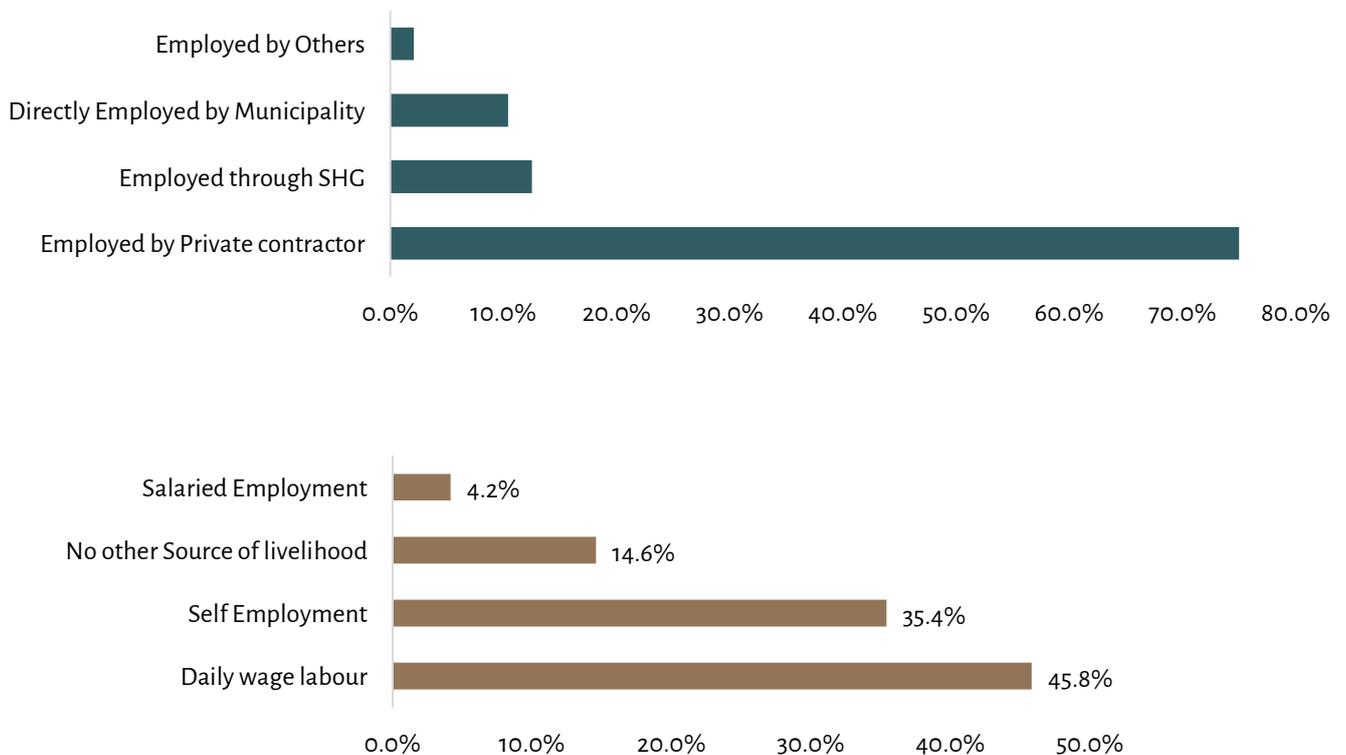


FIGURE 4: A) Type of employer b) Type of employment





# Sanitation Workers in Dhenkanal

Dhenkanal Municipality employs three kinds of sanitation workers: permanent employees of ULB, Nominal muster Roll (NMR) employees and work charge (workers who were NMR before 1993) employees. There are 17 supervisors for monitoring sanitation workers, reporting to the sanitation inspector, who in turn reports to the Sanitation officer.

FIGURE 5: Organogram of the sanitation department in Dhenkanal ULB

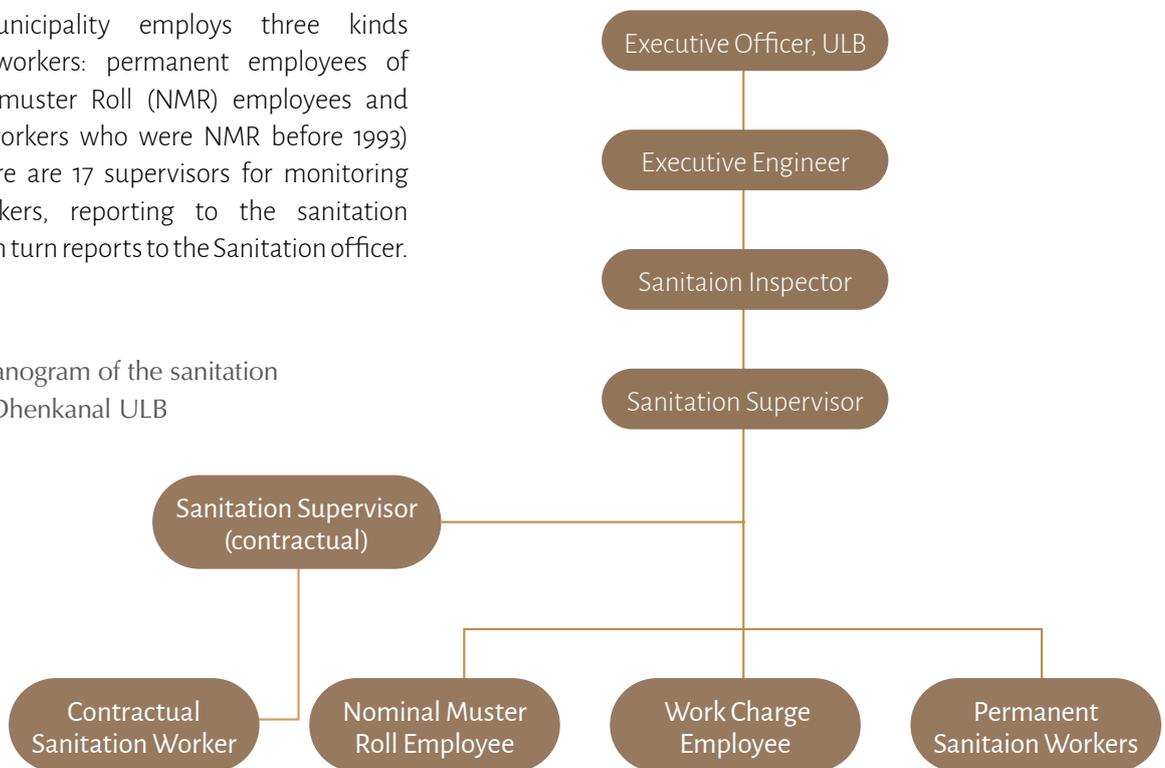


TABLE 3: Details of Sanitation workers in Dhenkanal

Employer	Employment Type	Number
Dhenkanal ULB	Permanent	13
	Work Charged	16
	Non-muster Roll	23
Contractor	Contractual	263
Self Help Group	Contractual	2
Area Level Federation	Contractual	1

ULB also outsources sanitation work to private contractors who, in turn, hire sanitation workers to clean drains, sweep roads and clean PT/CT. As per ULB, there are a total of 263 contractual sanitation workers. Earlier, SHGs were also contracted for cleaning and maintenance of PT/CT. In addition to this, the operation and maintenance of the Faecal Sludge Treatment Plant (FSTP) is carried out by Area Level Federation (ALF), which hires cesspool drivers, helpers and other staff required for managing the FSTP.

The primary responsibility of the permanent sanitation workers employed by the ULB is to sweep roads. These sanitation workers are not involved in cleaning drains or PT/CT. They receive more employment benefits than other sanitation workers. Their monthly income is almost five times the other sanitation workers. In addition, they receive earned leaves, maternity and paternity leaves, and other entitlements as per the norms of the State Government. They are also entitled to double pay for working on the gazetted holidays. However, they are not eligible for other government benefits like subsidized food, housing, and other welfare benefits. They are also not enrolled in the GARIMA scheme because they are not core sanitation workers.

Sanitation workers employed as NMR and work-charged employees are contractual workers directly employed by Dhenkanal Municipality. Their main responsibility is to sweep roads and clean drains, and some also reported cleaning PT/CT as part of their work. They receive a minimum wage of INR 333 per day and an annual

advance of Rs. 10,000, which is deducted monthly from their salaries. They are not entitled to earned leaves or sick leave and receive four days of forced leave every month, for which they do not get any wages. Every month some amount is deducted as their contribution to Employee Provident Fund (EPF). But, they are not aware of the exact amount as none of them have any salary documents. They are not eligible for any other benefits like pension, maternity benefits etc. In 2015, they filed a case in the labour court and then in the Odisha High Court demanding regularisation and equal pay for equal work. The Odisha high court accepted their appeal for equal pay for equal work but did not consider their demand for regularisation. However, the pay disparity between permanent employees and NMR continues despite the court Order recognizing equal pay for equal work.

Dhenkanal ULB has outsourced sanitation work to a private contractor, recognized as Private Sanitation Service Organisation (PSSO)<sup>5</sup> by the ULB. The private contractor employs 263 sanitation workers on contract. In addition, they also provide equipment like Tractors, JCB machines, and Drain Ditcher required for sanitation-related work. The entire responsibility of employing and managing sanitation workers, along with grievance redressal and providing PPE, lies with the PSSO. An amount of Rs. 1000 is deducted as EPF from their monthly wage. The PSSO pays a minimum wage of Rs 333 per day for 26 days. There is a compulsory leave on Sundays for which sanitation workers do not receive any wage. There

5. Private Sanitation Service Organizations (PSSO) means any private organization empanelled or licensed by respective Urban local bodies to provide an assured number of core sanitation workers.

is no earned or sick leave, and for any leave that is taken in addition to stipulated holidays, no wage is paid. Like contractual employees employed through ULBs, they also do not get any other benefits.

Dhenkanal ULB had also engaged three SHG groups of men to clean toilets. However, the contract was terminated last year. Due to non payment, SHGs discontinued services. As a result, the condition of PT/CT deteriorated, there was a public outcry over the issue

and the contracts of SHG were terminated. However, SHGs are yet to be paid for the service they provided. Management of FSTP is also outsourced to the Area Level Federation (ALF)<sup>6</sup>. They hire cesspool drivers and other human resources required for managing the FSTP. Cesspool drivers and helpers receive INR 11000-INR 14000 through the ALF. ALF also does not restrict number of leaves for the SW and gives the leaves as and when required without deducting the wages of the helper and driver.

TABLE 4: Social protection measures for different kinds of sanitation workers

Measures in Dhenkanal	Primary government stakeholder	Permanent Workers	NMR/Work charged	Contractual workers
Food and Nutrition	State Government	Not Eligible	Available	Available
Educational Scholarship	State Government	Not Eligible	Available	Available
Housing and basic amenities	State government and ULB	Not Eligible	Only a few received benefits under PMAY	Most did not receive any benefit
Assistance to pregnant women	State government	Not Eligible	No case	Available
Health Insurance	State Government	Available	Enrolled but not used	Enrolled but not used
Regular Health check-ups	ULB, PSSO	Available	Available but inadequate	Available but inadequate
Employee Provident fund	ULB, PSSO	Available	Available	Available
PPE availability	ULB, PSSO	Available	Available but inadequate	Available but inadequate
Earned Leaves	ULB, PSSO	Available	Not available	Not available
Post-retirement benefits	ULB, PSSO	Available	Not available	Not available
Financial support in case of Disability/Injury/Death	ULB, PSSO	Available	Not available	Not available

<sup>6</sup> Area Level Federation is a federation of Self-Help Groups built under the National Urban Livelihood Mission.

Measures in Dhenkanal	Primary government stakeholder	Permanent Workers	NMR/Work charged	Contractual workers
Livelihood Support	ULB	Not Eligible	Not available	Not available
Capacity Building	ULB	Available	Not available	Not available
Workers Collective	ULB	Available	Available	Available
Minimum wages	ULB	Available	Available	Available
Prevention of manual emptying	ULB	Do not handle faecal waste	Do not handle faecal waste	Available

A disability allowance of Rs 500/month is also given to physically disabled workers. UMC, an organization in Odisha, has been working with the H&UDD, Government of Odisha, in supporting ULBs to implement GARIMA. UMC with SAMHITA enabled health insurance for the contractual sanitation worker and paid premiums for two years through SAMHITA. In case of the death of any employee, their family members are entitled to receive compensation upto INR 7 lakhs. In addition, NMR and permanent staff receive health check-ups four times a year that include tests for diabetes, blood pressure, and blood tests and are also provided with free medicines.

Table 4 lists all the major social protection measures available for sanitation workers in Dhenkanal. It also shows the primary stakeholders involved in the provision of social protection for sanitation workers and the status of availability of the Scheme to the three types of sanitation workers employed in Dhenkanal ULB. It shows that many social protection measures are available for sanitation workers; however, most of them are inadequate due to poor implementation, lack of awareness, and inadequate capacity of ULB.





# Major Findings

There has been increased policy attention towards the safety and dignity of sanitation workers in the last three years, which is one of the most significant enablers for the upliftment of the workforce, which has been neglected for many years. Hazardous occupation and the impact of the work on the lives of the sanitation workers who suffer serious social, economic, and residential vulnerabilities has been noted by the Government both at the National and State level is a giant stride towards recognition that a workforce, highly crucial to making cities clean and sanitized need special attention in terms of improving their work conditions and social protection. However, this study recognizes that these schemes are new and would need more time for visible impact on the ground.

In addition, civil society organizations working with ULBs, and the State government also act as enablers to promote the safety and dignity of sanitation workers by acting as an interface between the community of sanitation workers and the Government, imparting awareness and capacity-building, networking with other stakeholders to enable the flow of social and economic benefit to Sanitation workers.

An enabling policy environment needs capacity enhancement and greater awareness to implement government programs smoothly. However, low awareness, inadequate capacities, and lack of institutional convergence mechanisms are barriers to improving socioeconomic well-being and promoting sanitation workers' safety, dignity and social protection.

## **There is a disparity in working conditions and employment benefits received by different types of sanitation workers.**

The majority of the core sanitation workers, who do hazardous work, are informal sanitation workers engaged as contractual employees either through ULB or PSSO. They are low paid and receive lesser employment and social protection benefits than the permanent staff who are better paid and enjoy more benefits as workers, despite being engaged in non-hazardous work. As per the GARIMA scheme, there are different wage slabs for highly skilled (INR. 483), skilled (INR. 423), semi-skilled (INR. 373) and unskilled workers (INR 333). Highly skilled work includes desludging of onsite sanitation systems, maintenance of sewer network, cleaning of inspection chambers, cleaning

and maintenance of the septic tank, cleaning of drains, cleaning, operation and maintenance of public and community toilets, O&M of Faecal Sludge Treatment Plants (FSTPs) is considered as skilled work notified by Labour and Employees State Insurance. Despite this classification, the study found that all Sanitation workers in Dhenkanal under contractual agreement receive a minimum wage of Rs. 333 irrespective of their categorization of skilled, highly skilled or semi-skilled. Contractual workers receive wages only for 26 days, and no wages are given for four days' leave (Sundays) in a month. In case they take leave in a month, their wages get deducted. However, none of the contractual workers receives any salary slip or document that provides their salary details. Close to INR 1000 is deducted every year from their monthly wages for EPF. However, none of the contractual workers receives any salary slip or document that provides their salary details. NMR receives slightly higher wages than contractual employees but much less than permanent workers. They also receive INR 10000 as a festival advance which is deducted from their monthly salary. Contractual workers do not have paid leaves or receive additional payment for working on holidays.

Moreover, the distinction between core and non-core sanitation work gets blurred because contractual workers responsible for sweeping works are now involved in cleaning drains and PT/CT. Most contractual sanitation workers withdraw their EPF periodically due to a trust deficit with the private contractor. They fear that the EPF will be irretrievable if the PSSO changes. Almost all workers said they have been receiving remuneration as per the government scheme. However, about 21 respondents were not aware of any one or more benefits like EPF, pension, availability of hardship allowance, or minimum wage. Some workers mentioned that receiving updates on EPF deductions on their phones is also erratic, and they remain totally ignorant of these deductions.

In the case of sanitation workers hired by ALF, salaries are often delayed because the salary cheques are provided to

the ALF president, which is then deposited at a bank. Then funds are transferred to another bank in which sanitation workers have their bank accounts. ALF President says there are long and arduous working hours for workers engaged in FSM; hence greater flexibility is practised by ALF in terms of granting leaves to sanitation workers, and no wage is deducted in lieu of leave taken. Sanitation workers involved in the cleaning of septic tanks do not get any hardship allowance.

### **Most sanitation workers are not able to avail of health-related benefits.**

The difficulty in accessing health or life insurance by sanitation workers was palpable. Most of the workers were unaware of the procedure. Around 16 workers were not aware of health insurance and health check-ups provided by the Government. Most interviewees who were aware of the insurance scheme mentioned that they did not know who would pay the second premium after the Government had paid the first one.

Around 11 families had the Biju Health Card under Biju Swasthya Kalyan Yojana<sup>7</sup> (Odisha Health Care Scheme), but they had never used it (only 3 cases were noted where families had used the card). About 9 cases confirmed the reception of cash assistance upon delivery of a child in hospital under Mamata Yojana<sup>8</sup>. Many workers reported going to government hospitals for minor health issues as diagnosis charges were free. Sanitation workers reported that medical facilities in Dhenkanal are inadequate, and patients are referred to Cuttack or private hospitals that incur costs. Five cases showed that in case of no assistance by the Government, costs were met through loans drawn from private sources, often at high rates of interest.

Regular check-ups are done through health check-up camps which are organized four times every year, and medicines are also provided, as acknowledged by 14 interviewees. However, some workers denied getting

7. This is the State of Odisha Scheme on Health which provide universal health coverage with special emphasis on the health protection of economically vulnerable families. State Government bears the full cost of all health services delivered to all patients (irrespective of income, status or residence) in all State Government health care facilities starting from Sub centre level to District Head Quarter and Government Medical College Hospital and Blood Bank level. Also, at all empanelled private hospitals, families having BSKY Smart Health Card can avail of cashless treatment at any empanelled private hospital under BSKY within or outside the State.

8. This is a conditional cash transfer maternity benefit scheme. This Scheme provides monetary support to pregnant and lactating women to enable them to seek improved nutrition and promote health-seeking behaviour.

FIGURE 6: Documents on Health Insurance



the diagnosis reports, while some acknowledged that diagnosis reports were given with medicines. Health check-up includes check-up of diabetes, blood pressure and blood group. Sanitation workers are prone to injuries. Those working in FSTPs also get injuries due to removal of concrete slabs during desludging. First aid kits are either not kept or generally run out of basic medicines.

Sanitation workers in Dhenkanal are yet to be linked with Life Insurance Schemes under GARIMA. Urban Manage-

ment Centre with SAMHITA linked about 170 sanitation workers with Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)<sup>9</sup>, through which they are entitled to insurance up to 2 Lakhs. UMC, with SAMHITA, paid the first two years' premium with the belief that sanitation workers will realize the benefits of the Insurance scheme and will be encouraged to pay a premium to continue the Scheme. Under GARIMA, there is a provision that a corpus will be created, and any life insurance scheme premium will be paid through the corpus. However, corpus fund is yet to be created in Dhenkanal.

### Lack of support for differently abled people

Naresh (name changed) is 43 years old and is hearing and speech impaired. He has been working as a sanitation worker for the last 20 years. He has been employed by ULB as NMR. He was awarded with the best performance as a sanitation worker the previous year. He is responsible for cleaning drains as part of his job, but he also takes up private cleaning work as his salary is not enough for survival. His monthly salary is around INR 6000, after EPF deduction. He started working as a sweeper because his mother was a sanitation worker and his father was ward in-charge. He works daily for 5-6 hrs a day (5 am - 11 am) and also has to work extra hours during an emergency such as Covid or festivals.

Although he has heard about retirement benefits, he was unsure whether he was eligible or not. He did not have access to gloves or masks regularly. He stays in his own house built on government land; however, residents claim it is a municipality staff quarter in the Municipality colony. They have not received any formal land rights under JAGA Mission; He built a separate room with an asbestos roof. He does not have any health insurance card or certificate for physical disability.



9. It is a National Scheme of Life Insurance for people aged 18-50 years. Risk coverage under this Scheme is Rs. 2 Lakh in case of the death of the insured due to any reason. The premium is Rs. 436 per annum

### **There is no formal grievance redressal mechanism for sanitation workers, especially contractual workers.**

There is no systematic grievance redressal mechanism at the ULB. The PSSO is responsible for setting up a grievance redressal mechanism for the contractual workers. However, the mechanism is not yet set up. Workers directly contact the sanitation officer for any issue. A complaint register is also available for public complaints, which are lodged only through calls on toll-free numbers provided for the same. Sanitation workers have a worker's Union who takes up their issues with the ULB. Contractual workers have separate workers' unions, which raise issues related to payment and working conditions with the ULB directly rather than going to the PSSO.

### **Sanitation workers are provided with basic PPE kits, but lacks good quality, and the supply is rationed.**

Permanent workers receive PPE kits every three months that include Masks, Gloves, and Gumboots. They also replace with get uniforms and a raincoat every year. They also receive nine soaps, brooms, and baskets for dry waste. Boots and slippers are distributed once in six months. Masks, gloves, boots, and slippers are provided every month based on the requirement (8-10 pairs of gloves in a month per individual). Gloves are used during door-to-door collection of wet and dry waste. Otherwise, workers do not use them while sweeping. Generally, gloves lack quality and do not last long. For the supply of gloves as per requirement, the contractor Company places a request at the ULB. ULB purchases equipment with municipality funds from the local market and distributes them every quarter. However, there are no measures for ensuring the quality of the PPE kits, especially for women sanitation workers. ULB has a budget of Rs. 40 lakhs per month for salaries of sanitation workers, procurement of PPE and organizing events.

ALF also places a demand for the PPE kit to the ULB, which is provided to the ALF president, who then hands them over to the sanitation staff as per requirement. They are advised to wear the kit whenever they do the desludging or unloading work. A PPE kit involves a mask, gloves, boots, and helmet. Masks and gloves are not good in quality and

### **No formal grievance redressal mechanism leads to poor accountability of ULB and private contractors.**

Sudarshan (name changed) works as a contractual sanitation worker and is involved in sweeping and drain cleaning. He got injured severely in an accident at work during covid 2020. He got hit by a truck and badly injured his leg. He was admitted to the Govt medical hospital and then referred to a private hospital in Cuttack. The total medical expense was around INR 95,000. He received no support from the contractor or the ULB. He had an Employee State Insurance (ESI) Health card but could not use it because, in his absence, the family was not aware of how and where to use it. He received no salary during three months of his injury. He had to spend his savings and take a loan of INR 40,000 at a 10% interest rate for his medical expenses. He raised a complaint at the Municipality office for support and was told to file a case by the health sanitation inspector. He also informed the labour union about his issue, and labour unions helped him find a job as a sweeper.

do not last long, whereas boots and helmets generally last long. There are no standardized PPEs, usually procured from local markets by ULBs, and quality is compromised.

### **Subsidized food through PDS is one of the most effective social protective provisions for sanitation workers.**

The distribution of subsidized food grains through PDS is working well. This scheme is for all the urban poor, and so sanitation workers are also covered under this scheme. All the contractual sanitation workers reported receiving 5 kg of rice per person every month. The permanent sanitation workers do not receive subsidized food because they are not eligible for it. Most sanitation workers enrolled in PDS receive rice and sometimes kerosene oil. However, few sanitation workers faced issues in adding names of their

family members to their ration cards. There were four sanitation workers who did not have ration cards.

**Sanitation workers receive little support for housing and basic facilities like water and sanitation.**

Most of the sanitation workers are located in five slums - SarjangSahi, Kalyani sahi, Godi Sahi, Danda Sahi, Murdang sahi. In most of these slums, an initial land survey through drones was conducted to distribute land rights under the JAGA mission<sup>10</sup>, but there has been little progress after that. Although some sanitation workers have formal land rights, many lack formal land rights and hence cannot improve or expand their houses as their family grows or the house gets dilapidated. However, those who have formal land rights were able to avail of housing subsidies under Pradhan Mantri Awas Yojana (PMAY)<sup>11</sup>. The slums,

where most sanitation workers live, have piped water connections to the settlement, but not all households are connected to the piped network. It is primarily because the additional expenditure of around INR 3000 is required for bringing piped water to dwellings, which most sanitation workers cannot afford. Moreover, even the households who have piped water inside the dwelling rely on a well for drinking water as the quality of piped water is poor. Poor housing conditions and a lack of adequate water and sanitation facilities only add to their vulnerability.

**Employee unions of contractual workers play an important but limited role in representing sanitation workers.**

All permanent, NMR and Contractual sanitation workers are part of employee unions. Contractual workers and permanent sanitation workers have different employee



Figure 7: Pucca Drains in Danda Sahi



Figure 8: Community Toilet in Kalyani Sahi

10. JAGA Mission is a program run by the Housing and Urban Development Department, Government of Odisha, to upgrade slums to liveable habitats through a combination of land rights and a comprehensive slum improvement process by improving the standard of the infrastructure and services and access to livelihood opportunities. For more information, please refer to Jaga Mission

11. Pradhan Mantri Awas Yojana – Urban (PMAY-U), a flagship Mission of the Government of India being implemented by the Ministry of Housing and Urban Affairs (MoHUA). The Mission addresses urban housing shortage among the EWS/LIG and MIG categories, including the slum dwellers, by ensuring a pucca house to all eligible urban households by the year 2022



FIGURE 9: House built under PMAY



FIGURE 10: Public Stand post in Kalyani Sahi

unions. A local trade union leader, started the employee union with the purpose of ensuring sanitation workers get their rights. In the past, the Union has ensured that workers get PPE kits on time such as Gloves, soaps, brooms, masks, boots etc. In case of injuries or accidents, unions have ensured that the workers get their jobs back. They also provide limited financial support to injured workers. A monthly fee of Rs 50 is collected from each worker, and the Union also conduct meetings twice a month during evening hours. As a union, they have a strong network of workers from 6 Districts across Odisha and have conducted a rally at Bhubaneswar for “Same work, same pay” for Contractual and permanent sanitation workers. The ULB recognizes the labour union and has provided a place for them.

However, unions have limited success in protecting workers’ rights. Contractual workers cannot avail of sick leaves or normal holidays without a pay cut. They do not receive extra wages for working on holidays. Moreover, there is a general lack of awareness among sanitation workers about their rights and entitlements.

### **Capacity building and livelihood support for sanitation workers need to be improved.**

All sanitation workers are supposed to be provided with one-day training every year. However, the last training was conducted in 2019 by Urban Management Centre (UMC). It was a three days training workshop, and the focus was the use of PPE and safe waste management.

All participants were provided Rs 50 each and food for three days. The training of cesspool operators was done at Cuttack Municipal Corporation. There is no provision of training through PSSO; usually, the UMC provides the training. Two cases confirmed that training has been around the use of PPE and safety protocols. Three women sanitation workers confirmed receiving fire extinguisher training. Exposure visits are also organized for sanitation workers. No skill-based training was organized for the sanitation workers or their families. One-fourth of the interviewees reported that they or their family members were part of SHG. Only two received a loan from the SHG, and one person could access work through it.

Each month, there is a large meeting organized by the ULB for sanitation workers (employed with ULBs, Private Contractors as well as with ALFs) with bada khana (big feast). In this event, all ULB officials and sanitary workers make lunch and eat together. The executive officer serves lunch to Sanitation workers. Issues faced by sanitation workers are discussed in the meeting. This one-day event is marked by felicitating sanitation workers for their contributions. This gathering also assumes importance as it challenges caste-based inequality and discrimination and facilitates communication between officials and sanitation workers.



# Analysis and Recommendations

There are different degrees of precariousness faced by different types of sanitation workers based on the nature of their employment. The permanent workers are engaged in unskilled work (sweeping of streets), and the contractual workers are engaged in semi-skilled work (PT/CT cleaning and drain cleaning) and skilled work (cesspool operators). However, permanent workers are the least vulnerable and contractual workers are the most vulnerable. The contractual workers receive limited employment benefits like Employee Provident Fund (EPF) and Health insurance, but these are not effective due to a lack of awareness among them.

Many of the sanitation workers enrolled in health insurance schemes like Biju Swasthya Kalyan or enrolled in health insurance provided by Employee State Insurance Corporation are not aware of the benefits and the process for availing of those benefits. As a result, there were incidents where sanitation workers were seriously ill or injured but could not use health insurance to cover the cost of hospitalization. Moreover, many of the contractual sanitation workers frequently withdraw their EPF due to a lack of trust in the private contractors. Therefore, poor implementation of social security benefits adds to the vulnerability of contractual sanitation workers.

TABLE 5: Quality of social protection for contractual sanitation workers in Dhenkanal

Type of Social Protection	Measures in Dhenkanal	Primary government stakeholder	Accessibility	Implementation	Impact
Protective	Food and Nutrition	State Government	Green	Green	Green
	Educational Scholarship	State Government	Green	Green	Green
	Housing and basic amenities	State government and ULB	Orange	Orange	Orange
	Assistance to pregnant women	State government	Green	Green	Green
Preventive	Health Insurance	State Government	Green	Red	Red
	Regular Health check-ups	ULB, PSSO	Orange	Orange	Orange
	Employee Provident fund	ULB, PSSO	Green	Green	Orange
	PPE availability	ULB, PSSO	Orange	Orange	Orange
	Post-retirement benefits	ULB, PSSO	Orange	Orange	Orange

Type of Social Protection	Measures in Dhenkanal	Primary government stakeholder	Accessibility	Implementation	Impact
	Financial support in case of Disability/Injury/Death	ULB, PSSO	Inadequate	Inadequate	Inadequate
Promotive	Livelihood Support	ULB	Inadequate	Inadequate	Inadequate
	Capacity Building	ULB	Satisfactory	Not satisfactory	Not satisfactory
Transformative	Workers Collective	ULB	Satisfactory	Not satisfactory	Not satisfactory
	Minimum wages	ULB	Satisfactory	Satisfactory	Not satisfactory
	Prevention of manual scavenging	ULB	Not satisfactory	Not satisfactory	Not satisfactory



Table 5 categorizes different social protection measures (protective, preventive, promotive and transformative) as identified in Section 2. We rate each measure on three parameters – accessibility, implementation, and impact based on our interviews with sanitation workers and other stakeholders. It also identifies the primary stakeholders responsible for providing each of the measures. Accessibility indicates the reach of social protection. Implementation means the execution of the measure, and impact means whether the social protection measure has the desired impact on sanitation workers.

Protective measures like subsidized food, scholarships, mid-day meals, and assistance to pregnant women are functioning better than other measures. Many of these measures are driven by state and central governments and hence are well-resourced and better implemented. These schemes are also not targeted at sanitation workers but urban poor in general. It highlights that schemes targeted at sanitation workers are poorly implemented compared to other target groups.

Preventive measures like health insurance, regular health check-ups, and employee provident funds are available but ineffective due to a lack of awareness and weak implementation. Many sanitation workers are enrolled in health insurance schemes like Biju Health Card or ESIC but unaware of its benefits. There were cases of serious illness, but they did not know how to avail of benefits under health insurance. In most cases, the Biju Health Cards were still in packed envelopes. Similarly, employee provident funds are also withdrawn by the workers mainly because they think that the money can be withdrawn by the contractors. Many similar issues are emerging due to lesser awareness about entitlements under various schemes. Most sanitation workers have heard about the Scheme but have yet to be made aware of the benefits they can avail of under the Scheme.

Promotive and transformative social protection measures, like employee unions and grievance redressal mechanisms, exist but are rendered ineffective by weak institutional support. Contractual workers have a separate employee

union; their primary demand is equal pay for equal work. Apart from this, they also represent the workers' grievances to the ULB. Dhenkanal ULB has provided them with a space to operate from. Still, employee unions do not play any role in raising awareness or ensuring workers' rights are protected. Employee unions did not raise issues like non-payment of dues by ULB to SHG, even though most SHG members are part of the employee union. The absence of a proper grievance redressal mechanism is another major obstacle to empowering workers to claim their rights. Sanitation workers often register their complaints orally, and no single person is responsible for grievance redressal. The state government must focus on strengthening protective and preventive measures of social protection but also improve the implementation of transformative and promotive measures.

The study proposes the following recommendations for strengthening and expanding current social protection measures:

### **1. Expand the definition of PSSO to include public and private institutions that employ core sanitation workers.**

The current social protection regime is restricted to sanitation workers working directly or indirectly with the ULB. However, many sanitation workers work in other governmental and non-governmental institutions like schools, colleges, private institutions and hospitals. In hospitals, they handle bio-medical waste, which can be very dangerous. Many of them are contractual employees and hence have limited social protection. The definition of PSSO under the GARIMA scheme can be expanded to include all government institutes, including hospitals, schools, colleges, and railways.

### **2. Greater involvement of employee unions in the implementation of schemes such as GARIMA**

The role of employee unions needs to be reimagined to strengthen the implementation of social security schemes for sanitation workers. Workers' unions should play a more significant role in identifying sanitation workers and spreading awareness about the provision of social protection among them. They can also play a role in resolving disputes related to sanitation workers. The GARIMA scheme can be modified to

identify employee unions as formal stakeholders in implementing and raising awareness about the various provisions. Workers' unions can play the role of the fourth tier of governance, similar to the role played by SHG and SDA in implementing other welfare schemes for slum dwellers.

### **3. IEC for raising awareness on social security provisions for sanitation workers.**

Lack of awareness and absence of support systems are two main obstacles to effectively providing social security to sanitation workers. In many cases, they could not take advantage of the benefits because they were unaware of it. Only those provisions are working well that have a robust support system, like food distribution through PDS. Governments at all levels should work on raising awareness among sanitation workers about the social protection benefits they are entitled for. Intensive campaigns and mobilization at the local level are essential with involvement of other community-based institutions like Mission Shakti groups and Slum Dwellers Associations. In addition, greater awareness among the public about the Prevention and Prohibition of the Manual Scavenging Act can also deter people from continuing the practice of engaging sanitation workers as manual emptiers.

### **4. Identify and prioritize settlements inhabited by sanitation workers for slum upgrading.**

Most sanitation workers live in slums or slums-like settlements that do not have adequate infrastructure. The Government of Odisha is already in the process of slum upgradation and redevelopment. However, many sanitation workers continue to live in dilapidated housing with inadequate water and sanitation facilities. In the new Habitat program under JAGA Mission, those neighbourhoods where most sanitation workers live should be identified and upgraded on a priority basis as they are the most vulnerable groups.

### **5. Create more robust monitoring mechanisms for tracking social security provisions for sanitation workers.**

Social security provision to sanitation workers also suffers from weak monitoring mechanisms. The GARIMA scheme is in its early stages, and it will take

time for a robust monitoring mechanism to evolve. However, it is important to recognize the complex nature of monitoring a scheme that involves many departments and the kind of demand it will place on the limited resources of ULB. The GoO can integrate monitoring of schemes like GARIMA that require interdepartmental coordination in digital platforms like SUJOG<sup>12</sup>. It can smoothen the coordination and make it easier for ULBs to coordinate.

**6. Improve grievance redressal mechanism and identify an independent institution for monitoring.**

The private contractor and the ULBs are supposed to create a grievance redressal mechanism. However, there is no formal mechanism in place that restricts the ability of sanitation workers to demand their rights and entitlements. Institutions like Labour courts are not equipped to redress grievances cost-effectively. The private contractors are also unwilling to take on the cost of setting up a grievance redressal mechanism. The ULB is doing it informally by mediating between the sanitation workers and contractors. There is a need to set up a formal grievance redressal mechanism and identify an independent institution like the labour department to oversee it.



12. SUJOG - "Sustainable Urban Services in a Jiffy" is an unified platform by Odisha Government' to roll out e-governance services across the ULBs in the state.

## END NOTES

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- i. The first Act to prevent manual scavenging, The Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act was enacted in 1993. The Act was not effective as not a single case was registered under the Act (Darokar, 2019). This Act was replaced by a new act, The Prohibition of Employment as Manual Scavengers and their Rehabilitation. It expanded the definition of manual scavenging to include cleaning the septic tank and sewers and seeking rehabilitation of manual scavengers. It also mandates using protective gear for sanitation workers but does not specify the kind of protective gear required
- ii. According to a survey by National Safai Karamcharis Finance and Development Corporation (NSKFDC) in 2018, there were 87,913 manual scavengers, but the survey was restricted to statutory towns in 14 states. This is a gross underestimate of the number of manual scavengers, as the Socioeconomic Caste Census of 2011 suggests that there are more than 1,82,000 manual scavengers in India. Independent estimates by Safai Karamchari Andolan (SKA), an advocacy group for sanitation workers, estimate this number to be close to 1.2 million.
- iii. National Safai Karamcharis Finance & Development Corporation (NSKFDC) is a wholly owned Govt. of India Undertaking under the M/o SJ&E.
- iv. NCSK is a non-statutory body whose mandate is to monitor the implementation of the “*The Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act, 2013*”, enquire into complaints regarding contravention of the provisions of the Act, and convey its findings to the concerned authorities with recommendations, advise the Central and the State Governments for effective implementation of the Act, and to take Suo moto notice of matter relating to non-implementation of Act.

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The Water and Sanitation programme at the Centre for Policy Research (CPR) is a multi-disciplinary research, outreach and policy support initiative. The programme seeks to improve the understanding of the reasons for poor sanitation, and to examine how these might be related to technology and service delivery models, institutions, governance and financial issues, and socio economic dimensions. Based on research findings, it seeks to support national, state and city authorities to develop policies and programmes for intervention with the goal of increasing access to inclusive, safe and sustainable sanitation



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