

Risk and Vulnerability of sanitation and waste workers during Covid-19 pandemic

in five major cities of Bangladesh



June 2020



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Dhaka North City Corporation's sewerage contractual cleaner, cleaning the sewerage dirt from the drain near Tejgaon Police station, Farmgate, Dhaka. 28 April 2020



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Abdur Rahim, reside at Vanga bajar slums at Agargaon, Dhaka North City Corporation's sewerage contractual cleaner, poses for a photo during cleaning the mud from the drain near National Parliament area, Dhaka. 28 April 2020



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Background

Bangladesh has been identified as one of the 20 most vulnerable countries to be affected by the COVID-19 pandemic. Its high population density, poor infrastructure, and low levels of awareness of basic preventive measures culminate in a highly vulnerable and fragile country on the brink of a major crisis, with severe ramifications for public health, the economy and social cohesion. The recent surge in confirmed cases in the country poses serious concerns. The first three known cases were reported on 8 March 2020 by the country's epidemiology institute, Institute of Epidemiology, Disease Control and Research (IEDCR). Infections remained low until the end of March but saw a steep rise in April. As of 10 June 2020, there have been a total of 74,865 confirmed cases in the country, with 15,900 recoveries and 1,012 deaths. All available predictions indicate that the situation is going to deteriorate further if no serious measures are taken.

Maleka Begum, reside at Agargaon, Dhaka North City Corporation's contractual cleaner poses for a portrait during sweep the dirt of the town hall kitchen market at Mohammadpur area, Dhaka. 28 April 2020



Like other developed and developing countries, one of the key tactics applied by governments to break the chain of infection was to restrict the movement of people out of their homes barring people delivering essential services. One of the categories of workers covered under essential services are sanitation and waste workers. As they are dealing with waste collection and management, cleaning 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. It is therefore important to ensure the health and safety of these workers and their families and mitigate any risk of spread of the infection through their movement.

Like other countries in the South Asia region, sanitation and waste workers in Bangladesh are generally marginalised, socially and economically, living in congested colonies, slums or low-income informal settlements with limited access to basic services. Vulnerable groups, especially people living in poverty, from lower caste and religious minorities are more likely to engage in these types of work and are discriminated and stigmatized because of their profession. Sanitation workers face greater risk of infection, injury and death than do average workers, and rarely have insurance or access to health services. Given the nature of their work and their living conditions, they are at higher risk than the general population of becoming infected by COVID-19. In the overwhelming and competing demands during pandemic, it is important that their rights to health, safety and dignity are not compromised and their voice gets heard.

Mohammad Liton,
Dhaka North City
Corporation's
sewerage contractual
cleaner, poses for a
photo during, cleaning
the mud from the
drain near National
Parliament area,
Dhaka. 28 April 2020



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Objectives of the study

This study is intended as a rapid assessment of the situation of sanitation and waste workers during COVID-19 pandemic in Bangladesh. The objectives of the study are to understand their knowledge, practices and concerns regarding the COVID-19 pandemic and to find out the gaps to improve their health and safety.



Dhaka North City Corporation cleaning worker poses for a photo during sweep the dirt of the town hall kitchen market at Mohammadpur area, Dhaka. 28 April 2020



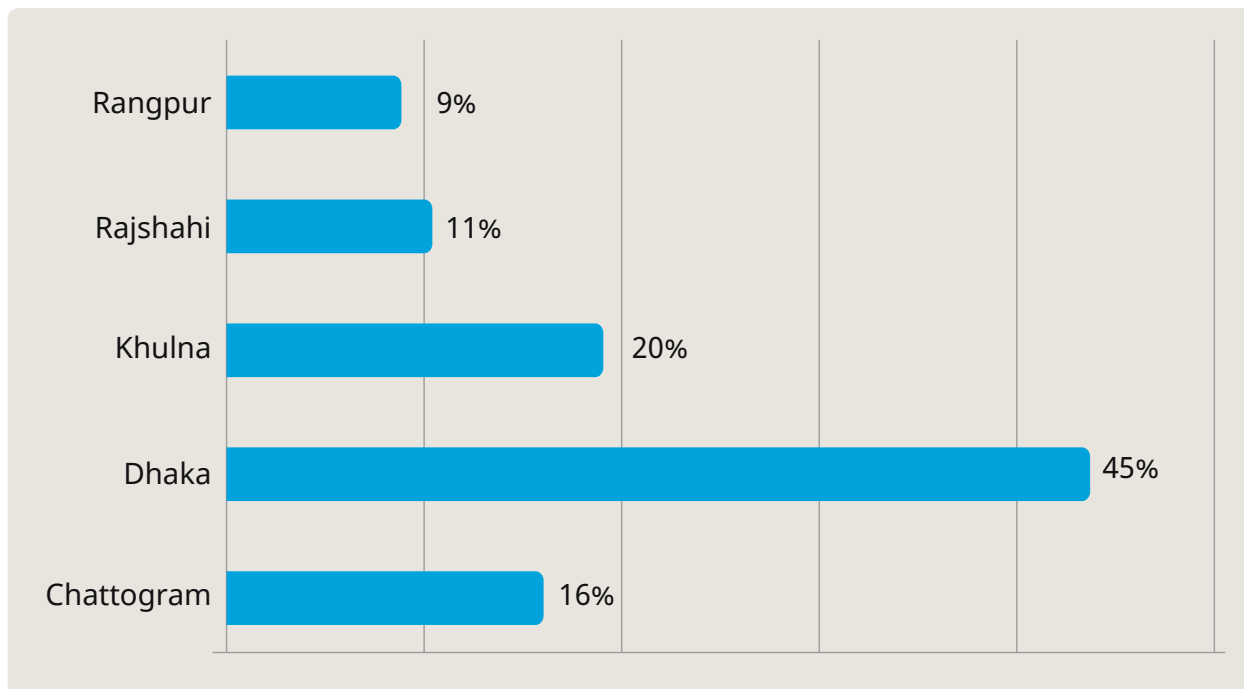
Emon, Dhaka North City Corporation's sewerage contractual cleaner, cleaning the sewerage dirt from the drain near Tejgaon Police station, Farmgate, Dhaka.
28 April 2020



Methodology

A total of 123 sanitation and waste workers from five major cities of Bangladesh – Dhaka, Chattogram, Khulna, Rangpur and Rajshahi – were interviewed (distribution of sample from each city is shown in Chart 1). List of sanitation and waste workers were collected from the city authorities, and other institutional and private employers. There were some challenges obtaining a complete list of workers from healthcare facilities and private sector employers, who displayed some reluctance in providing the information. Therefore, WaterAid sought the help of connections built through its work in these areas to compile a more complete list of these groups of workers. Respondents were selected randomly from these lists. Given that the overall sampling process draws on institutional and employer networks, the state of informal workers such as ragpickers, pit emptier, manual scavengers is beyond the scope

CHART 1: Geographic distribution of the respondents



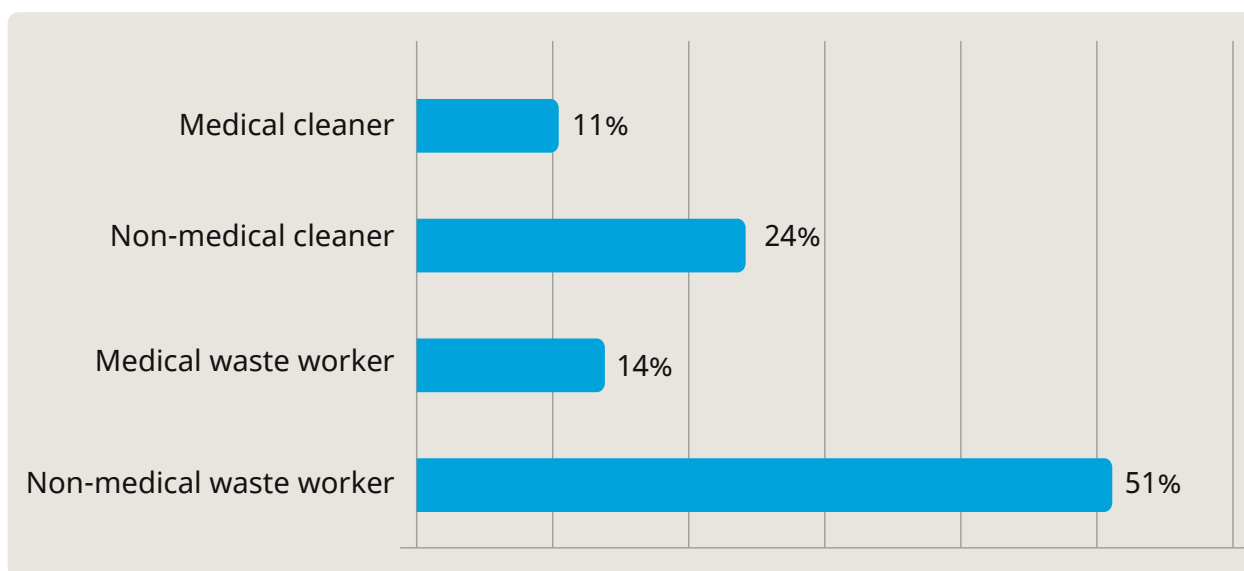
of this study. Additionally, employers of both public and private sectors entities were interviewed to understand whether they are aware of the risk and vulnerability of the workers, provision of support and to know about future plans to improve the health and safety of the workers.

Almost half of the respondents (45%) were from Dhaka, considering the large number of sanitation and waste workers employed in the two City Corporations. Half of the workers interviewed were either employed by the City Corporations or another government entity (hospital, office, etc.), and the other half operated in the private sector (individual or informal companies).

Interviews were held from 8 May to 16 May 2020 over telephone. Each interview lasted an hour on average. The questionnaire was developed by WaterAid Bangladesh, and all interviews conducted by staff of the organisation. Staff received intensive training on how to conduct interviews and record data on mWater platform. Data was analysed on the same platform. Consent was taken before each interview, and a small honorarium (BDT 200/\$2.5) was paid to each interviewee for their time.

Four different types of workers were interviewed: medical waste-workers¹ , non-medical waste-workers² , cleaning workers in the medical centers³ and cleaning workers in non-medical centers⁴ . Distribution of the samples in each category is presented in Chart 2.

CHART 2: Categories of respondents



The key questions assessed in the study are:

- Knowledge of COVID-19 amongst sanitation and waste workers
- Sources of information on COVID-19
- Access and use of personal safety gear
- Existing practices around personal safety gear, including use, cleaning, and reuse
- Knowledge and practice of hand hygiene at workplace and at home
- Existing guidelines, trainings or orientations during COVID-19
- If and how demand for services has changed following COVID-19, and what the economic implications have been for the workers
- Main concerns and challenges workers are facing
- Awareness of any specific support such as insurance, financial compensation, or relief measures as part of government response to COVID-19
- Any change in social attitudes to them following COVID-19 outbreak

¹ Their job includes collection and transportation of medical waste and often non-medical waste from different hospitals and diagnostic centers.

² Their job usually involve street sweeping, drain cleaning, domestic waste collection, toilet pit emptying and transportation manually, waste sorting in secondary dumping stations.

³ They usually do all sort of cleaning including changing bed, changing patients, collection of personal waste of the patients, cleaning of floor, utensils and toilets in the hospital and other medical centers.

⁴ They usually provide all sort of cleaning in different non-medical settings (ie, office, commercial places, public places, etc.).



Mohammad Kajol, Dhaka North City Corporation's sewerage contractual cleaner, cleaning the sewerage dirt from the drain near Tejgaon Police station, Farmgate, Dhaka. 28 April 2020



Emon, Dhaka North City Corporation's sewerage contractual cleaner, poses for a photo during cleaning the sewerage dirt from the drain near Tejgaon Police station, Farmgate, Dhaka. 28 April 2020



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About the respondents

4.1 Age, sex and gender

Most of the workers we interviewed are aged between 16 to 45 years. Only 8% of the workers interviewed are above the age of 60 and employed either by the City Corporations or other government entities. 13% of the workers interviewed are female, and most are engaged in cleaning services in medical and non-medical centers. 24% of the workers are Hindu, and the remaining are Muslim.

4.2 Living conditions

Particularly because of the type of work they do waste workers usually live in socially confined formal or informal settlements. All the workers we interviewed live with their families, and over 65% households consist of 5 or more members. Almost all the workers we interviewed live in shared



Abdur Rahim, reside at Vanga bajar slums at Agargaon, Dhaka North City Corporation's sewerage contractual cleaner, cleaning himself after finishing his work near National Parliament area, Dhaka.
28 April 2020



rooms under crowded conditions, mainly in rented houses in slums (55%) or in workers colonies (11%). Some workers (36%) live in self-constructed houses in slums developed on public land. 89% of these slums are small, consisting of less than 200 households.

4.3 Access to water and sanitation services

Most of the waste workers we interviewed use shared water points, which are usually unimproved and illegally accessed. In over 30% of cases, the ratio between a water point and users is over 100 while in 11% cases, a facility is used by over 300 people. In 60% of cases, a single toilet is being used by average 25 users while in over 15% of cases, a toilet is being used by average 50 people.

4.4 Employment and income

The majority of workers we interviewed (89%) receive a monthly salary although they don't have any formal employment contract. The remaining workers are contracted on a daily basis, and do not get any payment if they are absent or are not called for work on any particular day. Later is the general scenario in the country. Most sanitation and waste workers throughout the country work informally and paid either daily or contracted for a particular job. Those who get a monthly salary are usually employed by the City Corporations or government hospitals. Over 90% of the workers we interviewed receives a monthly income of less than \$250. Income differential is small across the different categories of workers.

Mohammad Liton, Dhaka North City Corporation's sewerage contractual cleaner, drinking after finishing his work near National Parliament area, Dhaka. 28 April 2020



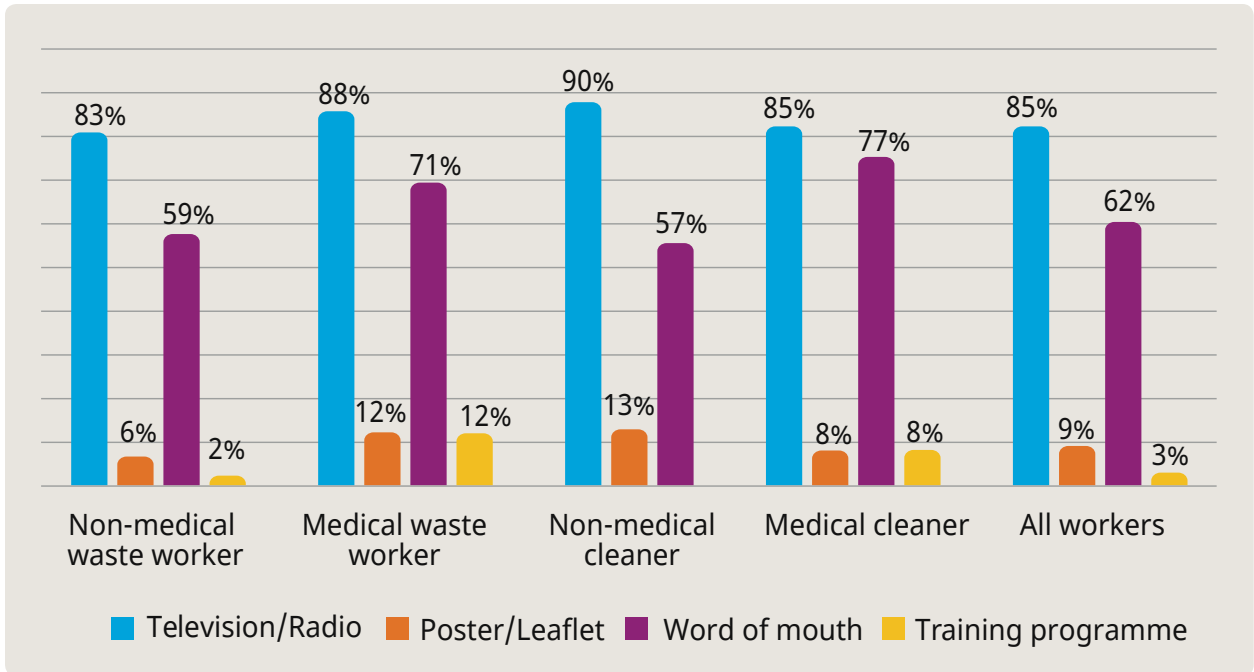
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Access to information, knowledge and practice

5.1 Access to information

All the waste workers we interviewed had already heard about COVID-19 or coronavirus. Access to electronic media is widespread amongst respondents. 85% of workers heard about this deadly virus from radio and television. Word of mouth is reported as the next most common way of receiving information about the virus. Although many organisations, including the government, invested a lot of money on printing and distributing posters and leaflets, these means were not reported as major sources of information on COVID-19 for sanitation and waste workers (see Chart 3).

CHART 3: Source of information



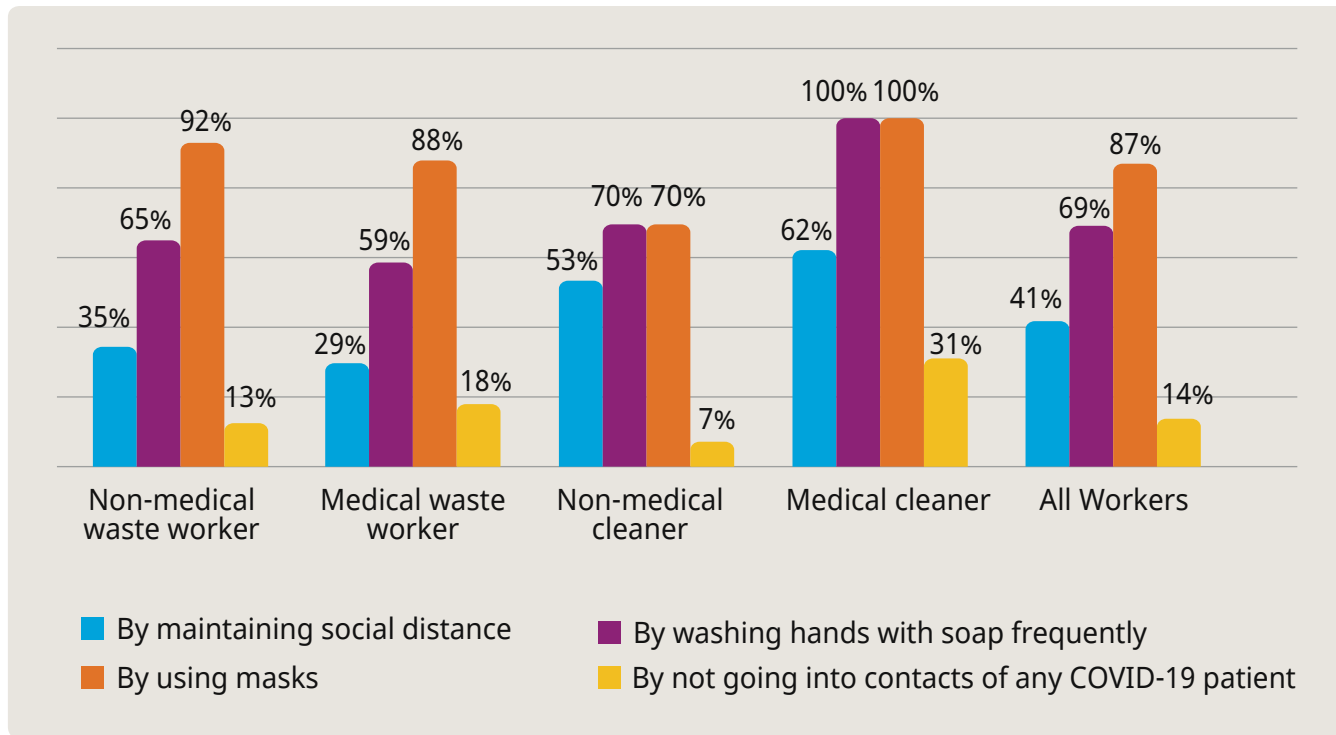
Rahim and Habib going another spot for cleaning the drain near National Parliament area, Dhaka. 28 April 2020



5.2 Knowledge about personal safety

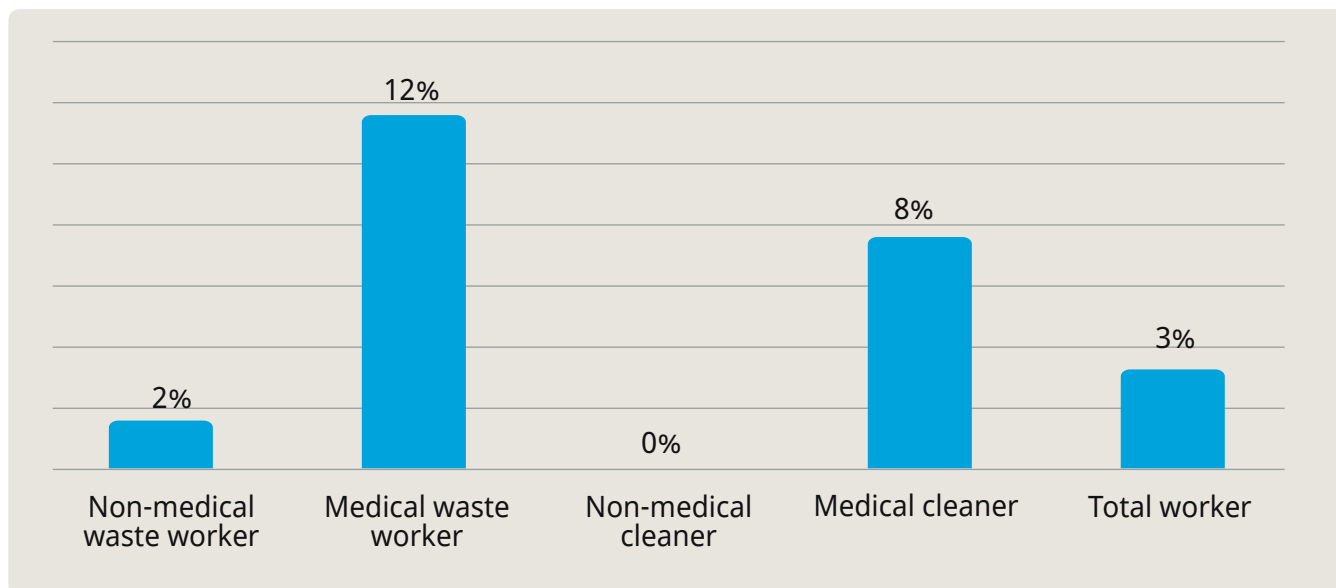
Most workers we interviewed know at least three basic safety measures to prevent spread of infection. As presented in the chart below, almost 87% respondents mentioned that use of masks can keep them protected followed by 69% mentioning frequent washing of hands with soap. Maintaining social distance was mentioned by 41% and maintaining distance with a COVID-19 patient by 14% respondents. However, 37% workers do not know where to go for testing if they have symptoms, or how to access treatment if they show symptoms or test positive.

CHART 4: Knowledge about personal safety



Although most workers we interviewed know about basic precautionary measures, few received any focused training on COVID-19. As presented in the chart below, only 3% of workers reported receiving any kind of training on health and safety issues. These are mainly the waste workers engaged in medical waste management or cleaning workers working in hospitals.

CHART 5: Training received



5.3 Practice of safety measures

97% of non-medical waste workers and cleaners mentioned that they use safety materials while they are at work, and all medical waste workers and cleaners who work in hospitals reported the same. However, almost half of the respondents (48%) mentioned that they do not feel comfortable using such materials.

5.3.1 Use of masks

97% of sanitation and waste workers we interviewed mentioned they use masks while they are at work, out of which 79% of workers use reusable masks and 18% use disposable masks. The use of disposable masks is much higher (54%) among cleaners who work at different hospitals. Surprisingly, compared to other categories, prevalence of non-use of mask (8%) is also higher among this category.

However, frequency of changing and cleaning masks seems to be a source of risk for these workers. As presented in the chart below, 82% of workers either change or clean their masks after use/daily. 92% of cleaners work in hospitals change or clean their masks after they complete a day's work. The remaining 8% only change or clean their mask once a week. General waste workers and cleaners appear to be at higher risk since 25% of waste workers and 16.7% of general cleaners only change or clean their masks either weekly or even more infrequently.

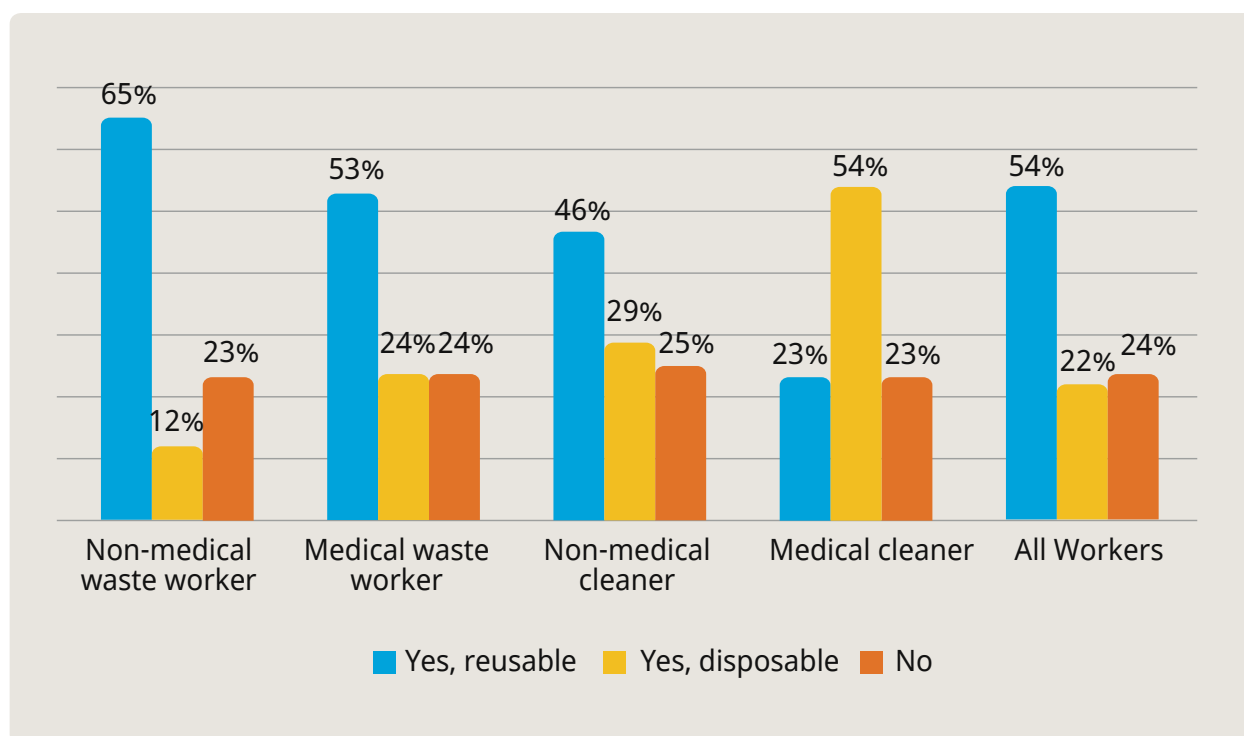
TABLE 1: Frequency of cleaning or changing mask

Frequency of cleaning	Non-medical waste worker %	Medical waste worker %	Non-medical cleaner %	Medical cleaner %	All workers %
After Use	13	12	10	0	11
Daily	62	88	73	92	71
Weekly	13	0	7	8	9
Monthly	5	0	0	0	3
Uncertain	7	0	10	0	6

5.3.2 Use of hand-gloves

Use of hand-gloves at work is almost similar across four categories of workers. It is an issue of concern that despite engaging in a high-risk job, 24% of workers do not use any hand-gloves, which increases their personal health risk. Out of those who do use gloves, reusable gloves are more commonly used. On the other hand, over half of the cleaners who works in hospitals use disposable gloves.

CHART 6: use of hand-gloves



Practice of cleaning or changing gloves after work is also not very common, which poses a risk to the workers. Only 19% workers across the categories mentioned they change the disposable hand-gloves or clean the reusable hand-gloves after use. As presented in the table below, other than cleaners in the hospitals, proper disposal or cleaning practices are low.

TABLE 2: Frequency of cleaning or changing hand-gloves

Frequency of cleaning	Non-medical waste worker %	Medical waste worker %	Non-medical cleaner %	Medical cleaner %	All Workers %
After Use	24	15	19	0	19
Daily	59	69	57	90	63
Weekly	11	0	10	10	9
Monthly	2	0	0	0	1
Do not clean/change	0	8	0	0	1
Uncertain	4	8	14	0	7

5.3.3 Use of other safety gears

Use of other safety gear such as apron, shoe or head cover and goggles is not very common among the waste workers, except in case of medical waste workers, over half of whom use gown, shoe/foot cover and head cover while at work. Use of protective glass is only 15% although this is recommended as part of protective gear.

TABLE 3: Use of other safety gears

Use of other safety gears	Non-medical waste worker	Medical waste worker	Non-medical cleaner	Medical cleaner	All Workers
	%	%	%	%	%
Gown/ Apron	33	56	26	31	34
Shoe/foot cover	27	59	46	31	36
Head cover	20	59	25	15	26
Goggles	11	22	14	23	15

Those who use protective gear like gown, shoe, foot or head cover and protective glasses did not mention frequent cleaning or changing. As presented in the table below, even workers in medical facilities do not change or clean their safety gear as frequently as required.

TABLE 4: Cleaning or changing behavior of other safety gears

Do cleaning or changing other safety gears	Non-medical waste worker	Medical waste worker	Non-medical cleaner	Medical cleaner	All Workers
	%	%	%	%	%
Gown/ Apron	0	22	0	0	5
Shoe/foot cover	17	20	33	0	21
Head cover	8	20	0	50	13
Goggles	14	25	0	0	11

5.4 Supply of safety gear and personal expenditure on safety gear

Although most workers interviewed (69%) mentioned that they received safety gear from their employer, half of the respondents also mentioned that they had to spend their own money to buy their required supply. This is probably because the supply from the employer was not adequate.

A worker from Chattogram City Corporation mentioned that “We serve as a rescuer for the whole city in this lockdown situation, if we are not doing our job properly, the situation will

get worse. We need our protection first to protect our surroundings, otherwise we may become the carrier of the virus. I invested personally for my safety besides the safety gear provided by the city corporation, and I'm ready to fight against COVID".

Compared to other groups, cleaners who work at hospitals buy less safety gear themselves, with over 92% reporting that supplies have been provided by their employer. In contrast, 70% of non-medical workers had to spend their own money to buy their safety gear.

TABLE 5: Supplier of safety gears

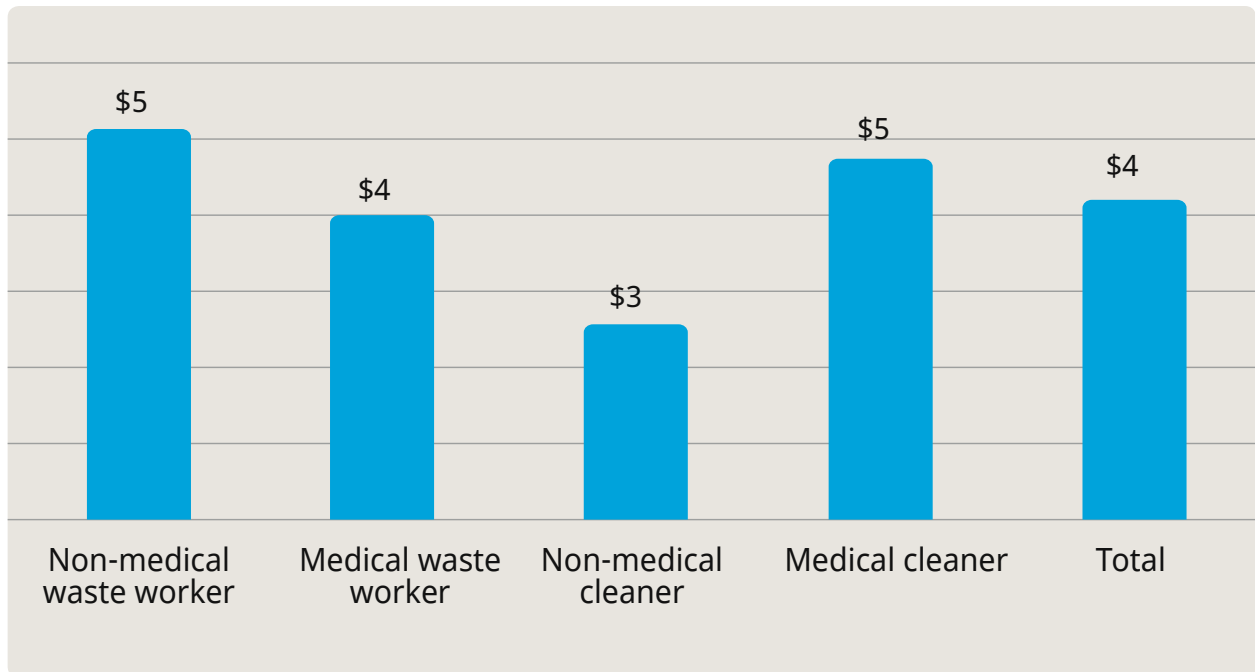
Who provide safety materials?	Non-medical waste worker %	Medical waste worker %	Non-medical cleaner %	Medical cleaner %	All Workers %
Employer	62	76	69	92	69
Other organization	0	6	7	0	2
Other individual	2	0	7	0	2
Self-purchased	70	35	34	15	50

Almost 37% of workers mentioned that they did not get supplies as frequently as they required. This percentage is lower among medical waste workers and medical cleaners (23% and 31% respectively) but higher among non-medical waste workers and non-medical cleaners (42% and 38% respectively). On average, each worker personally spent \$4 on safety gear during the first 60 days since the pandemic started in the country. General sanitation and waste workers spent higher than the average amount because they received less support from their employers.



Dhaka North City Corporation cleaning workers sweep the dirt of the town hall kitchen market at Mohammadpur area, Dhaka. 28 April 2020

CHART 7: Average personal spent on safety gears



5.5 Hygiene practice at work

Although a high percentage of workers mentioned using hand sanitizer or soap after removing any of their safety gear for any purpose when at work, almost 22% do not do so. However, cleaners working at medical centers seems to be more aware about this practice than the other groups.



Dhaka North City Corporation cleaning worker cleaning the dirt of the town hall kitchen market at Mohammadpur area, Dhaka. 28 April 2020



TABLE 6: Use of hand sanitizer or soap and water to clean hand after removing safety gear for any purpose at work

Do you clean hand after removing safety gears at work?	Non-medical waste worker %	Medical waste worker %	Non-medical cleaner %	Medical cleaner %	All Workers %
Yes	73	76	79	100	78
No	27	24	21	0	22

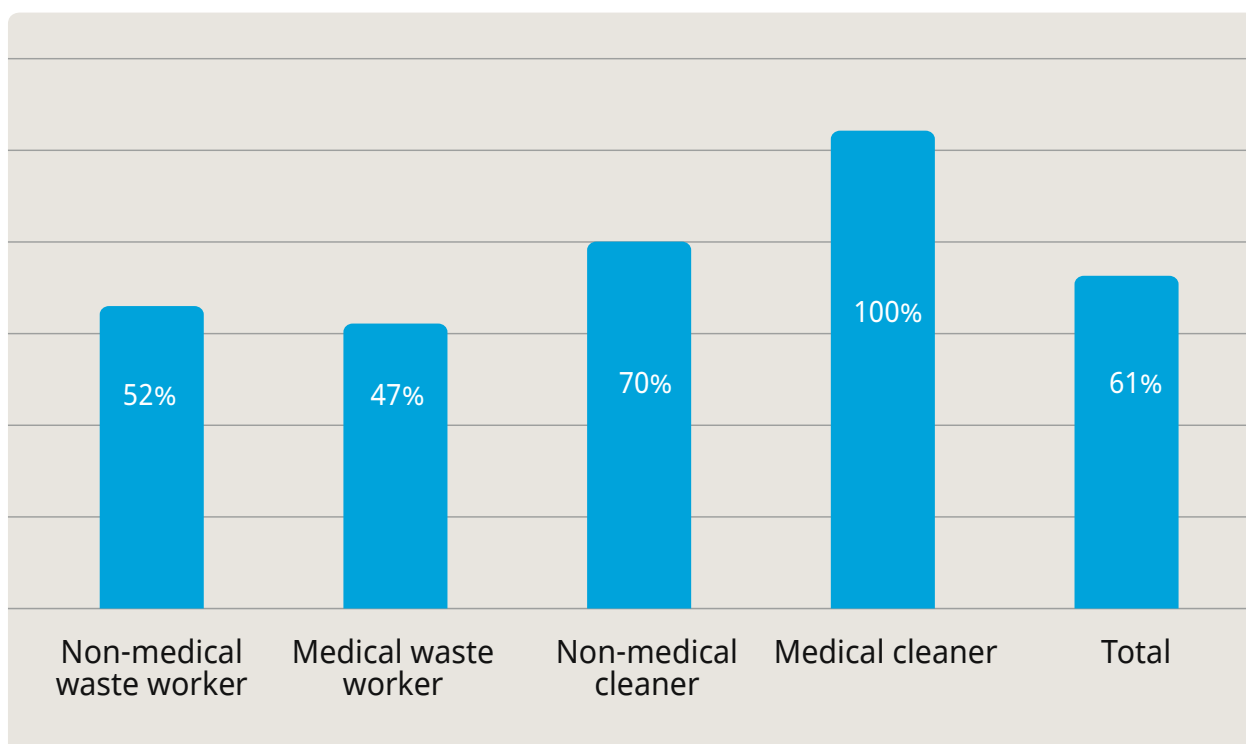
Handwashing practice at work also appears inadequate. Nearly half the workers interviewed mentioned that they wash their hands if they feel dirty. The most commonly mentioned time of handwashing is after completion of the day's work. About 70% workers wash their hands with soap after they complete day's work. Only 23% cleaners in the hospital mentioned washing their hands with soap after helping a patient, which not only poses a risk to them personally, but is equally risky for other patients they attend to afterwards.

TABLE 7: Frequency of washing hands with soap and water at work

How frequently do you wash your hands with soap and water when you are at work?	Non-medical waste worker %	Medical waste worker %	Non-medical cleaner %	Medical cleaner %	All Workers %
Whenever I feel dirty	33	71	57	85	49
Whenever I see visible dirt on my hands	21	29	23	38	25
After completion of my day's work	68	76	67	69	69
After attending a patient	0	12	0	23	4
Before taking any food at work	29	12	40	23	28
Before putting personal safety gears on	3	6	10	15	6
After taking personal safety gears off	11	6	17	38	15

Handwashing practice is strongly correlated to access to facilities and availability of supplies. 39% of workers mentioned that they do not have access to proper facilities when they are at work. This also explains the low prevalence of handwashing by these groups as shown in the table 7. Despite having higher access to facilities, the low level of practice amongst cleaning workers at hospitals indicate that these workers are not fully aware of the importance of handwashing.

CHART 8: Have access to handwashing facilities at work



5.6 Perception of risk

Most workers (80%) we interviewed think that their job put them at risk of being affected by coronavirus. The fear feeling is higher among the cleaning workers at hospitals where all the respondents we interviewed mentioned that possibility for them being affected is very high.

As presented in the table below, almost half of respondents (43%) mentioned that they are unable to maintain social distancing while working. Many respondents (29%) also think that in doing their job, it is hard for them to know whether they are coming into close proximity of any COVID-19 patients. 61% medical waste workers and over 46% cleaners in the hospital mentioned that they handle high-risk waste of the patients, therefore, risk of being affected is extremely high for them.

TABLE 8: Reason for feeling risks to perform the job

Reason	Non-medical waste worker %	Medical waste worker %	Non- medical cleaner %	Medical cleaner %	All Workers %
I can't maintain social distance	55	23	46	15	43
I don't know if I am getting close to the COVID19 patients	19	31	31	62	29
I handle high risk waste of the patients	11	62	8	46	21
I handle high risk waste of other health workers and professionals	4	31	4	23	10
I don't have any safety materials	11	8	15	23	13
I can't keep myself clean	11	0	31	15	15
I don't have facilities to wash my hands with soap frequently	13	0	8	0	8
Other	19	8	12	0	13

A high percentage of workers (67%) across all four categories also think that their family members have become more vulnerable because of the high risks associated with the job they do. This feeling is most common among the cleaners who work in hospitals – 92% think that their family members have become more vulnerable because of the high risk work they do.

However, sanitation and waste workers are forced to continue their job for economic reasons. 68.7% waste workers we interviewed mentioned that they have no other way to earn an income to maintain their families. Over 35% of workers mentioned that they will lose their job if they do not continue the work during the pandemic. However, overall, only 6.5% workers mentioned that they may receive some financial assistance if they get affected by the virus.

TABLE 9: Reasons of continuing work during pandemic

Reasons for continuing work during pandemic	Non-medical waste worker %	Medical waste worker %	Non-medical cleaner %	Medical cleaner %	All Workers %
I have to earn an income to maintain my family	77	62	65	54	69
I'll lose my job if I don't continue the work	40	23	35	31	35
I have to perform my duty	15	23	12	38	18
Other	2	0	0	0	1

A sense of responsibility and contribution to public good was also mentioned by a number of respondents as factors that made them continue working even under high-risk conditions. As Rehana, a waste worker in Khulna, who collects waste from households, says:

“I and other waste workers are the reason people can live at home during the lockdown without worrying about their waste disposal. If we don't work during this pandemic, people do not know what to do with this waste. We are continuing our job under great risk only to give the public some level of comfort. But it is very unfortunate that people do not value our sacrifice.”

Another waste worker from the same city who works in a hospital as a cleaner mentioned that, **“I work in a hospital and I can't avoid serving the patients when they need me. I cannot follow all the precautions and maintain physical distance. I am performing my job with a certain level of risk that I cannot ignore due to the nature of my work”**.

Emon, Dhaka North City Corporation's sewerage contractual cleaner, cleaning the sewerage dirt from the drain near Tejgaon Police station, Farmgate, Dhaka. 28 April 2020

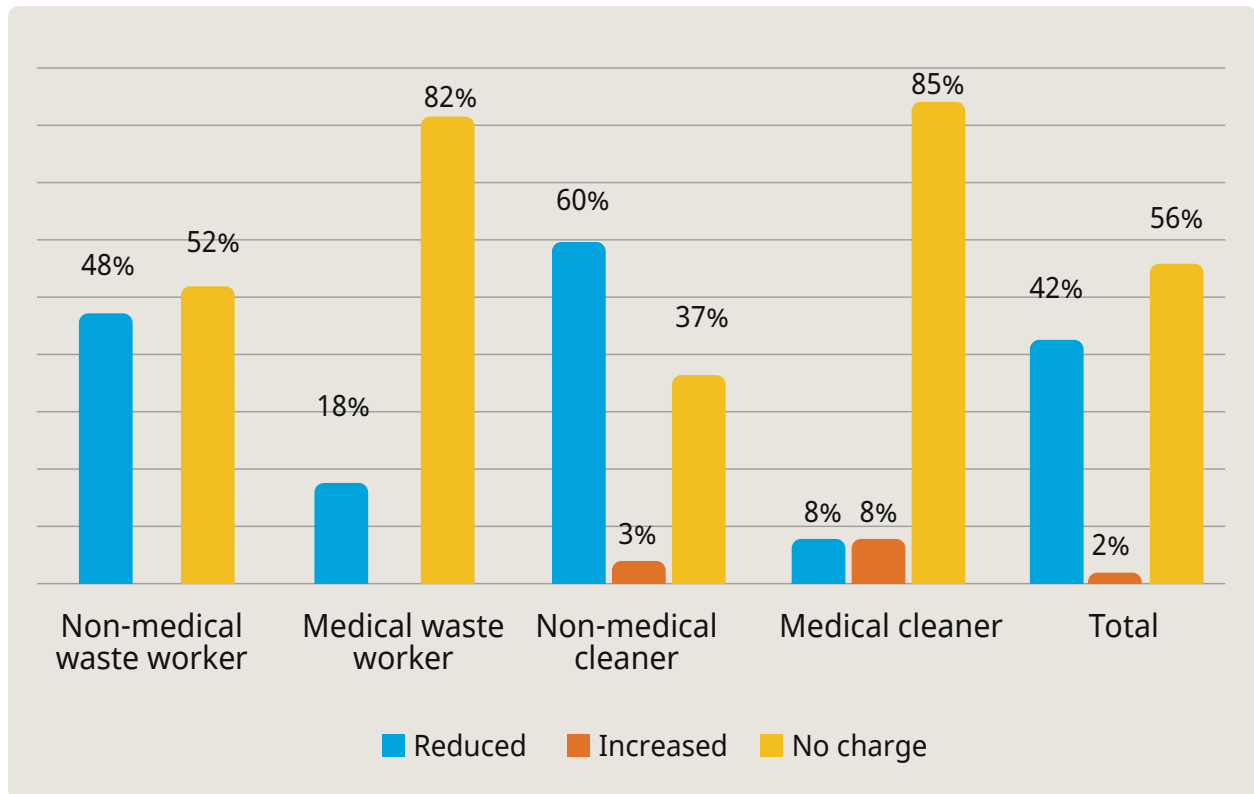


5.7 Economic impacts

5.7.1 Effect on income during the pandemic

Overall, 56% workers didn't experience any change in their income during the pandemic. This is due to the proportion of salaried workers engaged in medical waste management and cleaning work in the hospitals, who did not experience much of a change in their income. However, 48% of non-medical waste workers and 60% non-medical cleaners experienced income reduction. This is because a higher number of workers in these two categories work informally – on a no-work-no-pay basis. Because of pandemic and lockdown situation, their workdays have reduced. Only a few cleaners (8%) who work in the hospital experienced increased income during the pandemic, which is because they got more tips than the usual situation. A few of them also got some extra money from their employer as a kind of risk bonus.

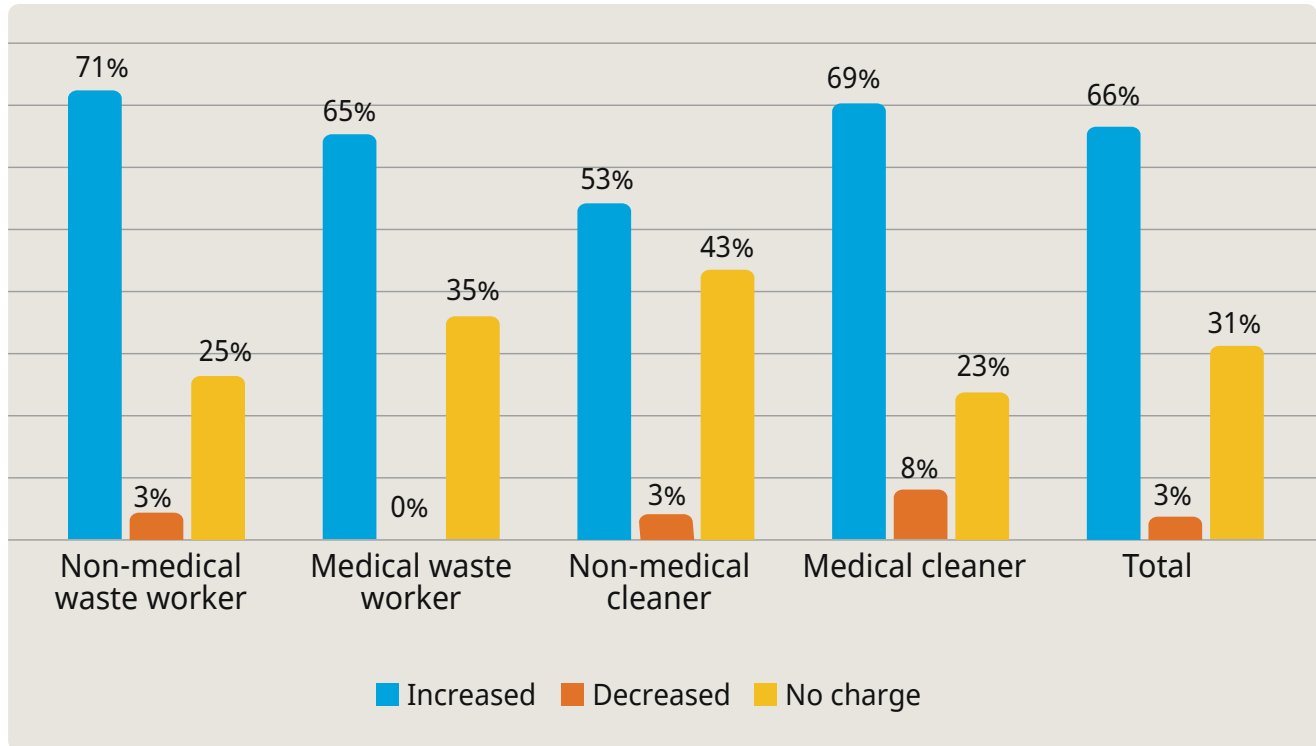
CHART 9: Effect on income during the pandemic



5.7.2 Effect on expenditure during pandemic

Overall, 66% of workers we interviewed reported to have increased their expenditure during pandemic. Amongst them, the category of general waste workers is most affected – 71% of these workers mentioned that their expenditure has increased.

CHART 10: Effect on expenditure



Dhaka North City Corporation cleaning worker sweep the dirt of the town hall kitchen market at Mohammadpur area, Dhaka. 28 April 2020

Reasons for an increase in expenditure are varied, but most common reason is the price hike of food items, mentioned by over 69% of workers. The other reasons mentioned are cost of safety gear (12%), additional cost of hygiene materials (9%), and cost of transportation because of the unavailability of public transportation during lockdown (5%). The increase in expenditure without any proportionate rise in income is concerning for many workers, especially given the possibility of falling ill. As one medical waste collector in Chattogram put it, **"I carry out my responsibility to clean hospital waste, but when I become sick no one will take over my work. As my earning is very limited, I do not have any savings to pay the medical cost."**

5.8 Social impacts

This assessment suggests that social impact of the pandemic on waste workers was not as high as economic impact on them. However, nearly 10% of the workers faced pressure from their family members to leave this high-risk job. Like the physicians and other professional who are engaged in essential service, 13% of workers also face pressure from their neighbours not to return to home after work mainly because of a perception of risk of disease transmission.

TABLE 10: Social impacts

Issues	Non-medical waste worker %	Medical waste worker %	Non-medical cleaner %	Medical cleaner %	All Workers %
Confronted pressure from family members not to continue this high-risk job	13	12	3	8	10
Confronted pressure from other community members not to return home after work	11	24	10	15	13
Confronted pressure from other community members not to use community toilet	3	0	0	8	2
Confronted pressure from other community members not to use community water point	3	0	0	8	2

Pressure not to use community toilets and community water points is comparatively low, probably because people of similar jobs settle together and share the same facilities.



Mohammad Liton, Dhaka North City Corporation's sewerage contractual cleaner, cleaning the mud from the drain near National Parliament area, Dhaka. 28 April 2020



Mohammad Abdur Rahman, Dhaka North City Corporation's sewerage contractual cleaner, poses for a photo during his work near Tejgaon Police station, Farmgate, Dhaka. 28 April 2020



6 Conclusions, actions and way forward

Sanitation and waste workers are one of the prime vulnerable groups during this unprecedented period of coronavirus pandemic. This assessment suggests that they seriously lack information, knowledge, training, essential supplies of safety materials, knowledge about how to handle the safety gears, and access to facilities to keep them protected. As they live in congested areas, use shared facilities, handle high-risk materials and serve a wide range of people in their work, they are highly exposed to risk of infection. Despite their apprehensions about working during COVID-19, economic hardship is forcing them to continue working. In addition to increased personal risk, many workers also experience reduced income and increased expenditure, which has increased their hardship manifold. Many workers also face social pressure and do not receive incentive, insurance or any other type of social protection.

Abdur Rahim, reside at Vanga bajar slums at Agargaon, Dhaka North City Corporation's sewerage contractual cleaner along with other cleaner cleaning themselves after finishing his work near National Parliament area, Dhaka. 28 April 2020



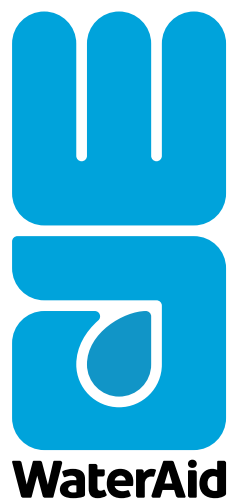
Employers and those who are in position of responsibility appear to be aware about the situation and understand the level of vulnerability of the waste workers in this pandemic situation. They clearly acknowledged the fact that they couldn't arrange any training or orientation or prepare any guideline for the waste workers to continue their job in the pandemic situation. Although some of the employers mentioned to provide some reusable masks and gloves to the workers, they also acknowledged that supplies they provided are not enough to protect the workers from the virus. There was also clear acknowledgment that waste workers are not covered under any insurance scheme or other benefit packages.

Considering the huge risks associated with the job of sanitation and waste workers, as well as serious present gap of service provision, an urgent plan of action needs to be developed and resources allocated. Following set of measures are recommended for action plan on safety and well-being of the Sanitation and Waste workers:

- Design, develop and implement formal and informal training on pandemic-related risks and relevant mitigation measures. It is important that key risks and measures are identified for each category of workers before developing content of the training.

- Generic awareness on potential risk mitigation measures can be developed through media campaign but this does not guarantee mitigation of job specific risks particularly for sanitation and waste workers. On the other hand, majority of these types of workers are employed informally, so it wouldn't be easy to reach them for any formal training. Systematic and organised measures needs to be taken to bring them into a formal training programme.
- Employers to ensure adequate and regular supply of quality safety gear. This should be added in the labour law as the responsibility of employer and enforce it properly.
- Serious knowledge gap persists among the sanitation and waste workers about safe use and management of different types of safety gear. Therefore, in addition to ensure adequate supply of safety gear, it is extremely important to orient the waste workers about how to handle them properly. This can also be part of the training programme.
- Provide financial support and incentives to compensate the workers for the heightened risks they face.
- Government to provide insurance packages and special safety net measures provided.

Considering the magnitude of the problem, complexity of handling the issue, and other associated limitations, it is important that different stakeholders work together in a coordinated manner under the leadership of relevant government department to bring a change in the existing scenario which not only risks the life of the workers but also remains a major source of further spread of the virus.



For more information



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Front cover

- Emon, Dhaka North City Corporation's sewerage contractual cleaner, cleaning the sewerage dirt from the drain near Tejgaon Police station, Farmgate, Dhaka. 28 April 2020

Photo: Parvez Ahmad/DRIK

Back cover: (Top)

- Emon, Dhaka North City Corporation's sewerage contractual cleaner, showing his hand after cleaning the sewerage dirt from the drain near Tejgaon Police station, Farmgate, Dhaka. 28 April 2020