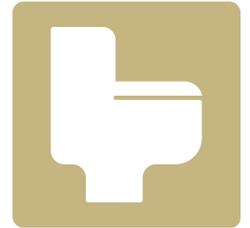
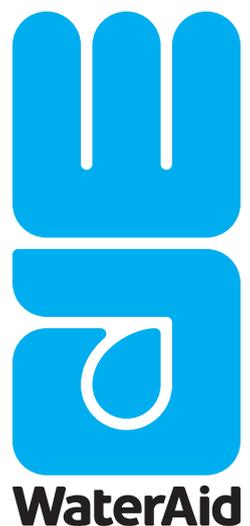


Sanitation workers: The forgotten frontline workers during the COVID-19 pandemic



**The sanitation workers risking
their health and lives to provide
an essential public service**



A hidden workforce

During the coronavirus pandemic, essential services have been in the spotlight and those providing them have been singled out, even applauded, for being key workers or COVID warriors. But one vital workforce is often overlooked – sanitation workers.

While millions of people experienced curfews or nationwide lockdowns, many in the sanitation sector still had to go to work every day risking their own health to provide an essential service. Some have been on the frontline throughout the pandemic – working in hospitals and quarantine centres and in the heart of communities with poor access to safe water, decent sanitation and good hygiene (WASH) facilities. Few have received any extra training or support from their employers and personal protective equipment (PPE) has often been limited or unfit for purpose. The COVID-19 pandemic has exposed and exacerbated the existing vulnerabilities of the sanitation workforce – their hazardous working conditions, low incomes and lack of support. Despite the vital service they provide, too many sanitation workers have been ostracised and shunned as a result of their high-risk job.



WaterAid/James Kyumba



● Kamlesh Taank, 55, latrine cleaner, manually clears away faecal waste in Loni, Ghaziabad, India, August 2021.

WaterAid/Anindito Mukherjee

Sanitation workers deal with waste, making sure it is cleared and disposed of safely. They are the people who operate sewage treatment plants, clear out sewers, empty latrine pits and septic tanks and transport faecal sludge. In some countries, they are known as ‘manual scavengers’, collecting and clearing away faecal waste with rudimentary tools or their bare hands. Sanitation workers also refers to solid waste workers, such as refuse collectors, sweepers or landfill workers, and cleaners who work in homes, schools, businesses or healthcare facilities.

The global sanitation workforce protects all of us from many infectious diseases. WASH services are critical to maintaining public health and will be fundamental to surviving and recovering from the pandemic. But without sanitation workers, these services would break down.

◀ Julius Chisengo, 53, emptying faecal sludge in Kigamboni, Dar es Salaam, Tanzania, June 2019.



It is not only public health that is at stake, but also the health of the economy. For countries to recover from the pandemic and other health crises, they need a healthy, strong workforce. An investment in sanitation workers is also an investment in growth. WaterAid research has shown that achieving universal safely managed sanitation will yield net benefits of US\$86 billion per year between 2021 and 2040¹.

WaterAid believes it is essential that everyone, everywhere has access to a decent toilet, as promised by the United Nations’ Sustainable Development Goal 6: water and sanitation for all by 2030. But for that to happen, it is vital measures are taken to protect the rights of the workers who sustain our sanitation systems – to meet Sustainable Development Goal 8 which aims to promote economic growth and decent work for all by 2030.

WaterAid is calling on governments, local authorities, employers and the general public to protect, respect, support and invest in sanitation workers – the forgotten frontline workers during the COVID-19 pandemic.

The state of play for sanitation workers

Today’s sanitation workers are largely unsupported, unprotected and undervalued. Many are shunned for the work they do. The coronavirus pandemic has had a direct impact on their livelihoods, with many working longer hours or taking on increased risks without compensation, while others have lost their income completely.

The informal nature of the workforce, along with poor access to education and a limited understanding of their rights, leaves many sanitation workers open to exploitation. In countries where the caste system persists, systemic discrimination makes social mobility extremely difficult and opportunities to move into other jobs are very rare.

With much of the work undocumented, the scale of the problem is all too easily masked and ignored. Governments need to support data gathering so that action can be taken based on good quality evidence. Working conditions must improve, labour laws must be enforced, and sanitation workers must be recognised as the essential workers they are.

As communities expand, it is important systems are put in place to monitor on-site sanitation facilities and ensure they are built correctly to allow the safe emptying, removal and treatment of faecal sludge. Similarly, off-site or sewer systems need to be designed and managed to ensure safe sewer maintenance and safe operation of pumping stations and treatment plants.

Despite it being such a normal part of life, defecation is still a huge taboo in many societies, which makes tackling issues surrounding the sanitation workforce even harder. Talking about toilets and where our waste goes is vital to ensure sanitation infrastructure is built and used correctly. But infrastructure is only one part of the process.

Without sanitation workers, sanitation systems will not function, with catastrophic consequences for public health.

Key findings²

Only half of respondents in Nepal and Pakistan were able to access social security aid for vulnerable people during the pandemic.³

23% of sanitation workers interviewed in India had to work longer hours during the pandemic by an additional 2-6 hours per day.⁴



1/3 of sanitation workers questioned in Bangladesh feared they would lose their jobs if they stopped working during lockdown.⁵

Nearly half (48%) of sanitation workers who responded in Bangladesh saw their incomes reduced during the pandemic.⁶



1/3 of sanitation workers interviewed in Nepal did not receive any PPE (personal, protective equipment) from their employers.⁷

80% of sanitation workers interviewed in Burkina Faso thought the PPE they were given was unsuitable and made accidents more likely.⁸

40% of sanitation workers interviewed in India and 39% interviewed in Bangladesh lacked any handwashing facilities at work.⁹

Exposed and vulnerable

A study carried out by WaterAid at the start of the COVID-19 pandemic on the safety and wellbeing of sanitation workers in South Asia revealed many sanitation workers felt vulnerable – eight in ten workers interviewed in Bangladesh feared their job made them more likely to catch the virus, while two-thirds thought their family would be more at risk because of their work.¹⁰

Despite handwashing being one of several key measures in preventing the spread of COVID-19 and other diseases, around 40% of those interviewed in India and Bangladesh lacked somewhere to wash their hands at work.¹¹

Moreover, at the start of the pandemic, 3 in 10 people worldwide lacked the facility to wash their hands with soap and water within their homes.¹²

As COVID-19 spread, many countries recommended using face masks or gloves, yet many sanitation workers were not supplied with any PPE and were left to buy their own or reuse items multiple times.

WaterAid's research in India found that none of the hospital sanitation workers that were interviewed had all the protective clothing needed to perform their job safely.¹³



▲ Iiyasu Abbas, 50, pit latrine and septic tank emptier, scoops human excreta into a bucket, Kano state, Nigeria. September 2021.

A third of sanitation workers interviewed in Nepal did not receive any PPE from their employers¹⁴, while in Bangladesh shortages meant only 19% of respondents changed their gloves after using them.¹⁵

In some instances, the provided PPE was found to be unfit for purpose. A study conducted by WaterAid in Burkina Faso found 80% of workers interviewed thought the PPE they were given was so unsuitable it made accidents more likely¹⁶ for example, gloves and boots offering poor grip.



Struggling to make a living

Despite the risks of working on the frontline and fears of contracting coronavirus, sanitation workers were most concerned about the pandemic's financial impact and being able to feed their families. Many are poorly-paid informal workers, classed as 'daily wagers', with unpredictable incomes, which makes them more susceptible to economic shocks such as those brought on by the pandemic.

A study by the Bangladesh Faecal Sludge Management Network showed **48% of waste workers interviewed had reduced incomes during the pandemic.**¹⁷

WaterAid interviewed a sanitation worker in Nigeria who couldn't go to work

during the first wave of the coronavirus pandemic and had to borrow money to feed his family. Many others had their livelihoods disrupted during national lockdowns and around a half of respondents in WaterAid's study in South Asia reported challenges in providing for their families. Others have faced further discrimination, with respondents in Nepal even reporting demands from landlords for them to vacate their homes due to fear of infection.

In countries like India, where there is a high representation of female sanitation workers among the informal workforce, women were disproportionately impacted. Many were unable to find childcare or look after their children at work

and some sweepers also reported challenges during menstruation as public toilets were closed. WaterAid found **23% of sanitation workers interviewed in India had to work for longer hours during the pandemic, taking on an additional 2-6 hours per day.** Some hospital sanitation workers were even asked to work up to 30 hours without payment.¹⁸ In addition, many lacked health insurance, access to medical check-ups, cleaning facilities, COVID-19 vaccinations or tests.

Some sanitation workers are on an official payroll but many are undocumented, working without legal protection, financial aid and employment rights. Many felt forced to go to work during the pandemic, even if they felt ill, for fear of losing their jobs. **More than one-third of interviewed workers in Bangladesh said they feared they would be sacked if they stopped working during the pandemic, while only half of respondents in Nepal and Pakistan were able to access pandemic social security aid during the first wave.**¹⁹

◀ Vishal Jeenwal, 26, street sweeper, cleans the market in Loni, Ghaziabad, India, September 2021.



A Stigmatised Occupation

Regardless of the pandemic, sanitation work is hazardous and it is also steeped in stigma in many parts of the world. In India, the practice of manual scavenging – where workers dispose of human waste from latrines or open sewers by hand or with rudimentary tools – is mainly carried out by women from the most marginalised groups, especially from the heavily-oppressed Dalit caste.

Prevailing societal systems and structures leave many with no opportunities to leave this type of work. WaterAid spoke to one young sanitation worker in India who could not secure alternative employment despite having a degree in social sciences from Delhi University due to societal stigma. He was forced into sanitation work – a profession his family have been involved in for generations.

Many like him continue to engage in sanitation work, due to stigma restricting other opportunities to earn a living. Laws have been passed in India banning manual scavenging, but this work continues, leaving millions operating under the radar, unrecognised by employers or the government which means they can't access the financial support to pursue other lines of work and are not eligible for legal protection or the health services available to formal workers.

The COVID-19 pandemic has shown the vital role sanitation workers play in our communities and highlighted the need for action. It's vital governments, local authorities, employers and the general public give sanitation workers respect and support so they can realise their rights and do their job safely, with the dignity and recognition they deserve.

Sanitation, decent work and the 2030 agenda

United Nations SDG 6 is to ensure safe water and sanitation for all by 2030.

SDG 8 is to promote economic growth and decent work for all by 2030.

According to the latest data, 1.7 billion people in the world do not have access to basic sanitation (a decent, hygienic toilet at home) and 494 million people, (one in sixteen), have no choice but to defecate in the open because they don't have toilets. Globally there have been improvements in recent years: between 2015-2020 open defecation dropped by a third.²⁰

Current rates of progress would need to double in order to achieve universal access to basic sanitation by 2030 and quadruple to hit Sustainable Development Goal 6 for everyone, everywhere to have safely managed sanitation – which means having a decent,

▼ Julius Chisengo, 53, latrine emptier and faecal sludge transporter, Kigamboni, Dar es Salaam, March 2021.



Recommendations



Sanitation workers provide an essential service because sanitation is critical to public health. They must not be ignored, undervalued or stigmatised. WaterAid is calling on governments, local authorities, multi-lateral organisations, employers and the general public to protect, respect, support and invest in sanitation workers.

Our recommendations are to:

Ensure safety

- Develop and implement legislation, policies, guidelines, research and innovations for the safe provision of sanitation services.
- Ensure a regular supply of PPE appropriate to climatic conditions.
- Provide regular workforce training.
- Promote mechanisation and formalisation of sanitation services.

Improve working conditions

- Ensure that all sanitation workers (including informal workers) access health insurance and social security.
- Pay decent and stable wages based on skills.
- Provide financial support to help sanitation workers cope with the implications of COVID-19.
- Provide access to water, sanitation and hygiene facilities for the workers – both where they work and in their communities.

Support empowerment

- Provide rights training, mobilisation support and incentives to get organised.
- Include sanitation workers' representatives in consultations with local authorities and in relevant processes, such as urban planning.
- Establish programmes that ensure education opportunities for children of sanitation workers so they can choose their own career path.

Provide recognition

- Recognise the importance of sanitation workers and the risks they face. Acknowledge them as essential workers not just during the pandemic but in routine conditions.
- Ensure sanitation workers' rights are prioritised in political agendas including in policy and regulatory reform and in human rights mechanisms.
- Challenge, tackle and remove the deep-rooted inequalities and discrimination that marginalises sanitation workers and the communities they belong to.

Encourage research

- Incentivise research institutions to work with sanitation workers' organisations to address pressing knowledge gaps, including the size and characteristics of the sanitation workforce; the challenges they face and the interventions needed to improve safety, working conditions, recognition and empowerment; and how to increase prioritisation, action and support for sanitation workers' rights.



● Sanitation worker Aminu Usaini pours excavated excreta into drums stored on a truck. Kano state, Nigeria. September 2021.



How levels of sanitation are measured:

- **Safely managed:** Use of a hygienic toilet that is not shared with other households and where waste is safely treated.
- **Basic sanitation:** Use of a hygienic household toilet that is not shared with other households.
- **Limited sanitation:** Use of a hygienic toilet that is shared between several households.
- **Unimproved sanitation:** Use of a toilet that is unhygienic, in that it does not properly separate human waste from contact with people, such as a pit latrine without a lid, or a hanging latrine.
- **Open defecation:** Defecating in open fields, railway tracks or other open places.

Bangladesh

- Population: 164,689,392²¹
- Sanitation status:²²
- 38.7% – Safely-managed services
- 15.5% – Basic sanitation
- 23.8% – Limited services
- 22.0% – Unimproved
- 0% – Open defecation

The pandemic has had a shattering impact on the lives of people in this densely populated country, where 22% of people rely on unhygienic toilets and another 23% use shared toilets.²³ Sanitation workers have seen their income plummet and those who have continued to work have had to put themselves and their families at risk.



● Kona Nagmoni Lata, 34, sweeps away waste from a street in Dhaka City. Dhaka, Bangladesh. September 2021.



A WaterAid study found over 35% of sanitation workers interviewed feared losing their job if they did not continue to work during the pandemic.²⁴ Two thirds of those interviewed (66%) also reported challenges in meeting their daily needs, caused by a loss of income during the lockdown, compounded by a rise in food prices and additional expenses for safety gear and hygiene supplies,²⁵ while just under half (48%) of solid waste workers reported a reduction in income.²⁶

Stigma and discrimination associated with sanitation work is widespread and the occupation is assigned to those considered 'lowest caste' and to religious minorities.

Rather than being applauded for their hard work and sacrifice during the COVID-19 pandemic, workers reported pressure from neighbours not to return to home from work over fears of spreading the disease.

Many workers themselves admitted to feeling worried about infecting other people with two-thirds of those interviewed saying they feared their family members would be more vulnerable because of the high risks associated with their job.²⁷

Hospital workers in particular cited challenges in maintaining physical distancing, close proximity to COVID-19 patients, handling high-risk waste and a lack of safety materials, while a further study showed 39% of sanitation workers did not have access to handwashing facilities at work.²⁸

Kona Nagmoni Lata, 32, street sweeper
Kona Nagmoni Lata, 32, works as a sweeper, cleaning rubbish and public toilets. She lives with her husband and three daughters in a crowded settlement, where most people share toilets with other families.

She regularly comes in direct contact with human waste and toxic gases without wearing adequate safety equipment. Her workload has increased during the COVID-19 pandemic, although she has not been paid extra, and she worries about the risks.

“There’s more work as people throw away more rubbish than before. Nowadays, I often find many pillows and blankets thrown everywhere. I clean it up, but I wonder where it comes from. Was it from the bed of a COVID-19 patient? Will it infect me?”

She is aware of the importance of handwashing and social distancing to prevent the spread of the virus. “Handwashing isn’t always an option,” she says.

“Sometimes, I come into contact with human faeces in my work, but I can only wipe it off with a cloth. There are no handwashing stations where I work so I have to wait to go back to the office to wash my hands. And it is impossible to social distance. People are walking around me all the time. Some wear masks and some don’t.”

As well as risking exposure to COVID-19, Kona also deals with broken glass, faeces and other forms of rubbish but she feels she has no choice but to accept the dangers of her job.

“They say we are front line workers, but I don’t know what that means. We never get bonuses. People who worked during COVID-19, in other professions, spoke of getting extra money, but we get nothing,” she says. “It’s hard work and if something happens to me during the course of my job, I will get no compensation.”

Kona has now had both doses of the COVID-19 vaccine and feels a little safer but still faces challenges, “My biggest challenge is the public,” she says. **“People are often unkind to me in the street, and it feels bad having to hear constant reprimands from people I am trying to help. I feel disposable.”**



Mohammad Delowar Hossain, 44, septic tank and sewer cleaner

Mohammad Delowar Hossain, 44, is a septic tank and sewer cleaner. He is married with four children. He lost his job when the pandemic hit but did not receive any government support because he was self-employed. He now makes ends meet by accepting any cleaning work available, regardless of how risky it might be.

“I could buy my own PPE, but I can’t afford it,” he says. “And social distancing is not an option for me because we work in cramped spaces and in close proximity to others.”

“There have always been risks in my job,” he adds. “If I have to clean a drain and open the lid to a sewer, without letting the air out, I could die. A colleague died of gas inhalation. He went inside a drain and was overwhelmed by the gas.

Down in the sewers, it’s usually just you on your own. If you inhale too much gas, you will pass out and no one will be there to help you. Also, it’s not possible to wear masks in the sewers – it is hard enough to breathe as it is.”



▼ Mohammad Delowar Hossain, 44, manual septic tank and sewer cleaner, Dhalpur, Dhaka, Bangladesh, September 2021.



Burkina Faso

- Population: 20,903,278²⁹
- Sanitation status:³⁰
- 21.7% – Basic sanitation
- 32.3% – Limited services
- 6.1% – Unimproved
- 39.9% – Open defecation

Burkina Faso has made huge progress in water and sanitation over the past 20 years, and yet three out of four people still do not have a decent, hygienic toilet at home and the sanitation workers who maintain existing systems, often work in conditions that endanger their health.

COVID-19 has made things worse for the sanitation workforce. A recent assessment undertaken by WaterAid at national level and specifically in the city of Banfora, revealed that manual emptiers, who come into direct contact with human waste, use rudimentary tools, including buckets and ropes, to empty pits and septic tanks, with little to no protective equipment.³¹ Despite the extra risk presented by COVID-19, many workers prefer not to wear PPE, even when it is provided, as it is often inappropriate for their job and in some cases leads to accidents, due to the lack of grip in boots and gloves.

As a preventive measure, some manual emptiers consume milk after emptying the pits, in the belief it will help ‘repair’ the damage that may have been caused by inhaling the odours. Others consume alcohol in order to mask the overwhelming fumes and horror of the conditions. Far from being applauded for their vital role, emptiers are often low-paid and lack financial protection. Many are marginalised and face discrimination, with some emptiers admitting they do not even tell their wives and children about their work.



◀ Jacques Kambou, 39, latrine builder and emptier, Moussodougou, Burkina Faso, December 2020.



Jacques Kambou, 39, latrine builder and emptier

Jacques Kambou is a latrine builder and emptier who runs his own business in Moussodougou. He became involved in sanitation work because he saw a lack of emptiers in his community and says the job is important: **“Sanitation saves us from diseases. It’s a job that people neglect, yet it’s something necessary and vital.”**

During the pandemic Jacques’ work was paused – the knock-on effect of COVID-19 on people’s income meant many families no longer had the means to pay for emptying services. He was afraid of catching the virus but when there were no cases in his area, he returned to work.

His job emptying pit latrines can be dangerous as there are often hidden hazards inside: **“There are pieces of wood, bottles and glasses, syringes, knives, guns, bullets, all sorts of bad things that can hurt us physically,”** he says.

Many of the latrines do not follow construction standards and there’s a big risk that emptiers can fall in and drown. One of Jacques’ relatives died last year working as an emptier when he entered a latrine that he thought was only 2m deep, but which was in fact 4.5m. He drowned as a result.

 **India**

- Population: 1,380,004,352³²
- Sanitation status:³³
- 45.9% – Safely-managed services
- 25.4% – Basic sanitation
- 12.1% – Limited services
- 1.7% – Unimproved
- 14.9% – Open defecation

With a population of over 1.3 billion people, India faces enormous challenges in delivering and maintaining sanitation services for its people. In recent years, sanitation has been a key focus for the government with figures showing 45.9%³⁴ of the population now have use of a hygienic toilet, that is not shared and safely disposes of waste.



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In 2019, the government declared the country open defecation free (ODF), following the construction of millions of toilets as part of its Clean India Campaign, but concerns remain on usage with 14.9% of people still practising open defecation.

The COVID-19 pandemic has both raised the profile of India's estimated five million sanitation workers.³⁵ and highlighted their acute vulnerabilities. In January 2021, sanitation worker Manish Kumar became the first person to get vaccinated against COVID-19 in India³⁶ – a move signposting the importance of the workforce in the fight against the virus, but elsewhere consideration for the health, safety and wellbeing of the workforce has been lacking.

A study by WaterAid during the first lockdown between April and June 2020 found only 60% of sanitation workers interviewed were aware that they needed to self-isolate if infected and 40% reported a lack of any handwashing facilities at work.³⁷

Other research by the India Development Review revealed that over 90% of sanitation workers in Assam, Madhya Pradesh, Delhi, and Mumbai did not have the right cleaning tools, health insurance, access to healthcare facilities or COVID-19 tests.³⁸ Another two thirds said they had not received instructions or safety training for COVID-19 including masks, gloves, soap, or sanitiser, contrary to central government guidelines.³⁹

WaterAid also found none of the sanitation workers it interviewed working in hospitals had all the types of protective clothing needed to perform their job safely.⁴⁰ Media reports have covered the plight of sanitation workers during the COVID-19 pandemic, highlighting cases of sanitation workers being forced to work against their will, and one even forced to consume or inhale disinfectant, resulting in their death.⁴¹

Despite the risks, the biggest concern for workers during the COVID-19 pandemic was being able to financially provide for their families. Two in five respondents in the WaterAid study (44%) said they faced challenges in meeting their daily needs due to loss of income.⁴²

◀ Vishal Jeenwal, 26, street sweeper, Loni, Ghaziabad, India, September 2021.



▼ Kamlesh Taank, 55, latrine cleaner, manually clears away faecal waste in Loni, Ghaziabad, India, August 2021.



Manual scavenging

In 1993, the Government outlawed the practice of manual scavenging which involves lifting and carrying away excreta from dry latrines or railway tracks. Despite this, a survey in 2019 identified over 54,000 people involved in manual scavenging, though the real figure is expected to be much higher.⁴³ Most of them belong to the most underprivileged sections of India's caste system, known as Dalits, and inherit the job. During the COVID-19 pandemic, loss of livelihood was more prevalent among these informal workers, with WaterAid finding one in four respondents were completely out of work during the lockdown.⁴⁴

Those engaged in manual scavenging and other sanitation work regularly face widespread social and systemic discrimination and are denied fair access to education, healthcare, social security benefits, land, housing and jobs.

Vishal Jeenwal, 26, street sweeper

Vishal Jeenwal works as a sweeper in the local market, clearing human waste, rubbish and animal matter from the drains and the streets. His family has been involved in manual scavenging for generations and despite graduating with a degree in social sciences from Delhi



WaterAid/Anindito Mukherjee

University in 2018, as a member of the Dalit caste, he's been unable to secure alternative employment because of societal and structural stigma.

The pandemic has been very hard for him because the market closed during both lockdowns, and he was left jobless. He received Rs 1000 (about £10) from the Indian Prime Minister's fund but has been surviving mostly on a small pot of savings.

Vishal has tried to use his degree to find office work, but as soon as his employers discover his caste, his job quickly becomes untenable.

"They would taunt me for not knowing how and when to serve water and tea," says Vishal, who struggled for months in one role; **"they said that someone like me could never succeed in any other job [other than sanitation work]. I tried several other jobs after that, but nothing clicked.**

Finally, out of desperation I went back to doing what I'd seen my family do all their lives – cleaning."

Despite this, Vishal hasn't given up. He currently works three days a week while he studies for his civil service entrance exams. "Sometimes I lie awake at night worrying about my future," he says. **"Will I sweep the road for the rest of my life if I don't get a government job? It's a scary thought."**

He plans to set up a support network to help members of his community. **"It frustrates me when the government announces that they have eradicated manual scavenging,"** Vishal says.

"Some, like my mother, have stopped – but as the Government hasn't developed the infrastructure to retrain...or earmarked alternative livelihoods for us, many continue to do this degrading work."



● Vishal Jeenwal, 26, street sweeper, Loni, Ghaziabad, India, September 2021.



WaterAid/Anindito Mukherjee



◀ Kamlesh Taank, 55, latrine cleaner, manually clears away faecal waste in Loni, Ghaziabad, India, August 2021.

Kamlesh Taank, 55, latrine cleaner

Kamlesh Taank lives near Delhi and has been cleaning dry latrines and going door-to-door collecting waste for the past 35 years.

During both lockdowns, her waste collection work came to a halt, but she continued manual scavenging. She used to cover her nose and mouth because she found the smell so repulsive but didn't use any extra protective clothing or worry about social distancing during the pandemic.

"Higher castes don't want to come near people like me," she says. **"You could say I've always been socially distanced from my employers."**

Kamlesh began this work after she married. "While I lived with my parents, I didn't even know such work existed," she says.

"But after marriage, my mother-in-law told me that she had lifted night soil (human excreta) her entire working life and I must do the same."

While the Indian Government has vowed to end the practice, Kamlesh is not convinced. **"I know many like me who are still doing it in this area,"** she says.

"About eight years ago, I took part in a survey to see how many dry toilets there were and how many people were employed in cleaning them. I showed them exactly where and how I did this kaccha kaam (manual scavenging work).

But the result was that many of us lost our livelihoods and have not received any support from the Government. I wish the Government would start some skill programmes for people like me. If they did, I'd sign up."



WaterAid/Anindito Mukherjee



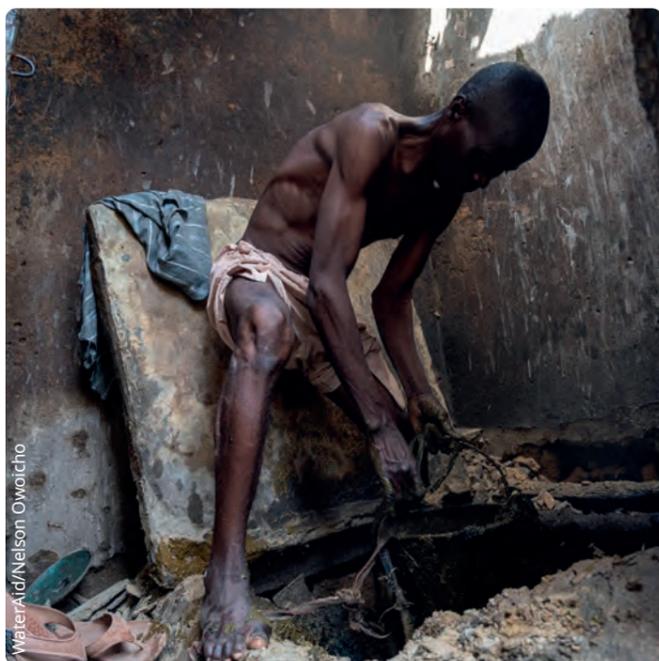
Nigeria

In Nigeria, 57% of the population – more than 117 million people – still lack at least basic sanitation while more than 38 million practise open defecation.⁴⁷ The most populous country in Africa, Nigeria is facing rapid population growth and urbanisation

In 2018, the Government declared a State of Emergency in WASH and went on to launch its National Action Plan, which aims to ensure universal access to sustainable and safely managed WASH services for every Nigerian by 2030. In the last five years, access to basic sanitation services has increased, but progress is slow.

A study by WaterAid in Kano City found 75% of sanitation workers do not use any PPE.⁴⁸ While sanitation workers were not specifically told to stop working during the national lockdown between March and September 2020, they were restricted in their ability to move about freely to carry out their work.

▼ Iliyasu Abbas, 50, pit latrine and septic tank emptier, Kano state, Nigeria. September 2021.



WaterAid/Nelson Owoicho

- Population: 206,139,600⁴⁵
- Sanitation status:⁴⁶
- 30.5% – Safely managed
- 12.2% – Basic sanitation
- 19.5% – Limited services
- 19.1% – Unimproved
- 18.7% – Open defecation

Iliyasu Abbas, 50, pit latrine and septic tank emptier

Iliyasu Abbas has been employed as a pit latrine and septic tank emptier for 28 years. He supplements his work with farming but says the pandemic has drastically reduced his income and ability to care for his two wives and eight children.

He empties faecal sludge manually using drums, buckets, diggers, shovels, ropes and a scooping container. He wasn't given any extra PPE or training to protect himself against COVID-19 and says he doesn't even know where he could access a vaccine.

He says, **"We don't use PPE of any kind; we use the normal working cloth we put on our body. Our biggest belief is that God is the one protecting us whether we use PPE or not. The major risks we face during our work are harassment, injury, loss of a limb or our lives"**.

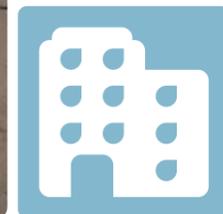
He has been cut several times by objects inside the pits like a broken bottle or needle and says he's also been injured on several occasions.

"About two years ago, while emptying a pit at night, a concrete block from the toilet structure broke off and fell on my head."



WaterAid/Nelson Owoicho

◀ Auwalu Rabi'u, 34, faecal sludge transporter, Kofar Dawanau, Kano State, Nigeria, September 2021.



Auwalu Rabi'u, 34, sludge transporter

Auwalu Rabi'u is a faecal sludge transporter from Kofar Dawanau in Kano State. He is married with two children and has been a sanitation worker for 16 years. He inherited the job from his father and is currently Chairman for the local Sanitation Workers Association.

He says the biggest challenge he faces doing his job is harassment from road traffic officers and clients refusing to pay, but he also recognises the risks he and his colleagues take. **"There was a time I stepped on a broken bottle which cut deep into my leg."**

He also knows others who have died at work, **"A few years ago a worker died entering into a pit after being tasked to retrieve some money and a phone that someone had dropped inside. He was halfway into the pit when he suffocated from the fumes."**

Auwalu isn't given any protective clothing and doesn't wear any PPE because he cannot afford to buy it. Instead, he pours kerosene on the waste to mask the smell and relies on his faith, hoping God will protect him. During the pandemic, he bought himself a face mask but received no extra training or support to tackle COVID-19 from his employers.

During the first wave of the pandemic, he couldn't go to work which meant his income was drastically reduced and he had to borrow money to provide for his family.



WaterAid/Nelson Owoicho

Country focus

Pakistan

- Population: 220,892,330⁴⁹
- Sanitation status:⁵⁰
- 68.4% – Basic sanitation
- 10.5% – Limited services
- 13.8% – Unimproved
- 7.3% – Open defecation

Tasleem Mai, 50, sanitary worker

Tasleem Mai provides for her family of 12 and has been a sanitary worker for the last 25 years. She took on the job because there was no other work available.

She rarely receives or uses any protective equipment despite the risks of infection or accidents.

She knows the importance of her role but says, “We [sanitary workers] always have to compromise our dignity and personal wellbeing” [to do the job].

“We are an integral part of society, performing a vital role but we are not paid for overtime or leave and we have no medical check-ups or testing, with or without the pandemic.”

▶ Tasleem Mai, 50, sanitation worker from Muzaffargarh, Punjab, Pakistan. September 2021.

In Pakistan, the fifth most populous country in the world, 21.7 million people are still living without clean water, one in three without a decent toilet and 16 million people still practise open defecation.⁵¹

Pakistan has made significant progress improving access to sanitation but sanitation work remains low paid and low status work linked to discrimination based on caste and religion. It is mainly carried out by descendants of people of the Hindu Dalit caste, most of which converted to Christianity and other religions generations ago.

Today, 80% of sanitation workers in Pakistan are Christians, despite them making up just 2% of the general population.



Many sanitation workers continued to work throughout the COVID-19 pandemic without extra money or proper PPE for fear of losing their jobs.

Many sanitation workers came into direct contact with COVID-19 patients working on the frontline in Government isolation centres; and while health workers received additional allowances for working with infected patients, sanitation workers did not.

A study by WaterAid found that only half of respondents were able to access social security aid for vulnerable populations during the pandemic⁵² with the same number reporting challenges in meeting their daily expenses.⁵³

Country focus

Tanzania

- Population: 59,734,216⁵⁴
- Sanitation status:⁵⁵
- 26.3% – Safely-managed services
- 5.4% – Basic sanitation
- 18.7% – Limited services
- 38.7% – Unimproved
- 10.9% – Open defecation

In Tanzania, only 31% of people have at least basic sanitation provision and 10% still regularly practise open defecation.⁵⁶ The country is experiencing rapid urbanisation in cities and towns which places a burden on WASH service provision.

In Dar es Salaam, around 70% of the city is made up of unplanned settlements, where communities usually have poor access to WASH services. It is estimated that 10% of the city is connected to the sewerage system, which means the majority of the city use on-site sanitation systems, which rely on pit emptying.

Only approximately 43% of excreta is managed safely and the remaining 57% ends up in the environment through poor emptying, transportation and disposal.⁵⁷ Those who carry out this kind of work, often do so manually and without the correct safety equipment.

Respondents to a study carried out by WaterAid reported suffering from diarrhoea, itchy skin, wounds and breathing difficulties as a result of the job⁵⁸. During the pandemic sanitation workers were not deemed key workers or given any extra support or protection.



▼ Julius Chisengo, 53, latrine emptier and faecal sludge transporter, Kigamboni, Dar es Salaam, March 2021.



Julius Chisengo, 53, latrine emptier and transporter

Julius Chisengo has been emptying pit latrines in Kigamboni, Dar es Salaam, for the past 18 years. He's employed by a local company and uses a 'gulper', a manually-operated hand pump that sucks waste out of a latrine pit into a container. The waste is then taken away for treatment and turned into a fertiliser by-product for farming.

He didn't receive any extra money or funding during the pandemic and lost income because many of the training workshops where he gives talks about his work were cancelled. He's been vaccinated against COVID-19 but says social distancing has been difficult.

There are limited handwashing facilities so he has set up his own 'tippy tap' (a simple hands-free device for pouring water out of a cannister) so he can wash his hands at work.

“I wash my hands whenever I am doing this job. I guess that's why am still alive,” he says.

Julius is aware of the dangers of his job and once broke his leg at work. He's been issued protective clothing by his employers, including boots, overalls, mask, gloves and helmet but also drinks milk, believing it masks the effects of the fumes. The pit latrines he empties are often old and filled with dirt, sand and rubbish which makes them hard to empty.

One of the biggest issues is also the lack of town planning which makes some properties inaccessible for sewage suction trucks, so he uses a motorbike truck to reach them. He would like to see better infrastructure and training as well as guidelines on toilet construction to make sanitation systems safer.

What is WaterAid doing to help?

WaterAid is trying to increase awareness and raise support for the global sanitation workforce alongside the World Health Organization, International Labour Organization, SNV Netherlands Development Organisation and the World Bank.

As a result, the rights and working conditions of sanitation workers have been discussed at key global events and UN conferences, where sanitation workers' representatives and activists have been able to voice their demands directly.

In addition, more research is being conducted to better understand how to address the problems sanitation workers face. WaterAid is also leading the way in many countries, advocating for national and local governments to recognise and protect the rights of this hidden workforce.

In Nepal, during the pandemic, many frontline workers were not given PPE or adequate training despite them risking their own health to keep communities clean.

WaterAid Nepal brought out a policy brief on PPE requirements for sanitation workers and, with partner organisation Guthi, distributed PPE kits to some workers, enabling workers to continue their lifesaving work, while being better protected.

One of the biggest problems is the lack of recognition given to the workforce which leaves many sanitation workers marginalised and ignored by policy makers.

WaterAid India continues to make a big impact in terms of advocacy at a local and national level and in 2021 joined a high-level advisory group to help develop and implement a policy to protect sanitation workers in the state of Odisha. WaterAid has been a major player in the creation of the 'Garima Scheme' in Odisha, which aims to minimise manual involvement in sewer and septic tank cleaning and ultimately ensure sanitation workers are treated with the respect they deserve.

WaterAid India also undertook an EU-supported project to highlight the plight of women engaged in manual scavenging which focused on ways legislation might be improved to protect workers' rights and freedoms.

Though outlawed in 1993, evidence gathered by WaterAid India and other partners in a three-year project entitled 'Strengthening rule of law to advance rights and freedoms of manual scavengers in India' revealed that 28% of women engaged in manual scavenging are still cleaning dry latrines and coming into direct contact with human faeces.⁵⁹



◀ Vishal Jeenwal, 26, street sweeper, Loni, Ghaziabad, India, September 2021.



▲ Julius Chisengo, 53, latrine emptier and faecal sludge transporter, Kigamboni, Dar es Salaam, March 2021.



WaterAid Burkina Faso has also implemented a project to support the recruitment, training and equipping of 1,200 community-based health workers, 1,300 masons and 36 manual pit latrine emptiers. Working across 600 villages in three regions, the project aimed to ensure sustainable access to hygiene and sanitation services, promote the local workforce and strengthen local governance.

WaterAid Nigeria has carried out sanitation studies in four major cities and is helping to develop a framework to address the faecal waste management crisis in several states. It carried out a citywide assessment of the conditions for sanitation workers in Kano and is using the findings to advocate for improvements along the entire service chain to safeguard the rights and improve the working conditions of this marginalised population of society.

WaterAid Pakistan implemented a project in Muzaffargarh District looking at ways to improve occupational health & safety for sanitation workers and increase access to WASH services in their communities. The project team worked with the government to review and update the safety equipment used by sanitation workers, particularly sewer workers, many of whom were found to be working without wearing any PPE at all. Local businesses were also supported and trained to help supply clean drinking water to sanitation workers and the local population.

WaterAid Tanzania conducted a study on Faecal Sludge Management and provided loans to sanitation workers in Dar Es Salaam to purchase protective clothing. It has also provided health and safety training, PPE and equipment like 'gulper' handpumps to empty pit latrines.

Rapid needs assessments have also been carried out in Dar es Salaam, Dodoma and Arusha highlighting the need for policies and guidelines to protect the rights and requirements of sanitation workers and looking at ways working practises can be formalised and integrated into existing sanitation management systems.

WaterAid Bangladesh is actively working with government and key partners to ensure rights for sanitation workers are realised; most recently advocating for sanitation workers to be given priority access to a COVID-19 vaccination. Working with the Faecal Sludge Management Network, registration points were set up in key places to ensure waste and sanitation workers were not overlooked in the rollout, with mobile registration booths and follow-ups carried out to ensure the vaccine was administered.

WaterAid Bangladesh continues to work actively with the government, key partners and sanitation workers' representatives to ensure sanitation rights are realised.

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WaterAid is an international not-for-profit, determined to make clean water, decent toilets and good hygiene normal for everyone, everywhere within a generation. Only by tackling these three essentials in ways that last can people change their lives for good.

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#WorldToiletDay

Front cover left: Mohammad Delowar Hossain, 44, manual septic tank and sewer cleaner, Dhalpur, Dhaka, Bangladesh, September 2021.

Front cover right: Pit latrine emptying, Kano State, Nigeria, September 2021.

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