

**STRENGTHENING THE IMPLEMENTATION OF
THE PEMSR ACT, 2013**

Addressing the additional
challenges of Manual Scavengers
and Sanitation Workers
during the Pandemic



1. Constitutional Foundations

India is a signatory to the Universal Declaration of Human Rights, which recognises the right to a standard of living adequate for the health and well-being to humans including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond human control.

Though the Constitution of India doesn't explicitly categorize the right to health as a fundamental right, there are multiple references in the Constitution on public health and on the role of the State in the provision of healthcare to citizens. Article 47 states, "The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties...".

Article 39 (E) directs the State to secure health of workers: "the health and strength of workers, men and women, and the tender age of children are not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength.." Article 42 refers to the provision of just and humane conditions of work and maternity relief.

The Right to Life is stated under Article 21 of the Indian Constitution as "no person shall be deprived of his life or personal liberty except according to procedure established by law". Several judgements by the Supreme Court have held the right to health & medical care as a fundamental right covered by Article 21, since health is essential for making the life of workmen meaningful & purposeful & compatible with personal dignity.

Despite these, persons belonging to specific socio-economic groups, especially groups such as sanitation workers (whom the intersections of vulnerabilities related to caste, gender and occupations impact heavily), experience multiple structural inequalities and challenges which make them further vulnerable to health risks and at the same time, with very limited access to health and healthcare. Being counted as the frontline workers providing essential services, their challenges during the disasters get multiplied, given the provisions of the Disaster Management Act 2005, though they are not getting the benefits as other frontline workers. The COVID-19 pandemic has exacerbated these risks and inequalities for the sanitation workers.

2. Problem Statement

Sanitation workers in India, usually belonging to the most vulnerable and marginalized caste groups and communities, had already been facing several challenges including health risks, low and irregular wages, financial struggles, societal discrimination, and lack of access to social security measures. The COVID-19 pandemic resulted in additional struggles for them, as some of them were required to continue work on the frontline even during the lockdown. On the other hand, those who were engaged in informal work, such as cleaning of dry latrines, and rag/waste picking, lost their livelihoods and faced severe financial distress and hunger.

Health and safety risks during the pandemic

“We don’t get the same respect as doctors even when we put our health at risk every day. Our work is still not considered as an essential service”, said Pawan, a sanitation worker from Uttar Pradesh, as reported in a May 2020 article¹ in *Indian Express*. *“What do I do? Should I starve to death? I am scared but not as much as dying on an empty stomach. I have five daughters at home”,* he further added, while narrating his woes.

Various government guidelines and advisories released during the pandemic covered some aspects of sanitation workers’ safety, including the Guidelines for Disinfection of common public places and Guidelines for Rational use of personal protective equipment by the Ministry of Health and Family Welfare; the Advisory on Safe and Sustainable WASH services issued by the Ministry of Housing and Urban Affairs; and the Central Pollution Control Board (CPCB) guidelines on Handling, treatment and disposal of waste generated during treatment/ diagnosis/ quarantine of COVID-19. States such as Gujarat, Telangana and Rajasthan also issued some related guidance.

However, as reported by a study by *Urban Management Centre and WaterAid India*², all provisions of these guidelines were not being implemented in all the locations. Moreover, the focus of these guidelines seemed to be on specific categories of sanitation workers, such as sewer and septic tank cleaners, sweepers, etc. while other categories were not included. The study also highlighted the working and living conditions of these workers, wherein they faced absence of facilities for isolating themselves in crowded living places due to the non-availability of proper facilities provided for safeguarding themselves, lack of proper hygiene and protection measures during work and so on. The study also pointed out that majority sanitation workers did not have all the different types of personal protective equipment, including for the workers at hospitals and quarantine centres, who are among the most vulnerable in the pandemic situation. Moreover, though hand hygiene is one of the most important COVID-19 prevention measures, 40% of sanitation workers did not have access to a functional handwashing station at their worksites.

A *Centre for Policy Research* report³ on sanitation workers, *“Invisible Sanitation Workers @ COVID 19 Lockdown: Voices from 10 Cities”* too reported that sanitation workers were largely working without any protective gear such as gloves, masks and boots, barring the fluorescent jacket provided by the Municipality. Further, they don’t receive any soap. They expressed their exasperation about having to work without any monetary incentives from the government.

As quoted in a study of the situation of sanitation workers during Covid-19, a manual scavenger from Delhi questioned, “Who is there to give us any assurance?” As per this study, 182 participants out of 208 who responded to this question (87.5%) declared that they did not get any kind of assurance from governments, be it regarding ration, salary, job security, health insurance or free treatment during the pandemic. Merely 8 participants (3.8%) were assured that they would not lose their jobs. Also, only 8 participants (3.8%) had assurance of free of cost treatment if they fell sick while working during the COVID-19 pandemic. 3 participants also mentioned that they have been verbally promised a health insurance of Rs. 50 lakhs by the government. However, the central government scheme of Rs. 50 lakhs worth insurance for frontline workers does not cover sanitation workers⁴.

¹ <https://indianexpress.com/article/india/india-sanitation-workers-waste-pickers-coronavirus-pandemic-6414446/>

² <https://www.wateraidindia.in/sites/g/files/jkxooof336/files/health-safety-and-social-security-challenges-of-sanitation-workers-during-the-covid-19-pandemic-in-india.pdf>

³ <https://www.cprinid.org/research/reports/invisible-sanitation-workers-covid-19-lockdown-voices-10-cities>

⁴ Nigam, D. D., & Dubey, S. (2020). Condition of sanitation workers in India: A survey during COVID-19 and lockdown. Delhi, India: Independent study report. Available at:

https://www.academia.edu/43470203/Condition_of_sanitation_workers_in_India_A_survey_during_COVID-19_and_lockdown

The same report reflects on several governance issues that adds to the challenges of sanitation workers as well. While doctors were called ‘Gods in white coats’ in this fight against COVID-19, the contribution of sanitation workers remained ignored. Despite the critical role played by the ones in “brown dresses” for ensuring hygiene and safety for all during this pandemic, they were not named among the “frontline warriors” promised medical insurance worth Rs. 50 lakhs each. Again, during the online training programs in a bid to prepare fresh force, the sanitation workers were called as “hygiene workers,” avoiding even the mention of “sanitation workers” and allocating no proper relief measures for them.

The lack of proper waste segregation and management also posts solid waste collectors and waste pickers at risk of getting infected. A *Citizen Matters* report⁵ quotes instances where residents of Delhi were not aware about the protocol for segregating COVID biomedical waste in separate yellow bags, as recommended by the CPCB guidelines. With an increase in the number of asymptomatic cases, this would have put several workers at risk, as per the report. According to the report, 45 sanitation workers from Delhi tested positive in July 2020, of which 15 passed away. As reported by workers as part of the Urban Management Centre-WaterAid India study, even those sanitation workers working in hospital wards and dealing with hospital waste, with high potential of getting infected, were not provided with adequate protection measures.

Several reports⁶ have indicated the presence of COVID-19 viral RNA in sewage. While we await conclusive evidence regarding the possibility of viral transmission through sewage, the safety of workers involved in cleaning of sewers, septic tanks and drains remains a concern.

While some states and Union Territories such as Delhi, Gujarat and Telangana included sanitation workers in the first round of COVID-19 vaccination drives, this is yet to become a priority in all the states, even as India has now entered the second phase of vaccination.

Livelihood and Financial implications

As a result of the pandemic, many sanitation workers also lost their livelihood. Shivshankar, his wife Rekha and elder son Virkumar- all were engaged in sanitation work before the pandemic started, with a monthly household income of INR 15,000. But since the lockdown, they had all been left without a job. They did not have any savings, and the ration support they get under the government’s Public Distribution System is far from adequate for his family of 9 members. He said, *“During normal days we received nothing. So, what can we expect now? We have no hope from the government.”*

Those engaged informally as sanitation workers faced severe distress. According to the 2020 study by Urban Management Centre and WaterAid India, 40% of dry latrine cleaners interviewed had been completely out of work since the lockdown started. The remaining managed to partially resume work couple of months later, though their earnings reduced to one-fifth or even lesser. Even with lockdown relaxations, most households were hesitant to allow dry latrine cleaners inside their homes – some preferred to get the cleaning done by municipality solid waste pickers instead.

⁵ <https://citizenmatters.in/delhi-threat-to-community-and-sanitation-workers-from-covid-biomedical-waste-19380>

⁶ <https://www.thehindu.com/news/cities/chennai/coronavirus-metrowater-tests-show-prevalence-of-viral-rna-in-sewage-collected-from-chennai/article31485182.ece>

Other challenges

The pandemic led to some instances of increasing recognition and appreciation of the role of sanitation workers⁷. However, there were also several reports of discrimination and harassment faced by them during the pandemic. “People look at us like we are the coronavirus. They don’t understand that even we have families. They neither give us water, nor a place to sit. They stigmatise us and it is painful,” narrated Sangeetha, a sanitation worker from Tamil Nadu, as reported⁸ by Indian Express. The news article also quotes Mani, the brother of another sanitation worker Radhika, who said, “My sister contracted the virus while she was serving the people, but she did not receive pay for the non-working days (when she was recovering from the disease). My sister and her children are unable to get food. Since their street is a containment zone, no one is coming forward to help her family.”

The need for social security measures becomes even more significant in a pandemic situation. However, as reported by the Urban Management Centre-WaterAid India study, 65% of sanitation workers did not have any kind of insurance coverage. None of the informal workers had access to insurance coverage. This study also mentions some measures undertaken by selected states and municipal authorities for supporting sanitation workers during the pandemic- including cash assistance, grocery support, performance incentives, etc. However, informal workers were not covered by most of these initiatives.

Key issues identified

- With the outbreak of COVID-19, the risks and challenges of sanitation workers have multiplied
- Majority of the sanitation workers have been continuing to work lack access to proper PPE
- Livelihoods of a large number of informal sanitation workers have been hit by the pandemic
- Lack of access to social security measures
- For many, the pandemic has also heightened the stigma and discrimination they face

3. Review of the PEMSR Act, 2013

Provisions under PEMSR Act 2013

Chapter 2 deals with the obligations of employer towards employees engaged in the cleaning of sewer or septic tank. Clauses 3, 4, 5, 6, 7, and 8 of this chapter extensively focus on the equipment, monitoring of the protective gears by the authority, the frequency of repair/replacement of these equipment, health check-ups, and the medical support.

⁷ <https://indianexpress.com/article/trending/trending-in-india/ambala-haryana-sanitation-workers-coronavirus-6356611/>

⁸ <https://www.thenewsminute.com/article/stigmatised-ostracised-sanitation-workers-tamil-nadu-battle-covid-19-124052>

During the field visits undertaken by the researchers from Centre for Equity Studies before the COVID-19 outbreak, it was observed that workers were not being provided with PPE by the local authorities. When the lockdown was announced, the research team contacted the sanitation workers deployed by municipal authorities in the study locations, who shared that they had not received any protective gear except a mask and hand gloves, and a Dettol soap. Several studies as mentioned above have highlighted this plight of sanitation workers too.

The Prohibition of Employment as Manual Scavengers and their Rehabilitation Rules, 2013, (under section 4 and 5 of the rules) mandates that the person getting the job done must provide workers with protective gear. However, this not being implemented widely, as narrated above.

The empirical evidence from the field indicates the absence of strong measures by local and state authorities for ensuring health and safety of sanitation workers, and supporting them during the pandemic.

- (a) A sanitation worker who works with the municipal authority in Madhya Pradesh had received a mask, a jacket and soap. However, the mask was damaged, and when she demanded a replacement for the same, she received no response. Finally, she had to resort to use of a handkerchief.

Another worker from Bihar shared that the persons from her colony, most of whom have been working in private hospitals and other sites, have not been provided with any protective gears.

“There is no doubt about the great work that doctors, nurses and the police are doing in these tough times. They are the frontline workers. So are we. The safai kaamgaar (sanitation workers) are working to keep India clean, thus safe. But there is one difference. Doctors, nurses, police [personnel] have people from all communities and religions – across class and caste. Safai Kaamgaar are Dalits! How many upper caste people do you see carrying waste or human faeces? We have never had any facilities – nor provisions. We are born in such a life – we will die in such a life, with no one to question on our behalf.” Said Dadarao Patekar, Sanitation Worker; Vice President of Kachra Vahtuk Shramik Sangh. This can be corroborated with the Maharashtra Times report that 132 sanitation workers lost their lives due to COVID-19, but the only 6 families received the compensation of 50 lakh rupees.

4. Recommendations

The following recommendations need to be accorded immediate prioritisation for ensuring the safety of sanitation workers during the upcoming waves of pandemic, in a sustainable manner, so that the lives of sanitation workers can be improved and their risks and challenges are reduced.

1. Prioritizing sanitation workers as frontline health workers across India, and ensuring that they are supported and equipped with the same degree of safety measures, health care facilities, and social security cover, as provided to other categories of health workers. This should necessarily include prioritization of sanitation workers and their families under the vaccination drives as

well, along with adequate measures in place for ensuring consent, vaccine safety, and access to information about the processes and precautions.

2. Ensure functional handwashing stations in all workplaces, including mobile ones attached in vehicles for workers who has to move as part of their work and provision of hand sanitizers to all sanitation workers. Some categories of workers might require bathing facilities as well.
3. Resident Welfare Associations can be instructed to ensure handwashing facilities for domestic waste collectors.
4. Provision of adequate and user-friendly personal protective equipment to all sanitation workers, appropriate for nature of work and risks involved.
5. Implementation of protocols and setting up adequate arrangements for safe handling and disposal of waste, at health care facilities, public places as well as household settings. Also, strict measures must be undertaken to necessarily avoid any human entry in sewers and septic tanks.
6. Training of workers on COVID-19 prevention must be undertaken, with emphasis on work-related risks, and the use, reuse and disposal of PPE.
7. Regular medical examination for all sanitation workers, and routine checking for symptoms before and after work.
8. Provisions for paid leave, monetary compensation, treatment support for sanitation workers infected with COVID-19.
9. Ensuring coverage of life and health insurance for all, especially for informal workers.
10. Special support for informal workers- preparing local databases, ensuring provision of groceries and supplies, providing compensations, ensuring coverage in health and death benefits schemes and other social welfare measures- CSOs can be brought in for supporting these workers and their families



Strengthening the Implementation of PEMSAR Act, 2013: Policy Brief 4

Addressing the additional challenges of Manual Scavengers and Sanitation Workers during the Pandemic

September 2020

Authored by: Harsh Mander, Sagar Kumbhare, Anirban Bhattacharya, Mihika Chanchani

This policy brief is based on an Implementation Review of the PEMSAR Act, 2013 undertaken by the Centre of Equity Studies, with support from Safai Karamchari Andolan and WaterAid India, under the project ‘Strengthening rule of law for advancing the rights and freedoms of manual scavengers in India’, supported by the European Commission- European Instrument of Democracy and Human Rights.



SAFAI KARMACHARI ANDOLAN
A movement for elimination of manual scavenging

