Socio-Economic situation analysis of Sanitation Workers (SWs) in the context of COVID-19 Pandemic

Annexure-13

Ramisetty Murali
Mekala Snehalatha

Supported by
Enrico Muratore Aprosio

Freshwater Action Network South Asia

Freshwater Action Network South Asia (FANSA)

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Mekala Snehalatha

Ramisetty Murali

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EXECUTIVE SUMMARY

To contain the COVID 19 virus Government of India announced the lockdown on 24th March 2020 which subjected millions of migrant workers to face unprecedented challenges. Apart from migrant workers the lockdown has also created crisis in the lives of different categories of workers such as construction workers, vegetable vendors, sanitation workers, migrant workers, rickshaw pullers, domestic helpers, agriculture labourers, construction labourers, women workers, persons with disabilities (PWD's), sanitation workers, health professionals, etc. from low-income households.

Estimates point to nearly 5 million sanitation workers in India, most of whom belong to socially dis-advantaged castes/communities. Many either work as municipal solid waste collectors (commonly known as Safai Karamcharis) or as faecal sludge cleaners (cleaning sewers, septic tanks etc. and widely known as manual scavengers). Dalberg Advisors (2017) estimated that of the 5 million sanitation workers, 2.5 million face high occupational hazards and risks and are discriminated against and marginalised. About 45 to 50 % of these urban sanitation workers are women, mostly engaged in school toilet cleaning and all these sanitation workers had to work hard during the lockdown and continued their efforts in keeping the cities clean taking risk of exposing to the disease.

Keeping the above context in view, UNRC has taken lead to conduct a comprehensive socio-economic situational analysis of different vulnerable groups. FANSA and WSSCC have collaborated to join this initiative and carried out a study on socio-economic situation analysis of Sanitation Workers in ten states of India i.e Bihar, Maharashtra, Jharkhand, Telangana, New Delhi, Karnataka, Gujarat, Uttar Pradesh , Odisha and Tamilnadu. A sample of 2091 respondents were reached out, Twenty FGDs and ten case studies were conducted to get the field insights of the situation. A web-based data collection app was developed to enable real time data monitoring, check progress in data collection and ensure data quality from each location/ state.

Key Findings of the Study:

Little over 43 % of the total sample of sanitation workers were women and 57 % were men and majority of them belonged to SC caste, which can be traced back to several centuries of the Indian history on caste based occupations. Majority of the respondents were from urban areas (61 %) followed by rural (20 %), peri-urban (18 %) and a negligible percentage belonging to tribal areas. Sanitation workers were either illiterate (39 %) or studied up to fifth class (30 %). For Sanitation workers livelihood is a priority compared to education, even though it is free and compulsory in the public system. Majority of the women were sweepers while men were mostly spread across all the operations especially in drainage cleaning, waste collection and septage management. The majority of the sanitation workers (49 %) were employed with Local body of governance i.e. in municipalities, urban utilities and gram panchayats, while 24 % are employed by contractors, 21 % were self-employed.

Awareness on the effects of the COVID seems to be little less known as only 79 % agreed that the virus can be more dangerous for persons with respiratory problems and other pre-existing health conditions such as diabetes, asthma and anaemia. The high levels of awareness on COVID is due to mass messaging targeted through print and electronic media and nationwide lockdown to contain the disease. The low levels of awareness among women is due to their low exposure to media/mobiles given their increased workload at home and limited social networking opportunities, Awareness on the symptoms of COVID 19 seems to be high for most common symptoms such as cold, cough and fever, while the majority of the respondents are "not sure" or "do not know" that diarrhoea and headache could also be symptoms of COVID.

One third of sanitation workers did not have WASH facilities at home and 15 % never had access to hand washing facilities which are critical to protect them against the pandemic. The lockdown has hampered many services including WASH services. People could not access public toilets, experienced water scarcity, faced difficulties in accessing sanitary pads etc. Waste disposal was not a major problem as most sanitation workers were on the job spending even extra hours to ensure cleanliness during the pandemic. Focus Group Discussions revealed that public toilet cleaners faced shortage of water to keep the toilets clean and their cleaning products were not replaced by employers.

Contractual labourers and the workers at solid waste and septage management utilities had better knowledge of PPE compared to rag pickers, waste collectors and people emptying septic tanks. Less awareness among women and Dalits/SCs due to illiteracy, lack of access to information and neglect from CSOs or other organisations to reach these marginalised. Only 19% of sanitation workers received the entire components of the PPE and 40 % of the respondents have received only few items. Nearly 50 % of respondents have not received PPE at all. Some workers at the STPs received hazmat suits but they did not know how to use them and no one really showed them. Most of the workers found it difficult to wear the hazmat suits given the hot and humid conditions in the months of April, May and June.

Most sanitation workers did not have the insurance (life/medical) and they could not afford quality medical services given their minimal incomes. There is not much variation among the rural, urban, peri - urban respondents but gender disaggregated data shows only 16 % of women had insurance policies compared to 24% of men. Focus Group Discussions revealed that sanitation workers did not have much information about containment zones and related restrictions and safety precautions working in these zones etc. Waste collectors were not aware of the households with COVID positive patients and were never updated by health bulletins or government advisory on safety. Only 16 % of respondents were tested for COVID 19, though government advisory mandates regular testing.

Majority of the daily wage employees working under contractors did not have income during the initial two months. Self-employed rag pickers, waste collectors, cleaners on septic tanks saw their income drastically reduced. Rag pickers who managed to collect scrap could not sell it as scrap vendors' shops were closed during the lockdown. Maids in private homes, and toilet cleaners at private schools, colleges, theatres and malls lost their jobs, forcing them to borrow high-interest loans and pledging assets to feed their families. Self-employed sanitation workers had to borrow money at a very high interest rate.

During the lockdown, governments and partners have come forward to support poor families through dry ration, hygiene materials and other essential commodities. Around 22 % of respondents faced problems in accessing support from the government and other agencies but the majority did not have problems. FGDs revealed that the prices have suddenly increased for the first few days with misconceptions and rumours spreading that the stocks will not last long in the shops. Majority of the respondents did not have to go hungry during the lockdown as they had their earnings, savings and ration support received from the government while some survived on the cooked food distributed. However, the worst affected among the sanitation workers were rag pickers, waste collectors and public toilet cleaners. In order to safe guard the lives of people in India many CSOs, religious organisations, political leaders and community organisations have also made extensive efforts to reach out to the most needy populations.

Post lockdown, 29 % of the sanitation workers migrated to their native places and were working as temporary labour or rag pickers. Among them about 18 % had plans to return to their work place and seven percent of them want to return only when total normalcy is restored. Less number of women are planning to return to their work place owing to the uncertainties of the COVID- 19 and "return only when things are normal". About 62 % of the sanitation workers don't see any need to change their job while remaining foresees the need for changing their occupation. Majority of the respondents are in need of financial support to repay the loans borrowed during the lockdown and to start alternate livelihood activities. Similarly, skills enhancement support is felt needed in the same occupation and also to migrate to other occupations.

Issues and Challenges included (1) Lack of awareness and Knowledge, (2) Limited availability of WASH facilities, (3)Inadequate availability and neglect in use of PPE: (4)Low coverage under social protection measures: (5)Amplified stress and neglect of emotional wellbeing, (6)Limited application of pre-cautionary measures: (7) Loss of income and livelihoods: (8)Unaffordability of food commodities: (9)Increased workload: (10) Increased stigma:

Study recommends that awareness programs with targeted messages for different categories of Sanitation workers and mandatory testing of all sanitation workers. Adequate and real time updating of Information on containment zones, disease symptoms and other related information to be disseminated through proper channels. Government Advisories and SOPs for various categories of Sanitation Workers to be adhered by the employers and Adequate provision of Social protection measures to be ensured. Compulsory usage of PPE and supply of PPE on a continuous basis to be ensured by the employers and urban local bodies to avoid the risk of contamination to these vulnerable workers. To release the stress among sanitation workers meditation, yoga and stress management interventions are needed. Rewards, recognitions and Incentivisation to be introduced to improve and enable sanitation workers towards efficient working. Additional compensations and Safeguarding Health and Wellbeing of SWs and their families should be made compulsory for the employers. Protection and prevention of exploitation of rag pickers to be given priority by the Government authorities by issuing them ID cards and provide subsidised dry rations etc. Interdepartmental coordination and stakeholder partnerships are utmost important for effective and efficient sanitary operations to contain the COVID 19.

Socio-Economic situation analysis of Sanitation Workers in the context of COVID-19 Pandemic

1. Introduction

The World Health Organization (WHO) declared an outbreak, a Public Health Emergency of International Concern (PHEIC) On 30th January 2020, and in Feb 2020, WHO officially named this outbreak of the disease associated with the coronavirus as 'COVID-19' where CO-Corona, VI-Virus D- Disease, and 19–2019 is the year it primarily occurred. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is the root cause behind COVID-19 disease. Since its first outbreak in Wuhan, Hubei Province in early Dec 2019, the disease has scummed 77 2221 people to death, infecting 31 664 104 across 235 countries in the world as per the reports on 24th September 2020[1]. With a total of over 5.8 million cases, India recorded its highest single-day spike with 96551 cases on 11th September 2020. The spike is also the highest daily cases of any country in the world since the pandemic outbreak. As of 24th September 2020 India reported total of 5732518 cases of which 966382 active cases, with 4674987 recoveries and 91149 deaths[2].

Since its first reported case in Kerala, India has been alert in sending out travel advisory and precautions not to conduct public meetings etc but the first official move was announcement of "Janata Curfew" by Honourable Prime Minister Mr. Narendra Modi on March 22, 2020. In continuation to that on March 25, 2020, a nationwide complete lockdown for 21 days was declared under the provisions of Disaster Management Act. Lockdown has been justified, as restricted mobility will help in breaking the chain. At the same time, creating necessary health infrastructure was taken up during lockdown to strengthen the preparedness of the country to combat the pandemic[3].

The sudden lockdown enforcement on 24th March 2020 forced millions of migrant workers to undergo an uncertain future without family, food, and job. It is estimated that more than 50 million people migrated from Assam, Bihar, Madhya Pradesh, Odisha, Punjab, Rajasthan, Uttar Pradesh, and West Bengal to Maharashtra and Delhi for work. Due to lockdown, some of these people were forced to move out of their cities and return to their homes in the countryside. In the absence of transport facilities, some of the workers with infants, pregnant women, and the elderly had also resorted to walk on foot to reach their native places.

In fact, India experienced the second-largest reverse mass migration in its history after the Partition of India in 1947[4]. Apart from migrant workers the lockdown has also created crisis in the lives of different categories of workers such as construction workers, vegetable vendors, sanitation workers, migrant workers, rickshaw pullers, domestic helpers, agriculture labourers, construction labourers, women workers, persons with disabilities (PWD's), sanitation workers, health professionals, etc. from low-income households. Some of the sanitation workers were confronted with loss of livelihood, suffering due to

[1] (https://www.who.int/emergencies/diseases/novel-coronavirus-2019

[2] https://covidindia.org/

[3] https://niti.gov.in/why-lockdown-best-strategy-india-fight-covid-19

[4] https://www.sciencedirect.com/science/article/pii/S2666351120300218)

hunger, having to render cleaning services without adequate protective gear in containment zones and, as a result, being particularly exposed to corona virus infection risks[5].

Given the raising number of COVID cases, the government has extended the lockdown till May 30th, 2020. To revive a stalled economy, restrictions were lifted in few sectors form April 20, 2020[6] in a phased manner. The unlock phase started from June 8th, 2020 and Unlock 4. Started from the first fortnight of September 2020. Unlock 4.0 allows metros to open, even as educational institutions continue to be shut till September 30th.

The economic impact of the pandemic is severe in various ways: (a) poverty increased, as more people were pushed below poverty line, (b) socio-economic inequalities worsened, affecting health and nutrition indices, and (c) compromise in health-related precautions due to decreased affordability (use of masks, social distancing, seeking medical advice in case of cough and fever etc). The above factors are likely to have major long-term impacts on health indicators[7]. Due to the enormous scale of the problem, social safety nets/ schemes (e.g. food safety) were put in place by the government for those hardest hit by lockdown.

The Food Corporation of India recently allotted 12.96 lakh metric tonnes of food grains under the *Pradhan Mantri Garib Kalyan Anna Yojna* (PMGKAY), a governmental initiative to cope with COVID-19, but its efficacy is relative. The Finance Minister announced a relief package of Rs.1.70 Lakh crores under *Pradhan Mantri Garib Kalyan Yojna* (PMGKY)[8]. In addition to nationwide schemes, state governments also launched provision of cooked meals. For instance, Annapoorna Canteens in Telangana, Didi's kitchen in Jharkhand, and provision of cooked meals through SHG's in Odisha. Many non-profit organizations, volunteers, corporates, celebrities and affluent citizens extended their support and provided dry rations, hygiene materials, cooked food, transport facilities for migrants and direct cash transfer to the poor and needy families as per their capacity and outreach[9] .

Despite the lockdown, COVID-19 cases and deaths increased. Maharashtra, Gujarat, Delhi, Andhra Pradesh, Tamilnadu, Uttar Pradesh, Telangana, Karnataka are amongst the worst affected states. The medical, para-medical, sanitation, security staff etc. are put under severe stress due to rapidly growing number of COVID-positive persons needing medical assistance and hospitalization. Thousands of sanitation workers across the country are risking their lives to keep our country clean and fight the virus. The need for paying greater attention to their health care is obvious. From inadequate personal protection equipment (PPE) kits to unfair wages, decades of exploitation and discrimination faced by these workers may turn fatal during the pandemic. Keeping this background in view, *Freshwater Action Network in South Asia (FANSA) and Water Supply and Sanitation Collaborative Council* (WSSCC) collaborated to join the initiative taken up by UNRC to support Government of India to respond to COVID-19 pandemic, leaving no one behind. FANSA and WSSCC shared the responsibility to conduct socio economic situational analysis of the Sanitation workers and PWDs in the context of COVID -19.

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[5] https://thewire.in/urban/sanitation-workers-covid-19

[6] https://timesofindia.indiatimes.com/india/coronavirus-lockdown-what-will-be-open-april-20-onwards/articleshow/75232160.cms

[7] .(https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7261093/)

[8] (Press Information Bureau (PIB) (a), 2020). The package included insurance coverage of Rs. 50 lakhs for medical, para-medical, security, frontline health workers, including sanitation staff, and provision for additional ration under Public Distribution System (PDS) till June, 2020 (further extended till November), direct cash transfer, ex-gratia of Rs.1,000 for physically challenged persons, allocations for registered construction labourers and other.

[9] : https://jan-sahas.s3.us-east-2.amazonaws.com/COVID-19+Report+(100+days).pdf

1.1 Sanitation workers, government response and situation during COVID-19

A sanitation worker (or sanitary worker) is a person responsible for cleaning, maintaining, operating, or emptying the equipment or technology at any step of the sanitation chain. Sanitation workers' activities range from dry/wet waste collection, segregation, maintenance of drainages, septic tanks and manholes, faecal sludge management, sweeping public places, cleaning public/ community toilets, rag picking, operations in sewerage plants and solid waste management facilities etc., which require adequate protective measures to face health risks. Sanitation workers are front-line soldiers in the response to COVID-19, working in permanent risk of direct contact with the virus, like healthcare professionals (Doctors and Nurses), but lack recognition by the Government and their employers. *"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 (name changed), a migrant worker from Gorakhpur in Uttar Pradesh, who handles the garbage of more than 100 houses.

Data on sanitation workers. Estimates point to nearly 5 million sanitation workers in India, most of whom belong to socially dis-advantaged castes/communities. Many either work as municipal solid waste collectors (commonly known as Safai Karamcharis) or as faecal sludge cleaners (cleaning sewers, septic tanks etc. and widely known as manual scavengers). Dalberg Advisors (2017) estimated that of the 5 million sanitation workers, 2.5 million face high occupational hazards and risks and are discriminated against and marginalised. About 45 to 50 % of these urban sanitation workers are women, mostly engaged in school toilet cleaning.

Caste based Discrimination. Sanitation work in India has a long association with caste-based oppression. Almost all the sanitation workers who deal with human excreta are from certain Dalit castes and communities. Their caste-designated occupation reinforces the social stigma that they are unclean or "untouchable", perpetuates widespread discrimination and violates the human rights of the workers, who often have very few other employment options. The nearly 6 million households of Dalit sub-castes known by different names across the country – to name a few, Valmiki, Bhangi, Mehtar, Chooda in northern and western India; Bassfor, Dom, Ghaasi in eastern India; Thotti, Arunthathiyar, Madiga in southern India are involved in the sanitation operations. Around 40 to 60 % of these 6 million households occupy jobs across the sanitation value chain, but with little hope or opportunity for occupational or social mobility.

Informality of sanitation work. High-risk sanitation work is informal, as most sanitation workers are hired by private players without any contracts and institutional linkages, depriving them of the benefits generally associated with formal employment. Sanitation workers are often not in government records and cannot access social security schemes such as Provident Funds or employee insurance. Workers are hired under three types of contracts: (1) permanent employee of the municipal corporations/Government utilities, (2) contractual employee of the municipal corporation and (3) outsourced workers. Permanent workers earn the highest wages, with multiple benefits such as earned leaves, medical benefits, pension contribution and Provident Fund. Municipal contractual workers earn approximately one-half to one-fourth of a permanent worker's salary, for the same job. Outsourced workers earn the lowest wages, often less than one-fourth of a permanent worker's salary, to do the exact same job. None of the two second groups get social security cover.

Legal Provisions. A plethora of national level laws, policies and programmes have been implemented through the years to protect sanitation workers of the Dalit community. Some of the most significant acts are The Protection of Civil Rights Act, 1955, The Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) (EMSCDLP) Act, 1993, and The Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013 by the Ministry of Social Justice and Empowerment. Schemes and

programmes offered by multiple public commissions and corporations such as the National Commission for Safai Karmacharis (NCSK), National Safai Karamchari Financial Development Corporation (NSKFDC) and Swachh Bharat Mission (SBM) address the socio-economic and working rights of sanitation workers.

Despite numerous developmental and legal interventions, multi-layered systemic gaps persist, keeping sanitation workers communities in socio-economic marginalisation and deprivation, aggravated by the impacts of the pandemic (increased health risks, loss of incomes and livelihoods). The effectiveness of government schemes depend on the integrity of their implementation. For instance, the Allocations to Self-employment Scheme for Rehabilitation of Manual scavengers (SRMS) have been progressively declining since 2013-14. As of December 2017, 323 deaths due to sewer cleaning were reported, with complete compensation of INR 1 million paid in only 63 % cases.

Insurance and social protection. Since most sanitation workers are contractual labourers, they do not have access to Governmental programmes and provisions. A study by the Urban Management Centre (June 2020) quotes that "workers said they did not have any kind of health insurance or healthcare facility". The Employees State Insurance Act, 1948, another labour welfare legislation, in Section 9(iii) entitles contractual labour like sanitation workers and manual scavengers to certain benefits during sickness, illness and maternity. Section 46 of this Act further envisages periodic payments to any insured person during sickness, as well as payment to the dependants in case the insured dies as well as funeral expenses. Yet none of these benefit the sanitation workers putting their lives in risk during this pandemic. A WHO study also reveals that those workers employed in the informal segment in India are vulnerable to extortion and receive poor financial aid and data about their insurance facilities remains unavailable.

Safety and Protective Equipment. The Ministry of Health and Family Welfare (MoHFW), mandated that sanitation staff be provided with N-95 masks and gloves. the Central Pollution Control Board (CPCB) guidelines of 9 April, 2020 mandated that sanitation workers be provided with adequate PPE such as "three layer masks, splash proof aprons / gowns, heavy-duty gloves, gum boots and safety goggles". But there was lack of clarity in the level of protection that sanitation workers must be provided with, as stated by Delhi High Court (case of Harnam Singh v Union of India (June 2020)) which highlights the difference in the safety standards for sanitation workers followed by the different municipal corporations of Delhi. Among contractual employees, 71.1 per cent worked without sufficient masks against 62 % government employees; 81.9 % worked without gloves compared to 71.4 % government employees, and 86.4 % contractual employees did not have enough soap compared to 40 % government employees. Further, 87 % contractual employees worked without enough sanitisers .

Sanitation workers, increased workload and containment zones. During the pandemic the workload of the sanitation workers increased, especially for the sweepers at the hospitals and workers at the graveyards. Yet, "*no one among our colleagues have taken leave or remained absent even for a day due to the threat of coronavirus"* – Kumar, sanitation worker, Delhi. Likewise, there are many other sanitation workers who are toiling hard, working overtime and going beyond the call of duty to keep areas clean amid the nation-wide lockdown imposed to control the spread of coronavirus. They also take the risk of cleaning in containment zones putting their lives in risk and most of them do not even have access to medical and health care facilities.

Income during Pandemic and Lockdown. "*We haven't been getting our salaries on time for the last few months. But if we do not go to work, our salaries get cut, and I am cautiously using the sanitizer provided"* said Sunita, a sweeper from Delhi. The workers in formal sector are comparatively better with salaries paid from the utilities but the ones from informal sector such as door to door waste collectors, rag pickers, scrap vendors etc are worst hit with drastic fall in incomes and displaced livelihoods due to national wide lockdown. It was also reported that the other earning members of the family have also lost their incomes and livelihoods, making the families survival very difficult.

WASH Access for Sanitation Workers. Hand washing and safe sanitation are key precautions for COVID hence WASH facilities at home and in the workplace are crucial for sanitation workers. However, most of the workers in informal sectors do not have access to WASH facilities in the workplace and often have to wait till they reach home. An ISST study stated that many workers faced difficulty in following measures such as hand-washing and physical distancing and many of them had inadequate access to clean water and soaps / sanitizers, and were unable to maintain physical distancing while standing in queues for food and ration.

2. Methodology

The COVID-19 pandemic has affected everyone. It not only contributed to the health emergency but also to socio-economic crisis. The nationwide lockdown contributed to the economic slowdown, which impacted negatively the vulnerable sections of society in India. It is now necessary to move beyond speculation and gather reliable evidence and analysis on COVID-19's impacts on vulnerable communities, to better inform future intervention strategies to provide relief and rebuild livelihoods. For this purpose, the UN Country Team in India, under the leadership of the UN Resident Coordinator, promoted a comprehensive socio-economic situational analysis of different vulnerable groups by UN agencies and programmes. WSSCC supported FANSA to conduct the research and analysis of socio-economic situation of frontline sanitation workers and persons with disabilities in selected states of India.

2.1 Objectives of the study

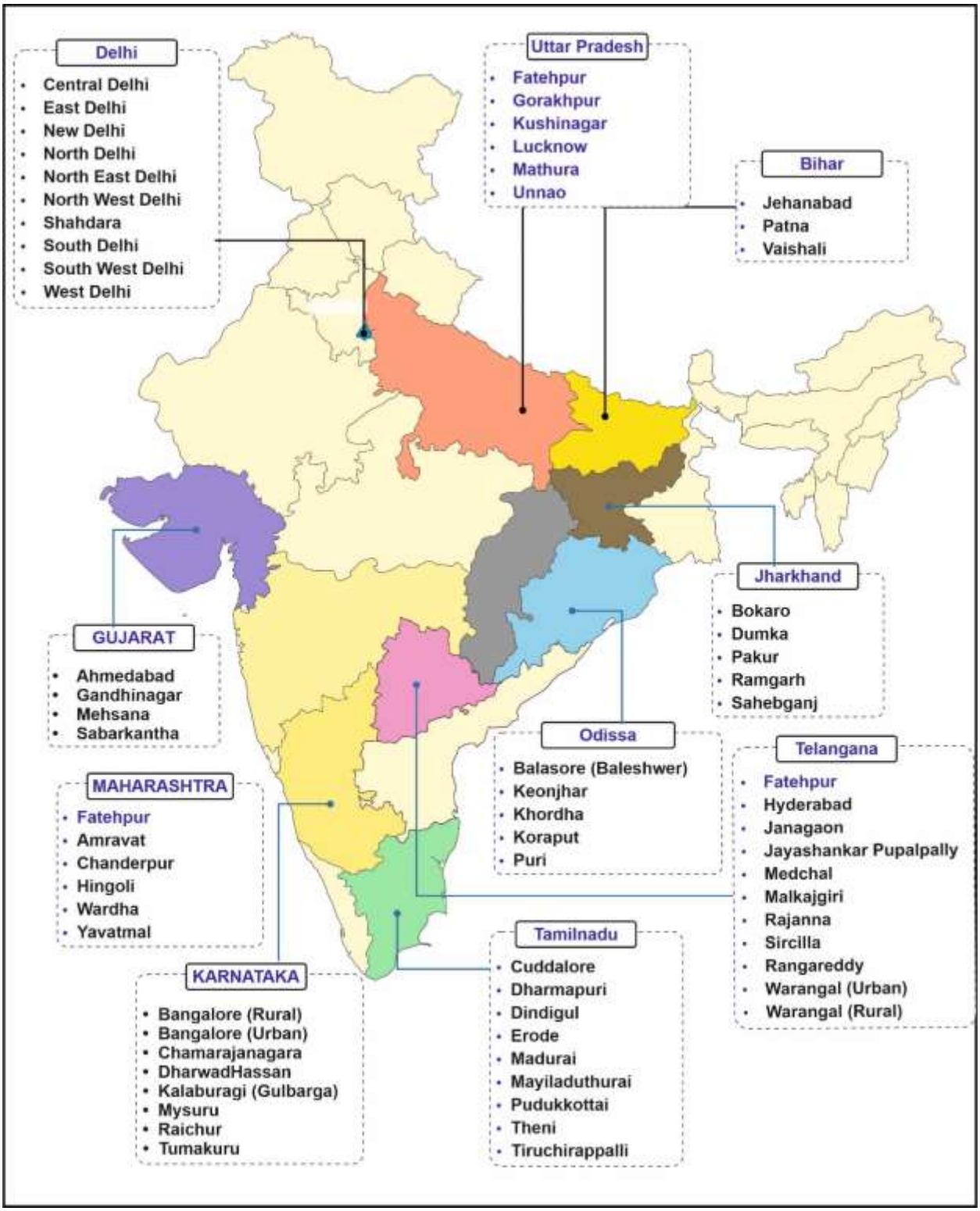
1. Contribute to the joint UN initiative to carry out a comprehensive nationwide socio-economic situational analysis of vulnerable groups in the context of the current COVID-19 pandemic.
2. Understand the socio-economic implications of COVID- 19 to the lives of sanitation workers and PWDs and their social, physiological, economic, demographic and gender dimensions with particular focus on WASH.
3. Analyse the capacity, resources and coping mechanisms of these two vulnerable groups including their ability to leverage the support from the government agencies.
4. Assess ongoing interventions, identify further needs and gaps for saving lives and reducing risk of COVID-19 for sanitation workers and PWDs, with focus on WASH.
5. Make recommendations to concerned government agencies on immediate and longer-term action for rebuilding livelihoods and ensuring adequate WASH services for sanitation workers and PWDs.

2.2 Geographic Focus:

The study assessed the socio-economic implications of COVID-19 on sanitation workers based on a sample size of 2091 respondents drawn from 10 states, selected based on the following criteria:

- Backward states with highest numbers of COVID 19 positive cases
- Backward states with highest numbers of migrant workers returning home
- States with high number of cases but with good control measures to contain COVID 19
- Geographic balance across the regions of India
- Possibility to leverage FANSA State Chapters for data collection.

As a result, Bihar, Delhi, Gujarat, Jharkhand, Karnataka, Maharastra, Odhisha, Tamilnadu, Telangana and Uttar Pradesh were selected as focus states for the study**.** Please see Map 1 (Locations of the study) showing states and districts selected for the sample.



2.3 Sampling

As the sanitation workers population is not precisely known, quota sampling technique of non-probability sampling method was used to select the sample of respondents. As per UN Resident Coordinator's broad guidelines, a sample of 200 sanitation workers was selected from each of the 10 selected states for a total

of 2000 sanitation workers. For sample selection from frontline sanitation workers following eight categories of were considered. 1.Waste collectors; 2. Rag pickers; 3. Sewer and open drains maintenance workers; 4.Workers at solid waste management facility; 5. Workers at septage treatment facility; 6. Workers maintaining and taking care of public toilet facilities; 7. Workers involved in emptying faecal waste containment facilities (septic tanks); 8. Workers sweeping public places. Keeping in mind the possible errors and omissions in administering interview schedules, state partners were asked to collect data from slightly more than the decided size of sample. After scrutiny of interview schedules, responses of 2091 sanitation workers were found consistent and reliable. Therefore, it was decided to keep all the 2091 respondents whose responses were consistent and reliable in the sample for the further analysis. The state wise sampling distribution is given below:

Table-1: State wise distribution of sample

S. No.	Name of the State/Union Territory	Sanitation Workers	
		Female	Male
1	Bihar	50	163
2	Delhi	66	131
3	Gujarat	78	123
4	Jharkhand	72	141
5	Karnataka	102	124
6	Maharashtra	102	98
7	Odisha	100	100
8	Tamilnadu	151	72
9	Telangana	94	118
10	Uttar Pradesh	89	117
	Sub Total	**904**	**1187**
	Grand Total of the sample	**2091**	

2.4 Data Collection Methods and Tools:

Both quantitative and qualitative data collection methods were used to collect data from primary sources. Interview schedules were prepared to collect primary data from sanitation workers.

2.5 Pre-Testing of Tools of Data Collection

Interview schedules were developed by the study team separately for collecting data from Sanitation workers and persons with disabilities. Dr. D.K. Lal Das, expert in social research methods and statistical analysis ensured the tools coherence with the best standards of tabulation and analysis. Field testing of the schedules was carried out in two stages. Manual schedules were tested on 22nd June 2020 by two of the study team members in Warangal district of Telangana. Issues related to the relevance of the questions, wording, understandability, acceptance and ability of respondents to answer the questions, logical flow and interconnectedness of different sections of the schedule, assessing the average time taken to collect data from each respondent etc were identified during the pre-testing. Schedules were reframed to address identified issues. The finalised interview schedule had two sections. Section A covers interviewers/ enumerators details. Section B consists of a number of sub sections to collect data related to personal identification, socio economic profile, awareness about COVID-19, safety measures, livelihood and income during lockdown, life at the time of lockdown, status of WASH services, social protection,

relief support/ assistance during the lockdown and livelihoods after the lockdown. The final interview schedule is included as Annexure 1.

2.6 Online survey/data collection platform:

A web-based data collection app was developed to enable real time data monitoring, check progress in data collection and ensure data quality from each location/ state. The software application included features to ensure logical correctness of responses for interlinked questions. For eg: if a particular response to a question makes the subsequent questions not applicable then default command was introduced to automatically skip those questions. Similarly, totalling of numbers, date and time of data collection were pre-programmed to eliminate errors and deliberate manoeuvring. State partners were given orientation and were asked to run the application to familiarise themselves and practice data collection from their respective states. Based on the feedback received, further modifications were carried out and the online interview schedule were consolidated. Precautions were taken to protect the data. Each investigator was given a specific username and password and their personal profiles were collected and filled to ensure that right person is filling the online forms. This greatly reduced errors in data collection and tabulation of the data with great amount of accuracy and time efficiency.

Qualitative data was collected through FGDs and Case studies. To guide the field facilitators, detailed guidelines were provided including a step by step process for organizing FGDs, checklist to be used for facilitating the relevant discussion and a template for documenting the outcome of the FGDs. Open-ended questions were framed to conduct focus group discussions to collect deeper insights related to various aspects covered in the interview schedules.

The final checklist of the FGD and the detailed guidelines are attached as Annex 2 and Annex 3. To ensure quality of participation and compliance to COVID advisory, FGDs were limited to groups of 15 to 20 respondents. Focus group discussions were facilitated by a resource person and the insights gathered were summarized and used in the final analysis of data. A total of 20 FGDs, two per state, were conducted with sanitation workers (39 % women and 59% men). The location details of the FGDs is attached as Annex 4. To illustrate the typical or specific conditions of individual persons, case studies were developed for 10 sanitation workers and are included in this report. The case studies support the general analysis and conclusions drawn from the data. The check lists and the guidance notes prepared to guide the field level facilitators involved for collecting the best relevant case studies and the Case study guidance note is attached as Annexure 5. The FGD reports and Case studies were thoroughly reviewed by the study team and feedback was provided to field facilitators to address the gaps in the information.

2.7 Selection of Partners and Investigators

For the selection of state level partners, FANSA has circulated a detailed note on the proposed study, inviting expression of interest (EoI) from interested state level organizations. Presence of state chapters of FANSA in all the selected 10 states gave an advantage to engage credible and capable enumerators for this study. Based on the scrutiny of EoIs received, adequate organizations were selected, given orientation on their role, and finally an agreement was signed with each of them.

Table-2: List of the Partner Organisation from the Selected states

S. No.	Name of the CSO partner	State
1	Gram Swarajya Samithi Ghoshi (GSSG)	Bihar
2	Udgam Charitable Trust (UCT)	Gujarat

3	Lok Kalyan Seva Kendra (LKSK)	Jharkhand
4	Swami Vivekananda Youth Movement (SVYM)	Karnataka
5	Gramin Samassya Mukti Trust (GSMT)	Maharashtra
6	Vishwa Yuvak Kendra (V Y K)	New Delhi
7	Indian Institute of Youth & Development (IIYD)	Odisha
8	Voluntary Action for Integrated Global Awareness and Innovation (VAGAI) Trust	Tamil Nadu
9	Modern Architects for Rural India (MARI) hosted By FANSA	Telangana
10	PRATINIDHI	Uttar Pradesh

2.8 Training of the investigators

Based on the guidance provided by the study team, the enumerators responsible for data collection were appointed by state partners and on July 7th 2020 they were provided with training on how to use quantitative and qualitative data collection tools. A WhatsApp group was created to keep regular contact and trouble shoot problems encountered by the enumerators during the period of data collection in the field. Regular follow-up reviews were done with the field teams to ensure the quality of the data.

2.9 Data Processing and Analysis:

A sample of 2091 respondents from the ten states was interviewed. State wise and district wise respondent coverage is provided in Annexure 6. On completion of data collection and scrutiny of the data, the consolidated data sheets were prepared followed by preparation of data tabulation plan. All the data collected in response to questions with pre-coded responses were tabulated as per the tabulation plan. Univariate and bivariate tables were prepared for further analysis. To examine if the variables are associated or independent Chi-square test was administered on bivariate tables. To supplement statistical analysis and understand trends and patterns of data graphs and diagrams were prepared.

2.10 Limitations of the Study

1. Since the outbreak of COVID pandemic intra-state and inter-state mobility was highly restricted and the study team could not travel to field locations to guide and monitor the data collection process. The interaction was limited to telecommunications. Even field data collection teams faced serious constraints to reach habitational areas of the respondents.
2. An online data collection system was retained for the study due to logistic constraints related to printing and transportation of interview schedules, also considering the advantages of eliminating errors. However, lack of reliable internet connectivity caused frequent disruption to online filling, leaving several schedules partially filled, which necessitated interviewing of much higher number of respondents than the sample size.
3. The study is very much explorative/ indicative in nature. As the COVID pandemic is a completely new situation, there is no prior research on the issues considered by the study. The research team faced challenges to draw boundaries for conducting the socio-economic analysis specific to the current context of COVID pandemic. To some extent, the analysis became generic in nature for the two selected categories of population.

4. The data collection was carried out at a moment when the vulnerable people were in desperate need of relief support. It was clarified that the data collection was not intended to provide any relief support, as information shared by few of the respondents might be influenced by the expectations that the study may qualify them for individual support from government and other agencies.

5. Due to the fear of COVID risks and general advisory against travelling and meeting many persons, it was hard to find sufficient enumerators. Even the respondents were also not always forthcoming to interact with enumerators and voluntarily share the data. In Uttar Pradesh and Odisha States, the main coordinators of the study fell ill, which resulted in a delay to the entire study timelines.

3. Data analysis

Three types of interview methods were used: face to face interviews (81.73 %) telephonic interviews (17.5 %) and online interviews (0.72%) of 2091 respondents from ten states. Among them, 904 women and 1187 men. Quantitative data, along with the qualitative data from 20 focus group discussions (two from each state) and ten case studies (one from each state) formed the basis of the data analysis presented in the following sections.

3.1 Personal Profile of Sanitation Workers

Age. Respondents were categorised into young (18 to 33 years.), middle (34 to 60 years.) and old (above 60 years). 67% of the respondents belonged to middle age category followed by the young (32 %) and older (1 %) population.

Gender. Little over 43 % of the total sample of sanitation workers were women and 57 % were men. For this "almost equal gender ratio" care was taken to (I) develop guidelines for sample selection (ii) provide prior instructions to the field teams during the training and (iii) conduct online review of the respondent categories every day. Representation of both women and men is helpful for the gender disaggregated analysis presented in the later sections of the report. State wise, there were more women respondents in Tamil Nadu (68 %) and Maharashtra (51%) while Bihar (23 %), Jharkhand (34 %) and Delhi (34 %) had comparatively low women representation. Availability of women sanitation workers and lockdown limitations might have been the reasons for the same.

Caste. Most of the respondents belonged to Scheduled Caste (66 %) category, followed by Scheduled Tribes (12 %), Backward Casts (17 %) and OC (5 %) categories. Most of the SCs belong to "*Dalit*" caste communities traditionally involved in sanitation. State wise data also show that SCs have formed major percentage in Gujarat (92 %), Tamil Nadu(88 %), Uttar Pradesh (71 %) while least percentage was recorded from Bihar (1%).This caste based occupation can be traced back to several centuries in the Indian history and the discrimination associated to certain castes is deep rooted, affecting their progress despite laws and provisions made by governments. Percentage of BC category may be due to the changing occupations and change in attitudes of the people taking up sanitation as an acceptable livelihood opportunity. Some of the OCs (higher castes) are also taking up this occupation looking at the enterprising opportunity (for example : septic tank cleaning vehicles, scrap shops , public toilet maintenance etc), while majority of the SCs and STs are forced to remain in this occupation owing to unemployment/ underemployment and lack of opportunities beyond sanitation due to stigma, oppression and discrimination.

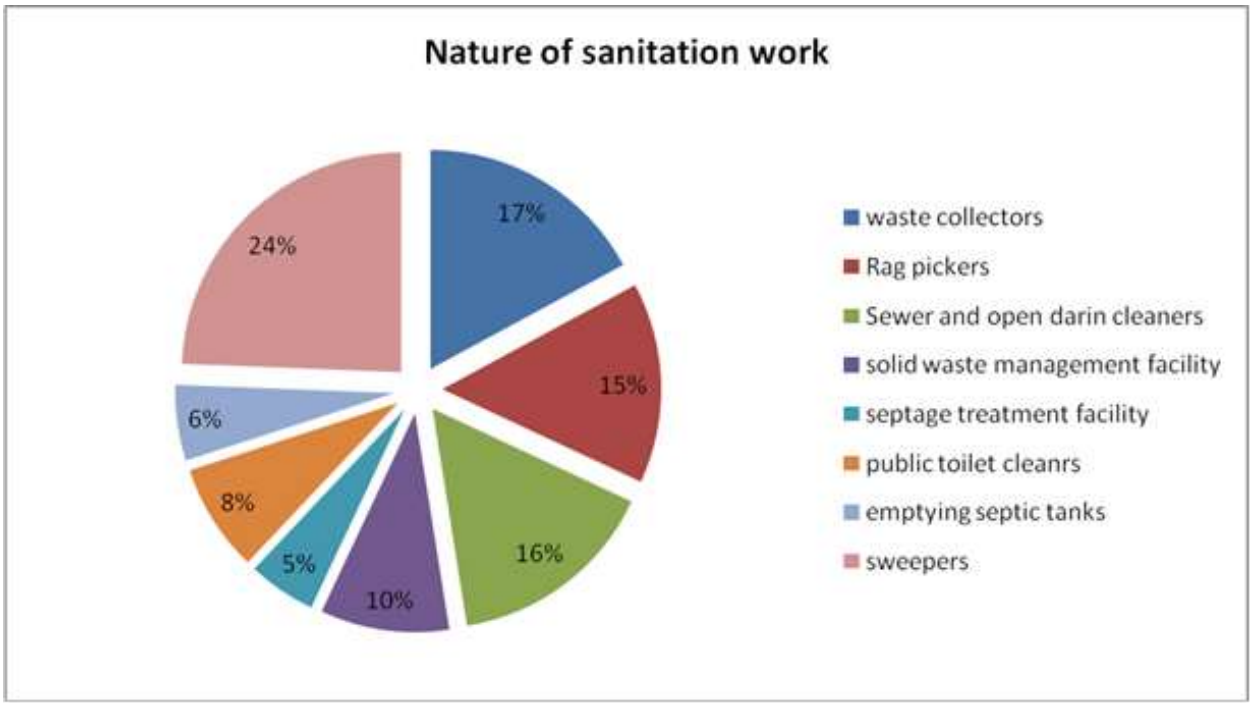
Residence. The majority of the respondents were from urban areas (61 %) followed by rural (20 %), peri-urban (18 %) and a negligible percentage belonged to tribal areas. The waste generated in urban areas is very high and most of the sanitation operations happen in urban areas. These include waste collection, segregation, treatment and recycling of both solid and liquid waste management providing employment and income generating activities. Migrant families from rural areas who look for employment opportunities end up becoming contractual labours at these utilities. Availability of solid and liquid management facilities is higher in urban areas, resulting in more urban respondents. Travel restrictions, lockdown and non-availability of public transportation facilities to rural areas etc. are some other reasons for the higher number of urban respondents. State data indicate that Gujarat (100 %), Delhi (89 %), Odisha(71%) Karnataka(69 %) and Maharashtra(63 %) had more urban respondents while Tamil Nadu (52 %), Jharkhand(37 %) and Uttar Pradesh(36 %) had more rural respondents, and Bihar (77 %) and Telangana(37 %) had more peri -urban respondents.

Marital Status. Majority of the respondents were married (87 %) followed by unmarried (8 %) and widowed/ divorced (5%). The high number of married respondents may be due to the fact that the majority of the respondents were middle aged.

Educational Status. The sanitation workers were either illiterate (39 %) or studied up to fifth class (30 %). 29 % studied up to higher secondary. Only 35 were graduates (1.7 %) and 3 were post graduates in the entire sample, indicating their low levels of education despite being in urban areas. For most of these families, livelihood is a priority compared to education, even though it is free and compulsory in the public system. Qualitative data revealed that sanitation workers do not send their children to schools after primary or secondary school and force them to get into wage earning to support family income. Although the majority of the younger generation is trying to move away from this profession, their access to education utilising the reservations and getting jobs seems to be inadequate. State wise data indicate that sanitation workers in Bihar(57 %), Jharkhand(64 %), Tamil Nadu(49 %), Telangana(43 %) and Karnataka(42 %) were illiterate owning to their backwardness and rural location. States like Delhi(38 %), Maharashtra(18 %), Odisha(27 %) Gujarat (32 %) had more respondents with higher secondary level due to higher development and a high percentage of urban respondents. Disaggregated data on gender reveal that more women (21 %) are illiterate compared to men (17 %) and more men (22 %) studied up to secondary school compared to women (8 %). There was only one postgraduate and seven graduates among women compared to five post graduates and 28 graduates among men. Urban respondents were counted more graduates and post graduates compared to peri-urban and rural. The urban literacy national average is 79.9 %, but the study shows much lower literacy levels among sanitation workers owing to poverty, lack of awareness and system gaps to implement the special provisions.

Nature of Sanitation Work: Based on the different types of sanitation activities, respondents were classified into eight categories: 24 % were sweepers cleaning public places, followed by waste collectors (17 %), sewer and drain cleaners(16 %) and rag pickers(15 %). Workers at septage facilities constituted five per cent of the sample, septic tank cleaners 6 %, workers at solid waste management facilities 10 %, and eight percent were Public toilet cleaners. (see Graph 1)

Graph-1: Pie diagram Showing Respondents on the Nature of their Sanitation Work

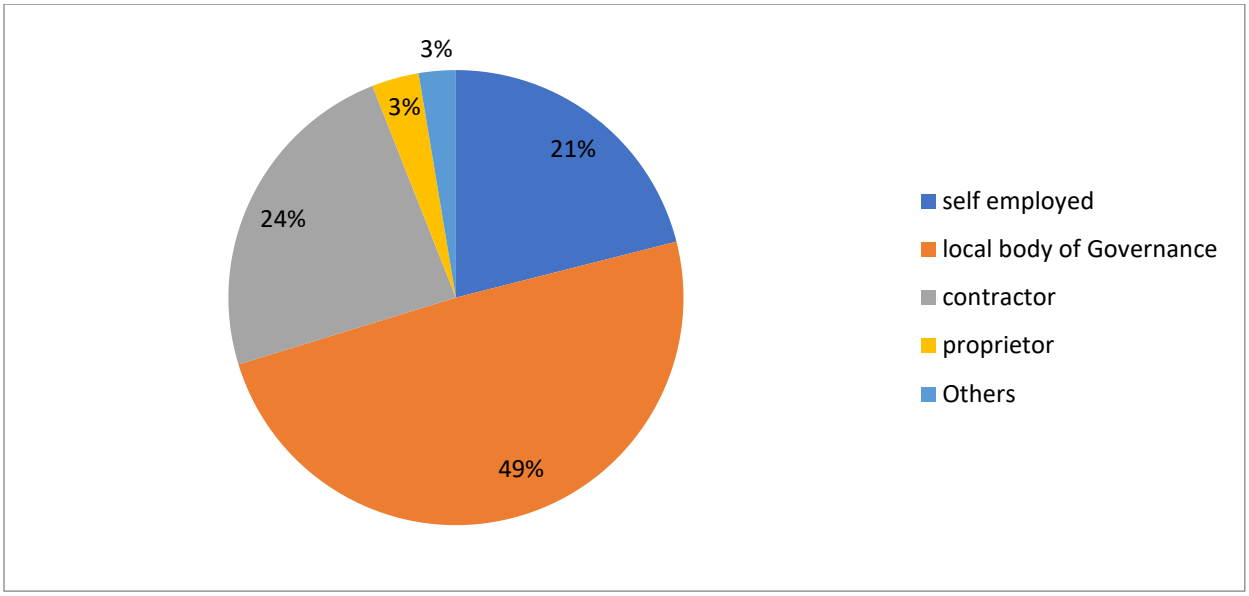


Source: Primary data of the study

Gender disaggregated data shows that the majority of the women were sweepers (34 %), followed by rag picking (19 %) and waste collection (16 %). Very few women were involved in septic tank cleaning and septage management (3 %). Men were mostly involved in sewer and open drain cleaning (21 %) operations, followed by sweeping (17 %), waste collection (16 %), rag picking(12 %) and solid waste management(11 %). Women might have been preferred as sweepers as this job is generally done by only women in the household chores. Men were mostly spread across all the operations especially in drainage cleaning, waste collection and septage management which require more physical stamina.

Employers. The majority of the sanitation workers (49 %) were employed with Local body of governance i.e. in municipalities, urban utilities and gram panchayats, while 24 % are employed by contractors, 21 % were self-employed and three percent were on their own. Gender disaggregated data show similar figures that 46 % of the female and 54 % male respondents were employed with local Governments followed by 23.5 % men and 24 % women employed by contractors. More women were self-employed (25 %) compared to the men (18 %) which may be due to the higher number of women respondents who were rag pickers and waste collectors. State wise, most of the sanitation workers were employed by local governments in Bihar (76 %) followed by Telangana (66 %), Tamil Nadu (61 %), Jharkhand(60 %) and Gujarat(52 %). Delhi tops the list of self-employed respondents, with 54 %, followed by Gujarat (26 %), Bihar (24 %) and Jharkhand(22 %). 10 % of the respondents in Maharashtra were proprietor, followed by Telangana. In Delhi, 15 % of sanitation workers belonged to any other category, which may be an arrangement of sanitation workers associations with the Utility. Data variations across various employers' categories allow an in-depth analysis of the diverse issues encountered by sanitation workers.

Graph-2: Categorisation of the sanitation workers based on their Employer



Source: Primary data of the study

Number of Dependents, Only 25 respondents (10 women and 15 men) did not have any dependents. Most of the respondents had four to five dependents to fend for on their income. More dependents indicates more pressure to earn money, which forces them to continue with high-risk sanitation operations, because of the lack of other opportunities (investing money or skill learning etc.).

3.2 Awareness of the Respondents about COVID -19

The respondent's awareness about COIVID- 19 was assessed through multiple answers questions including: what causes the disease? What are the symptoms? Which virus causes the disease, which population does it affect? How does the disease spread[10]? Responses indicate that respondents had different levels of awareness, from moderate (48 %) to high (30 %), and 22% had low awareness. Table 3 shows that on certain questions respondents agreed to an extent greater than others. Some had no idea, showing their lack of awareness which could be detrimental for their self-safety.

Table-3: Awareness of the Respondents on the COVID-19 (In Percentage)

S. No.	Name of the CSO partner	Agree	No idea	Disagree	Total
1	Covid is a new Disease	97.7	3.2	0.1	**100**
2	Covid can affect lungs and Airways	81.6	17.8	0.6	**100**
3	Covid is caused by Corona virus	86.1	12.8	1.1	**100**
4	Corona can cause death also	94.8	4.5	0.7	**100**
5	Persons above 60 years have more threat	83.9	12.7	3.4	**100**
6	Persons with respiratory problems	79.1	18	2.9	**100**
7	Persons having other health problems (Diabetes, Asthma, Anaemia)	68.0	26.2	5.8	**100**

[10] See annexed questionnaire.

Table 3 show that the majority of respondents (96.5 %) agreed that COVID 19 is a new disease that can affect the lungs and airways (81.6 %). Almost 95 % of respondents agreed that the disease is caused by Coronavirus. The virus effects on those contaminated seem to be little less known since only 79 % agreed that the virus can be more dangerous for persons with respiratory problems and other pre-existing health conditions such as diabetes, asthma and anaemia. It is essential that sanitation workers have full knowledge and information about the disease to work safely and protect themselves, and data show the need to increase awareness programs targeting specifically sanitation workers.

State data reveal that in almost all states more than 95% respondents agreed that COVID-19 is a new disease, with the exception of Telangana (89 % only). Similarly, when looked at gender disaggregated data, again Telangana female respondents (16 %) said they had no idea about the disease followed by Karnataka (4.9 %) and Bihar (4 %). Low levels of awareness can be attributed to the rurality, illiteracy and lack of access to the information channels such as TVs or mobile phones.

Responses on the spread of COVID -19 also revealed gaps in sanitation workers' information. As shown in the Table 4 majority of the respondents (94.6 %) agreed that the disease spreads through coughing, sneezing and spitting from an infected person and about 6.2 % did not know about the way the disease gets spread. Similarly, only a little over 88 % agreed that disease can spread through contact with anything which carries the virus. The awareness about the spread can be attributed to the mass messaging targeted through print and electronic media and nationwide lockdown to contain the disease. The gaps warrant the need of serious efforts to raise awareness especially about the active life span of the virus on various surfaces. This information will alert sanitation workers to take precautions and avoid contact with virus especially during waste collection, segregation, treatment operations etc. Presence of virus in sewerage water as per latest research findings released by Centre for Cellular Molecular Biology (CCMB 2020) show that workers at septage management units are more vulnerable hence adequate and up to date information on dynamic manifestations of Corona virus needs to be provided to them from time to time.

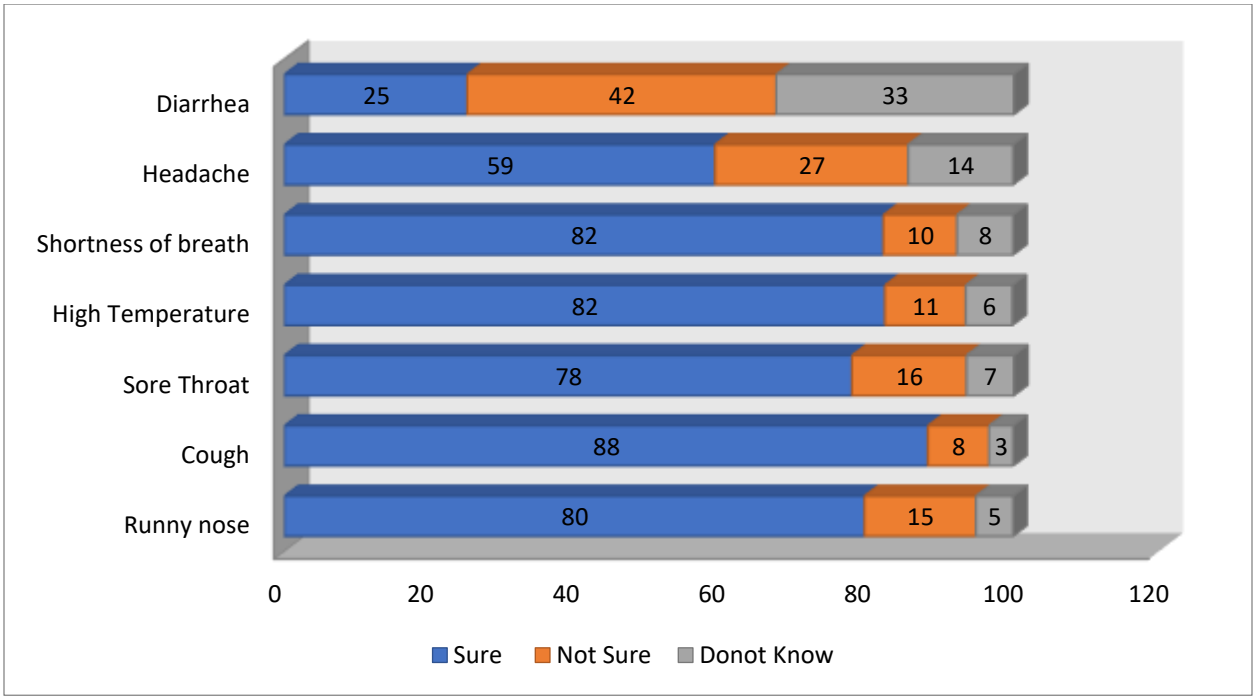
Table-4: Responses on the Spread of COVID- 19 (In percentage)

S. No.	Means of Disease Spread	Agree	No Idea	Disagree	Total
1	Spreads through droplets from coughing, sneezing and spitting by an infected person	93.6	6.2	0.2	**100**
2	Contact with anything where the virus is present	88.1	11.4	0.5	**100**

The state wise data reveals that in almost all the state responses the scores ranged from 94 % to 99 % on disease spread through droplets while Odisha (13.50 %), Tamil Nadu(11.21 %) and Uttar Pradesh (10.6 %) respondents said they did not have any idea if the virus spreads through droplets. Disaggregated data on gender reveal that more women respondents said that "they did not have any idea" on spread of the disease compared to their male counterparts. The low levels of awareness of women may be due to their lower exposure to media/mobiles given their increased workload at home and lower social networking opportunities, while men would have more exposure to social networking channels, access to newspapers and time to watch the Television etc. "Contact with anything where virus is present" was agreed by majority of the men while women from Uttar Pradesh (21.5 %),Tamil Nadu (21.8 %) and Odisha(20.8 %) have said that they do not have any idea of the virus spread through contact from person to person.

Awareness on the symptoms of COVID 19 seems to be high for most common symptoms such as cold, cough and fever, while the majority of the respondents are "not sure" or "do not know" that diarrhoea and headache could also be symptoms of COVID. Responses are illustrated in the following diagram.

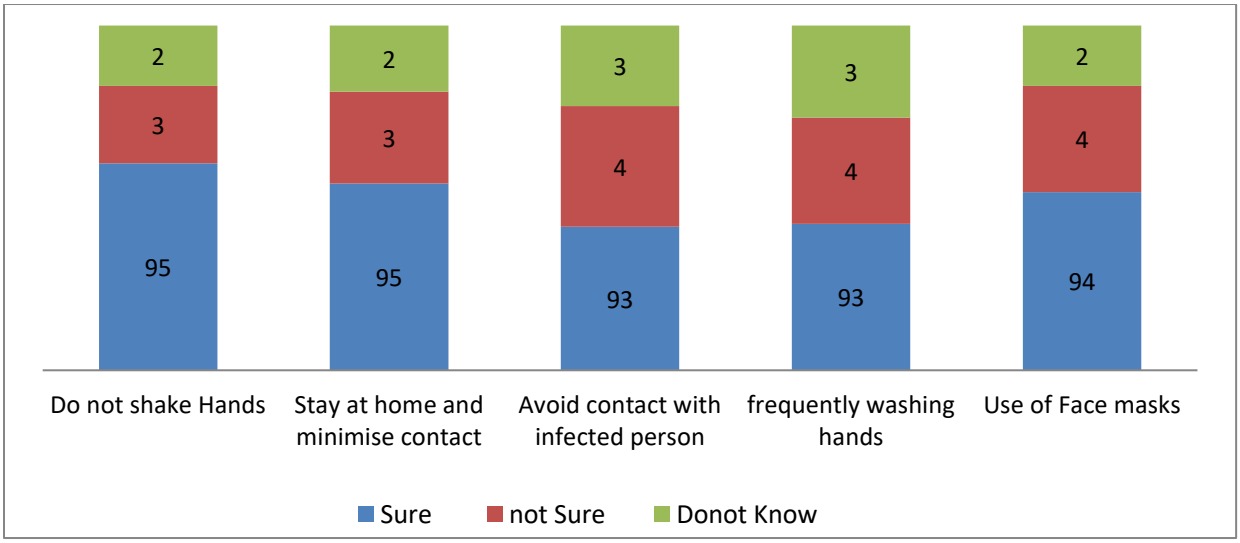
Graph-3: Awareness levels of Respondents on the Symptoms of the COVID 19



Source: Primary data of the study

Not having a full idea about the symptoms or ignoring them could prove dangerous to sanitation workers given their potential exposure to virus. It is necessary to raise their awareness of the symptoms and what to do to protect themselves from the disease. Neglecting the symptoms of headache and diarrhoea as normal signs of other diseases without testing for COVID 19 may lead them into other complications. It is very important to update sanitation workers on the latest research findings on symptoms.

Graph-4: Distribution of Respondents based on their Knowledge about the Prevention Practices to avoid COVID 19



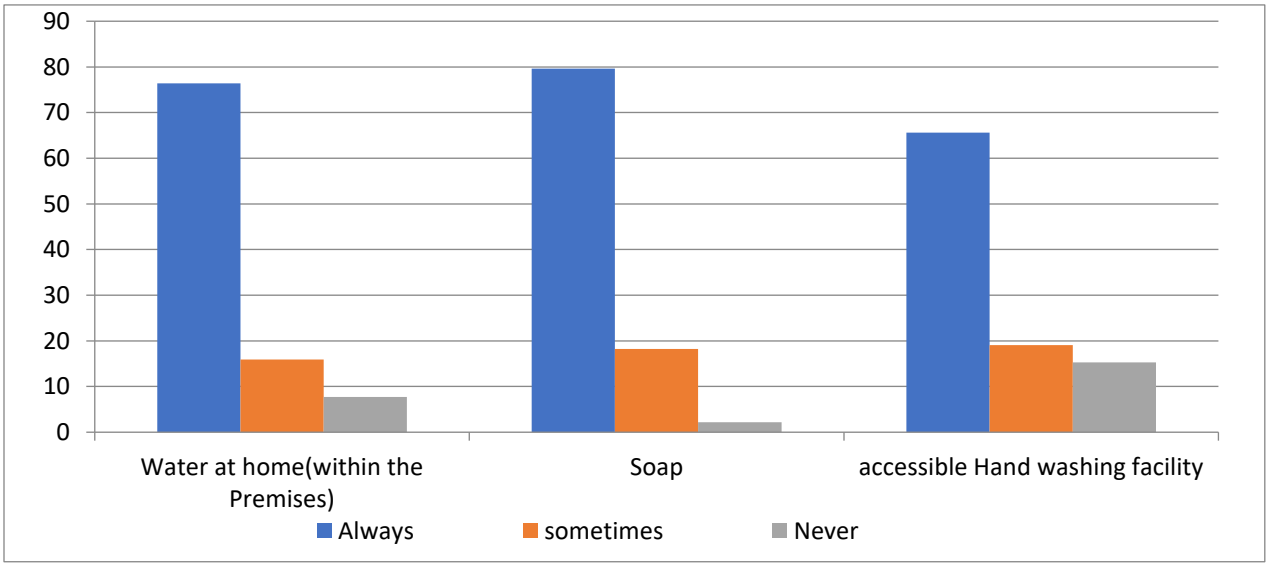
Source: Primary data of the study

Awareness of prevention practices seems to be high given the media, government advisories and employer efforts in ensuring worker safety but the gap of about four to three % among sanitation workers is still a major gap given the rapid spread of the virus. Lack of awareness on safety practices and not being able to practice them can prove costly to sanitation workers given their close proximity and potential exposure to the virus which is presenting in various forms, including asymptomatic .

WASH Access to the Sanitation Workers at Home

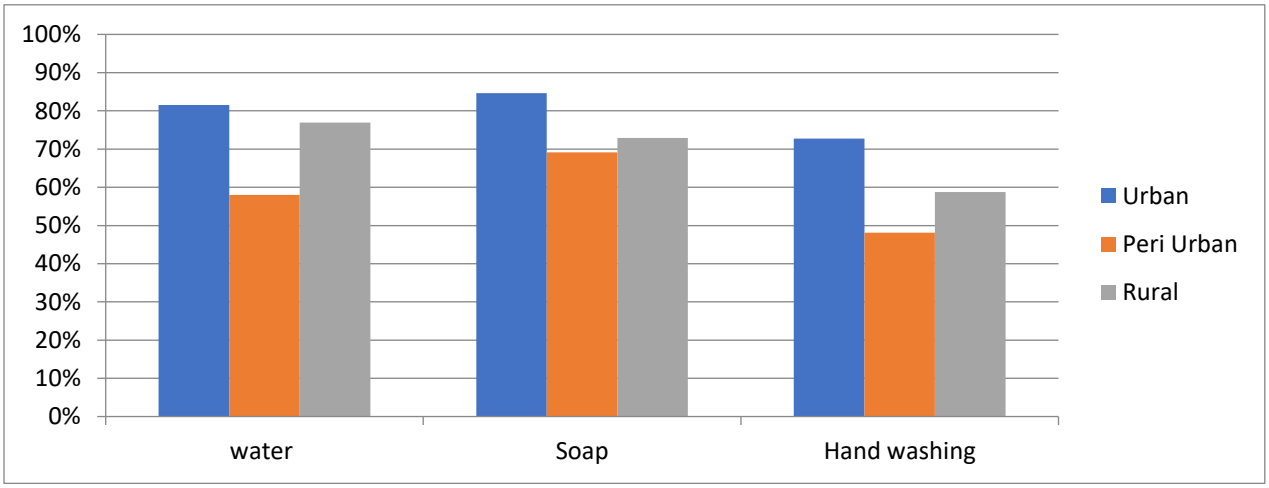
Responses indicate that one third of sanitation workers did not have WASH facilities at home and 15 % said that they "never had access" to hand washing facilities critical to protect them against the pandemic. This can be attributed to poor living conditions, cost and space constraints to install WASH infrastructure such as hand washing facility, overhead tanks for storing water; and lack of awareness on safe sanitation and hygiene.

Graph-5: Distribution of Respondents with Access to WASH Services at Home.



Source: Primary data of the study

Graph-6: Differential access to WASH facilities at home in Rural, Urban and Peri Urban areas



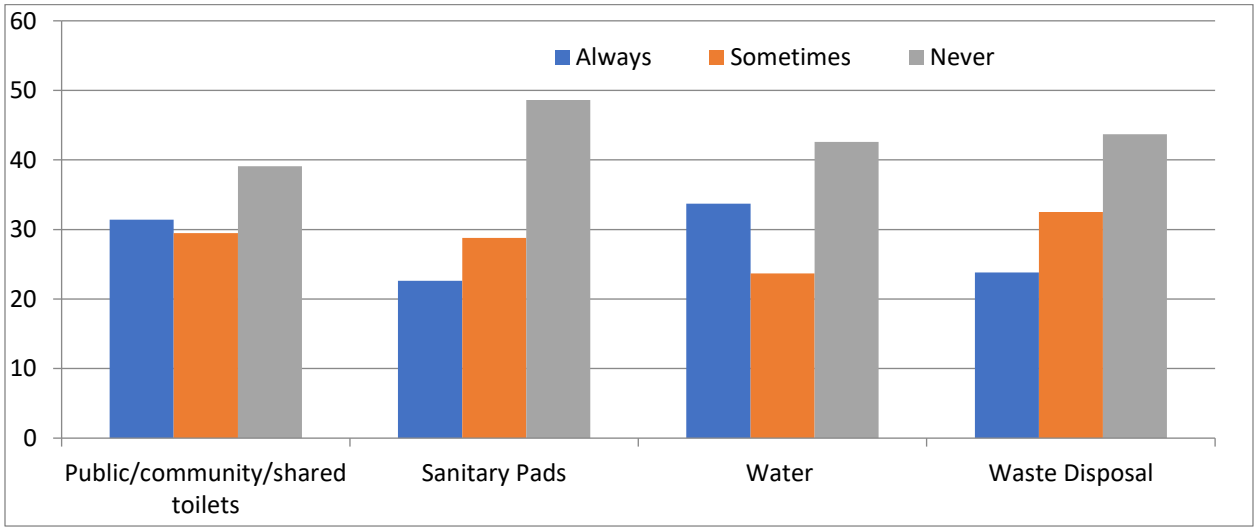
Source: Primary data of the study

The majority of urban respondents (82 %) had access to water and soap compared to peri -urban (58 %) and rural (77 %). Urban areas respondents have greater piped water supply service through urban utilities and access to soap owing to their awareness as well as availability of services. Peri-urban respondents sometimes live in informal areas not covered by municipalities or panchayats. Similarly, the remaining households in urban areas would live in informal settlements inhabited by migrant sanitation workers. Lack of hand washing facilities could be attributed to low affordability and space constraints in urban areas while lack of awareness and unfelt need could be the reasons in peri-urban and rural areas.

Limitations of Access to WASH Facilities due to Lockdown

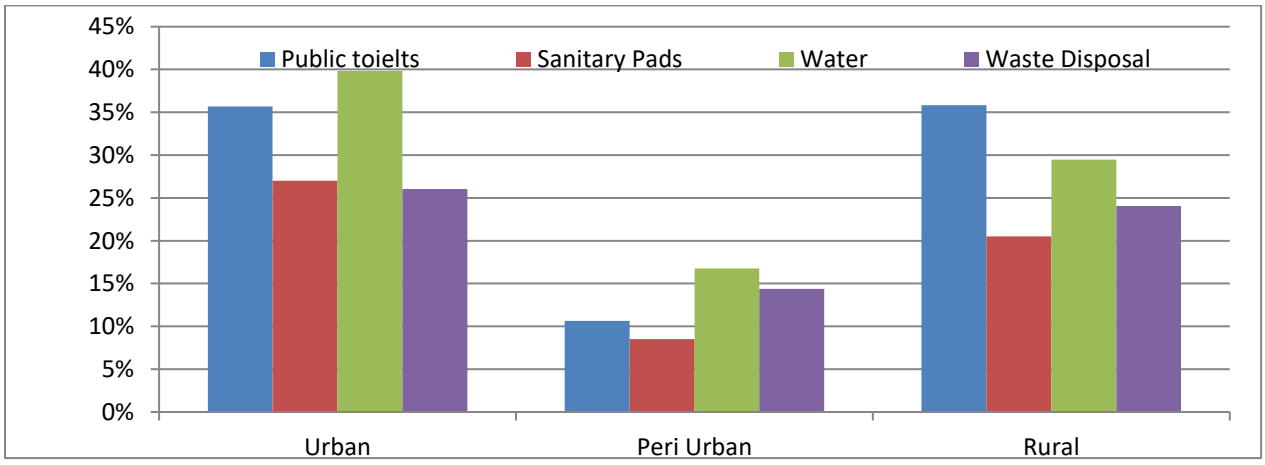
The sudden lockdown imposed from 24th March 2020 in India has hampered many services including WASH services. People could not access public toilets, experienced water scarcity, faced difficulties in waste disposal and accessing sanitary pads etc. Data on the status of WASH facilities access during the lockdown are presented in Graph 7, which shows the status of WASH access during this pandemic and the differential access in the rural, peri- urban and urban areas.

Graph-7: Respondents access to Public WASH Facilities



Source: Primary data of the study

Graph-8: Respondents access to WASH Facilities in Rural, Urban and Peri urban areas



Source: Primary data of the study

People had problems in accessing water "all the time" as the demand for water increased during the pandemic to keep washing hands. Most family members stayed home due to lockdown, increasing the need for water among these households where storage is also a constraint. Accessibility of public toilets was limited due to lockdown and unavailability of people maintaining the toilets due to migration of the labour. Waste disposal was not a major problem as most sanitation workers were on the job spending even extra hours to ensure cleanliness during the pandemic. A very little percentage reported availability of sanitary pads indicating that the stocks in local shops would have exhausted and the refilling would have been difficult due to travel restrictions of lockdown. When looked at WASH access by different sanitation workers categories, informal workers such as rag pickers (42.5 %) and sweepers (41.5 %) had always problems accessing public toilets. Rag pickers (42.9 %), sweepers (42.3 %) and public toilet cleaners (34.7 %) complained that accessing water during lockdown was very difficult. Among these categories women were a majority. Focus group discussions reveal that public toilet cleaners faced shortage of water to keep the toilets clean and their cleaning products were not replaced by employers, making it difficult for them to keep the toilets clean.

3.3 Safety of Sanitation Workers

Sanitation workers are essential for functionality of the sanitation systems but they are invisible and too often subject to conditions that expose them to the worst consequences of poor sanitation that is infections, injuries, social stigma, and even death in their daily work. The pandemic has increased their risks as they have to continue to provide their essential services .One of the biggest challenges they face is that they have no information about infected households, or those who are at high risk. If they contract the virus, they have very little recourses to health safety nets, insurance, or access to already overflowing public health facilities. This is particularly stark for women sanitation workers, who make up more than 50 % of urban sanitation workers . The present study tried to assess their knowledge about safety practices, and their practice, and their information sources about disease update etc. Further, their exposure to containment zones and healthcare facilities was also assessed and presented in the section below.

Awareness on Personal Protection Equipment (PPE) and Adoption of Safety Practices:

Only 45 % of respondents knew about PPE, 35 % said they knew it only "to some extent" and 20 % of the sanitation workers said they did not know about the PPE. State data indicate that 53% of Delhi sanitation workers do not know about PPE, followed by Uttar Pradesh (34 %),Karnataka(29 %) and Tamil Nadu.

Table-5: Respondents awareness on PPE according to the Nature of Work (In Percentage)

S. No.	Nature of sanitation work	Yes, I know	To some extent	Do not know
1	Waste collectors	45	32	23
2	Rag pickers	33	30	37
3	Sewer and open drain cleaners	46	42	12
4	Solid waste management facility	58	28	14
5	Septage treatment facility	50	31	18
6	Public toilet cleaners	51	26	23
7	Emptying septic tanks	38	40	22
8	Sweepers	45	41	15
	Total	**45**	**35**	**20**

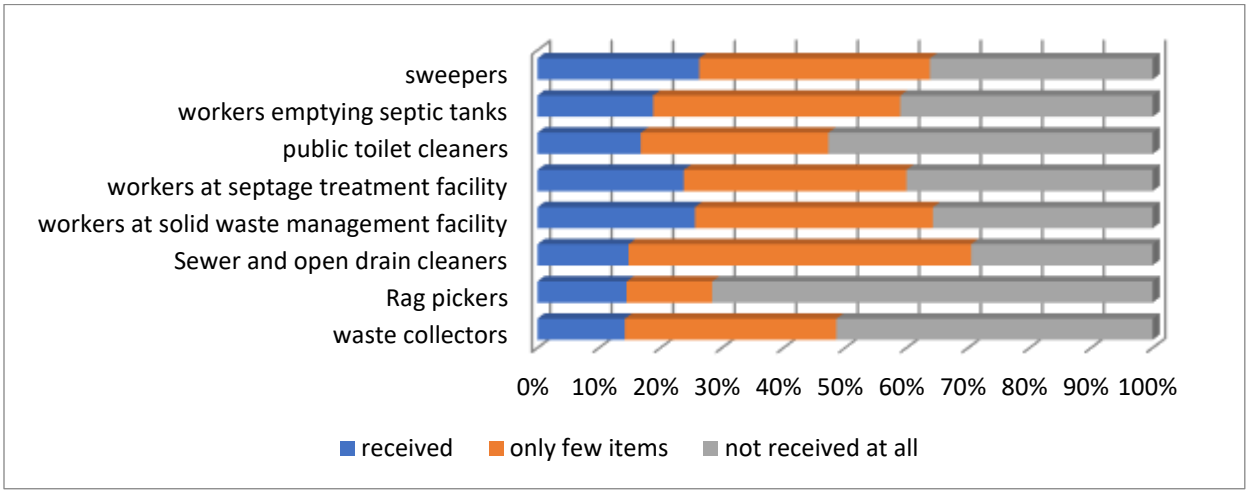
Collective representation demanding for Personal Protection Equipment Kits:

Dev Raj Kumar is a sanitation worker in Bankipore in Patna since the past two years. His job is to collect and dispose-off solid waste regularly from the ward designated to him. He was used to perform his duties without any protective gears, hand gloves or face masks. A chance visit by Gram Swarajya Samiti Ghoshi (GSSG) noticed this and inquired him about total neglect in terms of self-protection. Raj Kumar was oriented on the importance of protection through PPE kits. Soon, he mobilised other team members and met their Supervisor in PMC, who then took it up with the higher authorities, who then arranged face masks and hand gloves for them. Since then, Raj Kumar and others have been using them during their duties.

Contractual labourers and the workers at solid and septage management utilities showed better knowledge of PPE compared to rag pickers, waste collectors and people emptying septic tanks. This can be attributed to the training given and the PPE's supplied to these workers by the government. Disaggregated data on gender do not show much variation but a higher number of women (23 %) did not know about PPE compared to men(17 %). The data on caste disaggregation show that 22.27 % of SCs and 15.51 % STs did not know about PPE compared to BCs and OCs. Less awareness among women and Dalits/SCs can be attributed to illiteracy, lack of access to information and neglect from CSOs or other organisations to reach these marginalised when the trainings and distribution of PPEs were undertaken.

Only 19% of sanitation workers received the entire components of the PPE and 40 % of the respondents said that they have received only few items. Nearly 50 % (44.8 %) said that they have not received PPE at all.

Graph-9: Percentage of sanitation workers who received Personal Protection Equipment/ kit



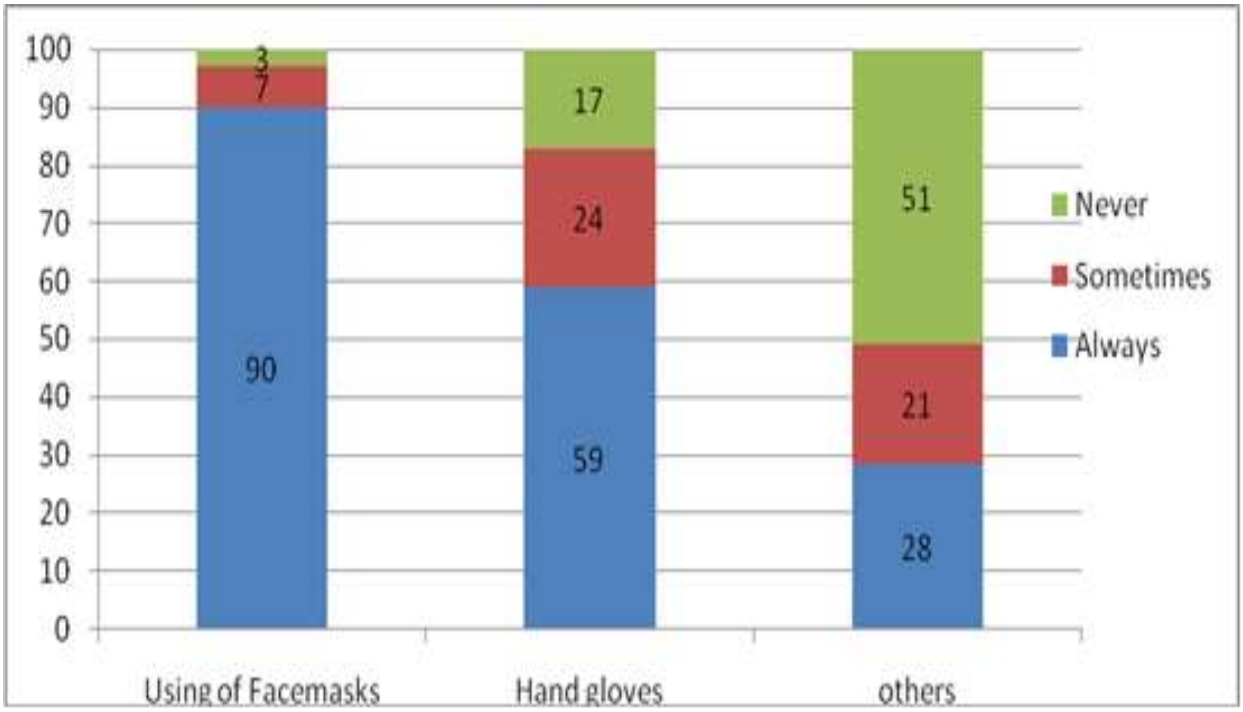
Source: Primary data of the study

Rag pickers (71 %), public toilet cleaners (53 %) and waste collectors (52 %) did not received any PPE, while others did receive only few items such as masks, sanitisers and gloves. Sweepers, workers at solid and septage management utilities did receive PPE as local government offices had to mandatorily provide it as per the government advisory. Focus group discussions revealed that PPE was distributed only once and there were no refills for sanitiser nor replacement of masks. Some workers at the STPs said they received hazmat suits but they did not know how to use them and no one really showed them. Most of the workers found it difficult to wear the hazmat suits given the hot and humid conditions in April, May and June.

There is not much variation in the gender disaggregated data and among the rural and urban workers. But there were variations in the caste disaggregated data which revealed that of those who received the PPE, most of them were OCs (28 %) and BCs (24 %) in comparison to the SCs(18 %) and STs(16 %) . Though, the percentage difference might look low but the wide spread discrimination cannot be ruled out given the oppression of the dalits historically. This calls for the serious attitudinal reforms in the sanitation value chain to protect the rights of these vulnerable groups especially during this pandemic.

When enquired about how to use the PPE, responses were almost equal across the three categories: “Yes” (34 %), “know to some extent”(36 %) and “I do not know”(30 %) which indicates that most of these workers have neither seen PPEs or were not shown how to use them. Most respondents thought the PPE includes only masks, gloves and sanitiser and not many knew about the hazmat suits, gumboots, face shield etc. Only 47 % of sanitation workers were using PPP. Those who were not using include rag pickers, waste collectors and septic tank cleaners. They did not know about the PPE, no organisation/agency has provided PPP to them and they could not afford the PPE on their own. As seen in the diagram, the most popular safety measure is wearing a mask and a majority of them were wearing it all the time during their day to day work. Masks were distributed by many individuals and organisations and they are also affordable compared to gloves, gumboots and hazmat suits. Stitching masks was one of the income generating activity for many during the pandemic. Focus groups reveal that sanitation workers at hospitals meticulously follow the safety guidance and wear the hazmat suits when they clean COVID 19 wards and remove them and sanitise themselves in the hospital itself before going home. While the situation at Sewer Treatment Facility was different though workers were given the PPEs by the utility, they did not wear them citing the reasons lack of comfort, too stuffy and humid, hot and difficult to wear in the peak summer season etc. Some of them even mentioned that they would suffocate wearing the suits before the virus kills them. This easy-going nature of the workers needs to be corrected and comfortable PPEs should be provided, with regular monitoring of safety precautions.

Graph-10: Percentage of sanitation workers using personal protection materials



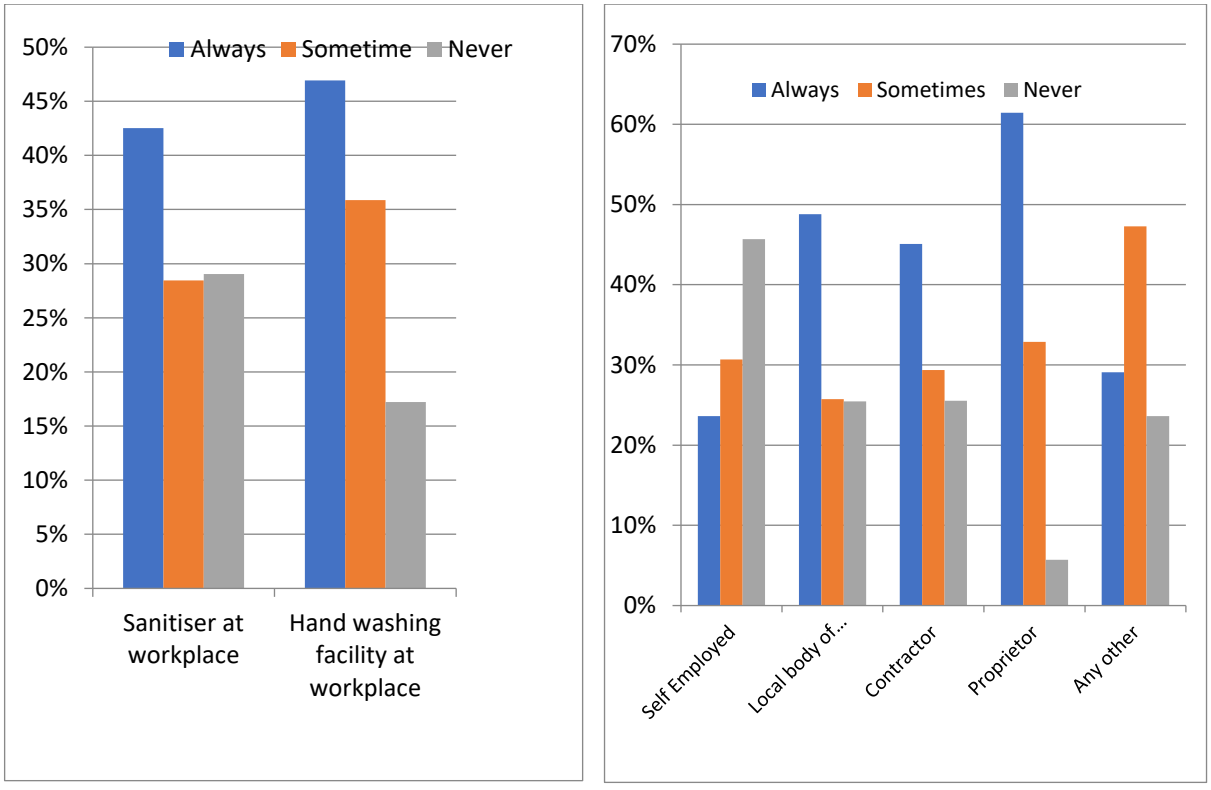
Source: Primary data of the study

Unchanged livelihood and protection with PPE for Municipal Corporation Sanitation worker

Naresh Kumar, aged 40, is engaged in household waste collection and its segregation in Sricilla Municipality in north Telangana, where he lives with his spouse and two children. His spouse is also a livelihood earner in tobacco industry. During lockdown, the municipality ensured that PPE kits were provided to him while on duty. With no single positive case being detected in his town, he gained confidence. On the other hand, his spouse began getting Rs.2,000/- p.m. as pension as a beedi worker. He was a recipient of doles meted out by State agencies, both in cash and in kind, which provided some succour to his family. He hopes that the municipality will increase his salary from existing Rs.12,000/- to Rs.20,000/- p.m. as he has observed that costs of living have risen suddenly.

Provision of WASH Facilities (Hand washing facility and sanitiser) at the workplace. Given the importance of hand washing, WASH facilities play a very important role. The assessment of WASH facilities at work indicate that only 47 % had handwashing facility at work and 43 % said that they had only sanitisers. Hand washing facilities are available "always" for a majority of rural (51 %) and tribal (77 %) respondents, which may be due to their proximity to their houses. However, in urban areas and peri-urban areas WASH facilities were never accessible to 22 % of the workers. Gender disaggregated data show that 20 % of women "never have access to hand washing facilities" followed by 37 % having access only "sometimes". Of the total respondents only 43 % had always access to hand washing facility. There is not much difference in access to sanitisers among men and women. Data indicate that even the utilities did not ensure WASH facilities all the times for their workers.

Graph-11: Access of WASH Facilities to Sanitation workers at Workplace and with different Types of Employers



Source: Primary data of the study

Lack of social protection caused emotional and financial stress during the lockdown:

Alkaben, a middle aged woman, currently works as a sweeper at secretariat in Gandhi Nagar, Gujarat. She resides in a village 45 km away from the city. She is a sole earner and bears responsibility to feed her paralysed spouse and a 14-year-old daughter. She lost her ailing son as she could not afford medical treatment, given her meagre earnings of Rs.5,000/- per month. During lockdown she could not go to her work place and ended without receiving any salary. During the first fortnight of the lockdown, she could manage her food from her previous month's rations. The next month, she could not receive any dry ration under Public Distribution System. Meanwhile, her neighbours chipped in and provided at least two square meals a day for her family for the next fortnight. With lockdown getting partially lifted, she resumed her work, but ended up paying bus fare three times higher than usual.

Social Protection of Sanitation Workers

The majority of respondents (79.7 %) are not covered by any insurance policy and those who had a policy (20.3 %) informed that they bought it themselves. Only seven per cent said their employers provided it. 90% of rag pickers, 83,8% of waste collectors have no insurance.

95 % of the self-employed had not taken any insurance policy while a little over 28 % of sanitation workers employed by local bodies of governance had the insurance policy mandated by government rules. Sanitation workers who were their own proprietaries also did not pay attention to insurance policies showing their ignorance. Telangana respondents had the highest percentage(43.8 %) of insurance coverage and the least was Delhi with only about 9 %. Data was also analysed for those 20 % who had the insurance if it covers three types of benefits, that is life insurance, accidental coverage and medi-claim or medical reimbursement.

Table-6: Distribution of Respondents based on their Coverage of Insurance policy (In Percentage)

S. No.	Coverage of policy	Yes	No	Respondents without insurance
1	Life Insurance	16	4	80
2	Accidental Coverage	15	5	80
3	Mediclaim	13	7	80

16 per cent said it covered life insurance, 15 % covered accidental insurance and 13 % had medi-claim as well in their policy. However, almost 80 % did not have any coverage. This data reflects also the ignorance about insurance policies. Sanitation workers cannot afford quality medical services given their minimal incomes. Providing them with insurance policy with life, medical and accidental coverage should be a priority for the government while extending services to this vulnerable group. There is not much variation among the rural , urban, peri -urban respondents but the analysis on gender disaggregated data shows that only 16 % of women had insurance policies compared to 24% of men.

Providing Sanitation Services in Containment Zones and Health care facilities. 41 % of sanitation workers did provide service in containment zones and nearly 30 % provided services in hospital and health care facilities. This reveals their daily exposure to the virus. Focus group showed that sanitation workers feel insecure and go through panic attacks. 61 % of the sewerage workers and 45 % of workers at solid waste management facility had to provide service in containment zones while in all other categories around 30 % of the workers provided services in containment zones. Similarly, in health care facilities 49 % of the sewer and open drain cleaning workers provided services. The majority of workers from peri- urban areas

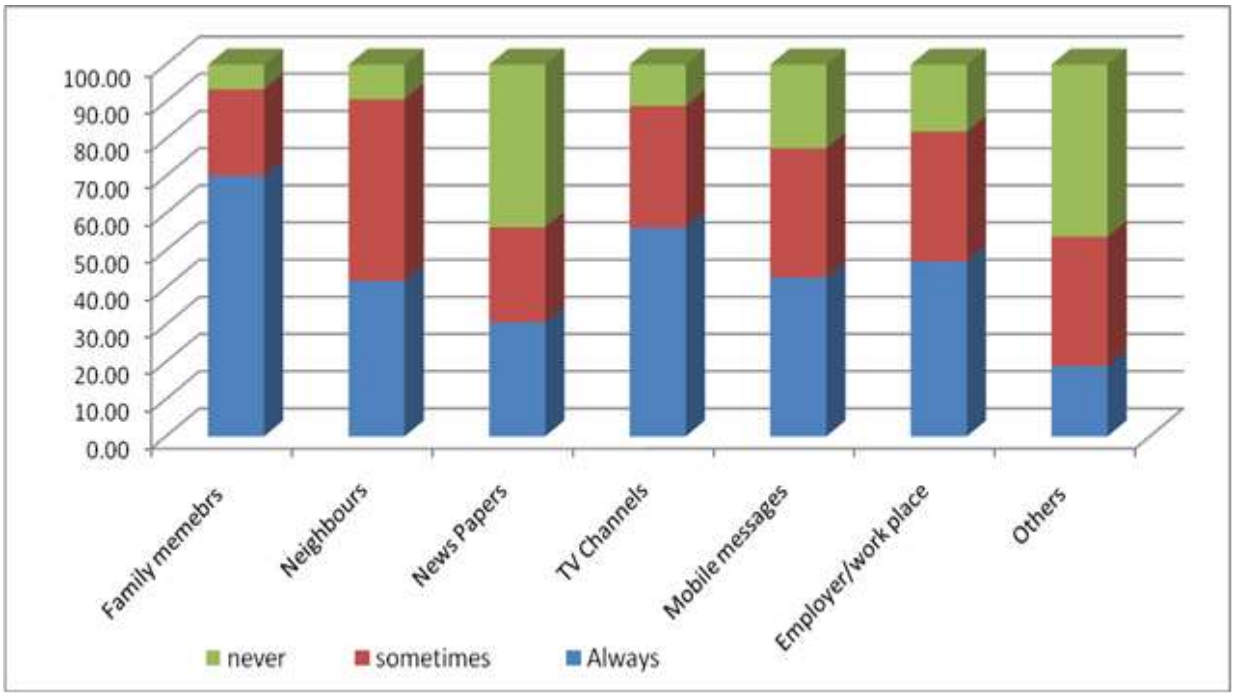
(55 %) served in health care facilities compared to rural (16 %) and Urban (25 %). 31 % of men provided service in health care facilities compared to 26 % of women, and 46 % of men versus 34 % of women served in containment zones. Focus group discussions reveal that sanitation workers did not have much information about containment zones and related restrictions and safety precautions working in these zones etc. Waste collectors were not aware of the households with COVID positive patients and were never updated by health bulletins or government advisory on safety.

Counselling and Guidance. About 53 % of respondents received counselling and guidance about COVID 19 against 47 % who did not receive any counselling. 33 % felt that they have adequate information while 49 % said they are receiving only some information and 18 % did not receive adequate information. Government advisories have not reached these vulnerable groups.

Source of information and Awareness and use of Arogya Setu App. For most sanitation workers the primary source of information is their families, followed by news channels, mobile messages, workplace and neighbours. Very few mentioned newspapers as most of them are illiterate and those who are literate cannot afford newspapers daily.

Television and mobiles are primary sources but mobiles messages contained some misinformation, fake news and scary stories which disturbed the workers morale.

Graph-12: Primary Sources of information about COVID-19 to Sanitation Workers



Government helpline numbers were known by almost 40 % of sanitation workers because the same numbers were used before the pandemic (for example 104 and 108 in Telangana). Only 31 percent of women knew about helplines numbers compared to the 46 % of men. 38 % of urban respondents, and 38 per cent peri urban respondents knew about helpline numbers.

Arogya Setu[11], the mobile app to track COVID 19 patients, was known by only 30 % of sanitation workers and only 16 % of female respondents compared to 42 % of male showing lack of interest about technologies or lack of smart phones. Most men possessed mobile phones and had access to the apps. 33% of urban respondents knew about the Arogya Setu app compared to 26 % and 15 % of rural and tribal populations respectively. Only 14 % of the respondents said they used the app, while 17 % said they are not using it. 69 % did not know about the app. Only five percent of women used the app compared to 19 % of male respondents. 14 % of urban respondents used the Arogya setu app compared to the rural(11 %) and tribal(8 %).Low percentages of usage of the Arogya setu app reveal the gaps in the system to trace and track COVID 19 cases.

The app is mostly used by sewer and open drain cleaners, workers at septage management facilities and formally employed workers, while informal workers did not have any access.

Safety Precautions at Work and Public Places

Thermal screening to check the temperature of individuals was adopted in public places and work places.

Percentage of respondents who underwent thermal screening

S. No.	Thermal Screening	Yes	No	Percentage
1	At workplace	40	60	100
2	super markets	14	86	100
3	other public places	19	81	100

Only 40 % of respondents were checked for temperature at the workplace but much fewer said they were checked at super markets and in public places. This low percentage could be attributed to the systems failure of strictly adhering to COVID- 19 advisory, the cost of thermal screening guns and neglect by managers of super markets and other public places . Sewer and open drain cleaners (60 %) and septage management workers (57 %) underwent screening indicating that it is a must for government utilities to follow norms, while many rag pickers (14 %) and water collectors (35 %) did not get thermal screening done at any place after being into the pandemic for the last five months or so.

COVID 19 Testing. Only 16 % of respondents were tested for COVID 19, mostly workers of solid and septage management facilities (22%) and sewer and open drain workers (18 %) and sweepers(24 %). This minimal percentage of testing was done when a COVID 19 positive patient among them was detected. However, as per government advisory they should conduct regular tests. Focus groups also indicated that many utilities conduct tests on their employees only when someone gets positive. The majority of respondents across all states did not get testing while Gujarat (28 %) Maharashtra (24 %) and Bihar (22 %) reported considerable amounts of respondents being tested. Maharashtra and Gujarat have increased the number of tests while Bihar tested many returning migrant labourers. The low testing in other states may be due to non-availability of testing kits, fear to do the tests, priority for health professionals for

[11]*Aarogya Setu app is a coronavirus tracking app that uses a mobile application developed by the Government of India to connect essential health services with the people of India in the combined fight against COVID-19. The App is aimed at augmenting the initiatives of the Government of India, particularly the Department of Health, in proactively reaching out to and informing the users of the app regarding risks, best practices and relevant advisories pertaining to the containment of COVID-1* Read more at: https://www.gadgetsnow.com/how-to/how-to-use-governments-official-coronavirus-tracking-app-aarogya-setu/articleshow/74965369.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

testing etc. But limited testing, weak contract tracing and containment by respective departments led to the rampant spread of the disease increasing the death toll day by day.

Concerning health status, a very low percentage of respondents was diabetic (4.7 %), hypertensive and about four percent had respiratory issues. These statistics are essential for utilities to keep track of high risk cases and protect them when exposed to the disease. When enquired about hurdles or limitations during lockdown for accessing health related emergencies, the majority of respondents did not face problem as medical shops and hospitals were open. However, some respondents expressed the difficulty in accessing medicines (4 %), consultation and treatment (4 %), diagnostic services (4 %) and emergency services (4 %).

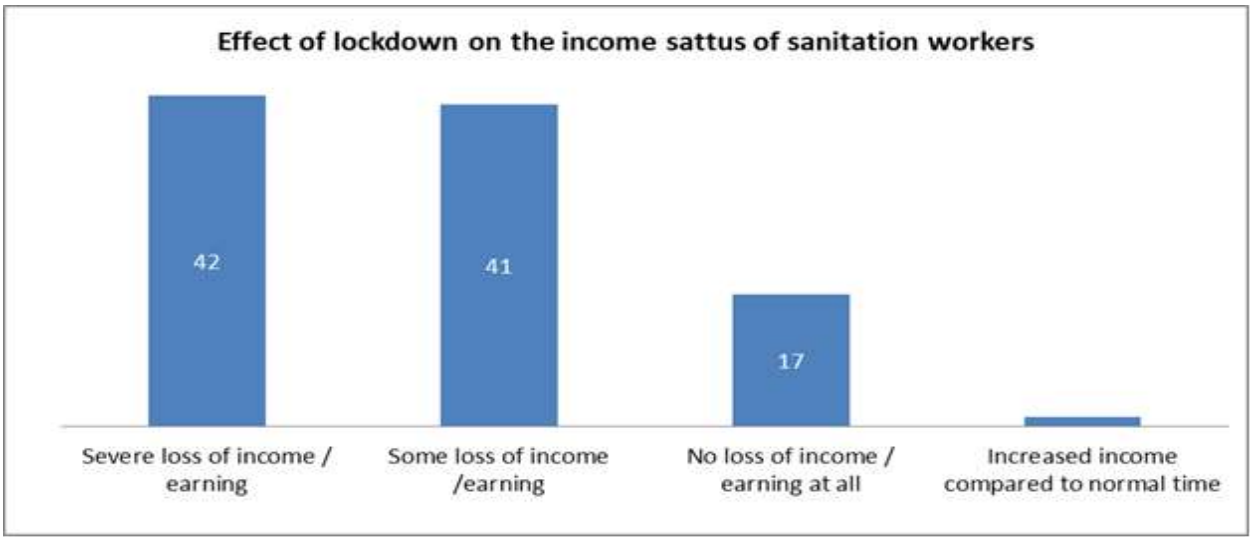
Livelihood and Income Generating Activities

About 60 % of respondents worked during the lockdown, 22 % worked for part of it, 13 % worked for very few days and four percent never worked. Drain cleaners (72 %), sweepers (64 %) and waste collectors and septage management workers (65 per cent each) worked for the entire period of lockdown. The demand for septic tank cleaning decreased owing to restrictions on mobility. 23 % faced hurdles "all the times" when travelling to work places during the lockdown, 42% had sometimes problems and 35 % never had problems. Workers had to present their identification cards to the police and some had to produce work passes. Some had to walk long hours to reach to the workplace as public transport facilities were shut down. Sanitation workers who used to go on pillion rides on bikes to save the fuel could not do it anymore due to social distancing norms resulting in higher transport costs. Many government workers had less problems, especially workers at septage management facilities (43 %) and sweepers (41 %), compared to others. Some sweepers who work in hospitals left without public transport had to stay back in the hospital leaving their families behind for the entire lockdown. Restrictions in urban areas were imposed by the governments and police personnel monitored the movement of people, while in rural areas they were self-imposed. In some areas sanitation workers were not allowed inside some communities that collected and handed over their waste to them at the entrance of the barricades.

Nand Kishore Bhagat is a frontline sanitation worker from Delhi engaged in cleaning and maintaining hygiene in public toilets. Contractors did not provide him with health nor hygiene kits. In the post lockdown period, he became the sole bread winner in his family as his son lost his job.. With lower household income it became difficult to meet his family's essential needs. He has not received any monetary support from State agencies or Charities. Bhagat started working extra hours, and feels that COVID-19 has worsened the situation. He needs financial assistance for his son to explore other livelihood opportunities and reduce Bhagat's financial burden.

Impact of lockdown on income. The lockdown severely affected the livelihoods of sanitation workers. Almost 80 % lost income and only 17 % had no problem and one percent even increased their income.

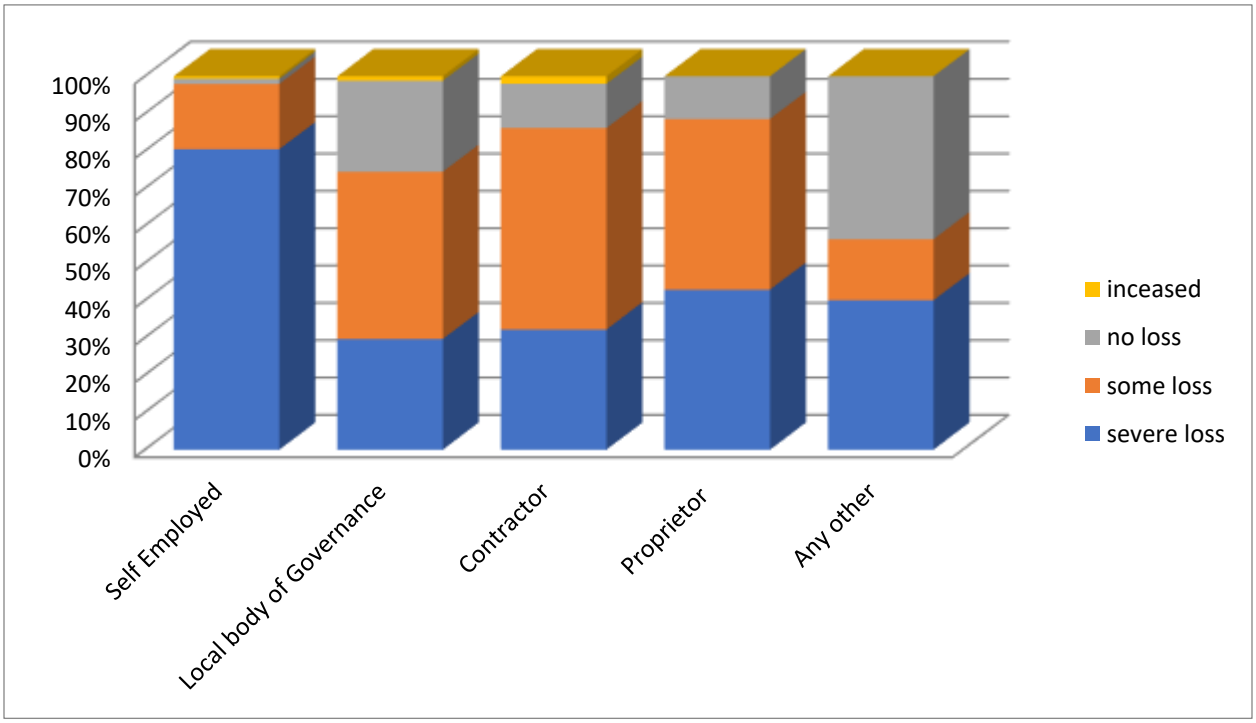
Graph-13: Lockdown effect on Monthly Incomes of the Respondents:



Source: Primary data of the study

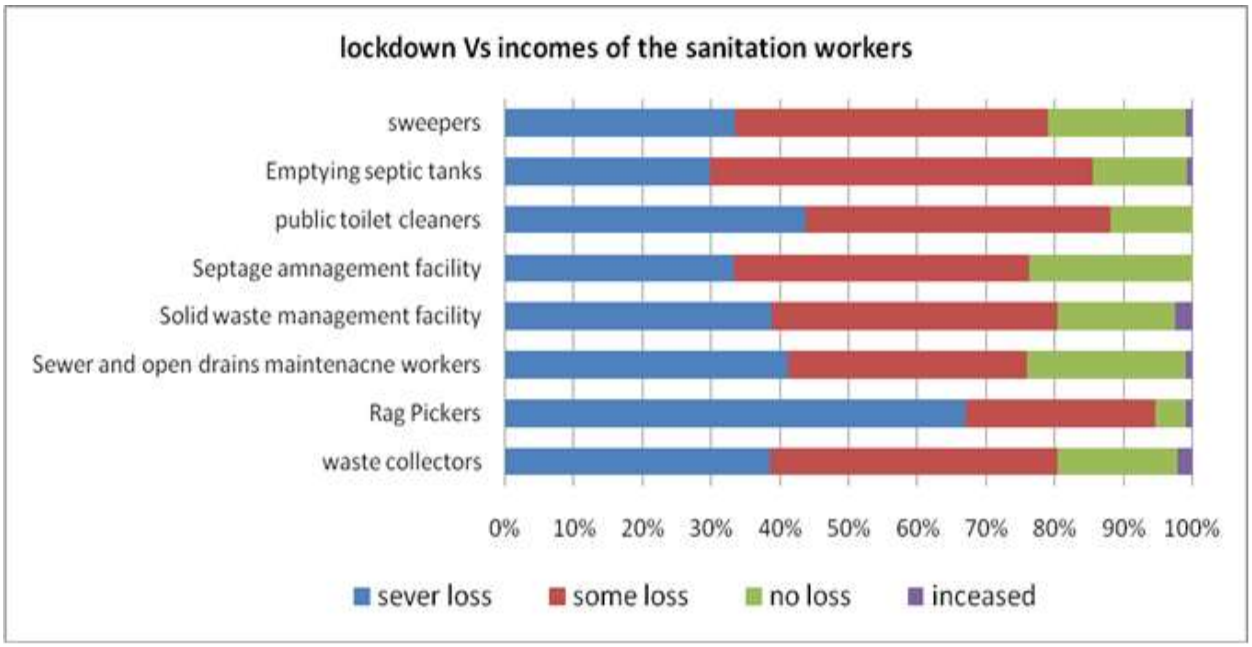
Most daily wage employees working under contractors did not have income during the initial two months. Self-employed rag pickers, waste collectors, cleaners on septic tanks saw their income drastically reduced. Rag pickers who managed to collect scrap could not sell it as scrap vendors' shops were closed during the lockdown. Sanitation workers are suffering not only for the loss of their own incomes but for the loss of livelihoods by all other earning family members' in the family. (see graph 14)

Graph-14: Type of Employer and the Impact on their Incomes.



Source: Primary data of the study

Graph-15: Type of sanitation worker and impact on their incomes



Source: Primary data of the study

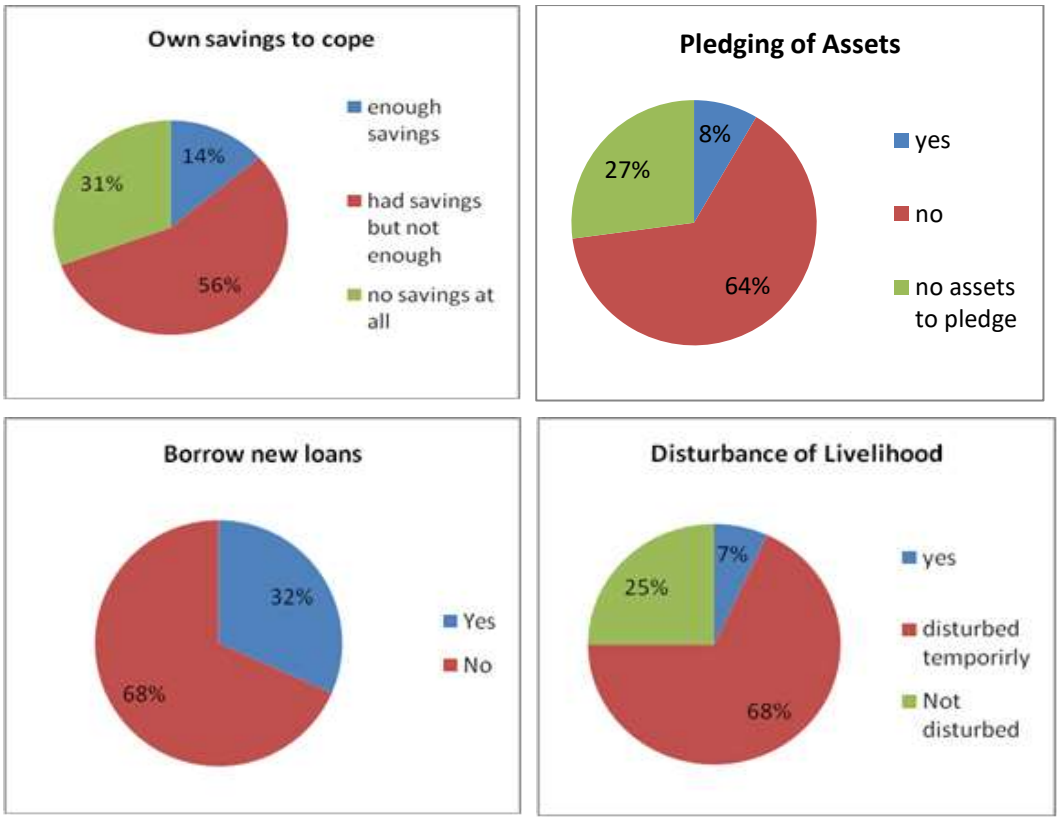
Muthammal, 37 is a widow living in G. Kallupatty in Theni District, Tamil Nadu, with her 3 children. She is engaged in cleaning drainages, employed by village authorities on a meagre payment of Rs.2,000 p.m. With COVID-19, given the nature of her work, she is concerned about her children's future as no one would look after them if something happens to her. Though she has not been able to avail any doles in cash, she received food rations, albeit of poor quality. Lack of a smartphone deprived her two daughters to access school education. Her son is unemployed.

Coping with the lockdown, savings and alternative methods. Only 11 % of respondents received relief support from their employers. Those who were working as maids in private homes, and toilet cleaners at private schools and colleges, toilet cleaners at theatres and malls lost their jobs, forcing them to borrow high-interest loans and pledging assets to feed their families.

Pradeep Singh, a 50-year-old man, resides in twin cities of Hyderabad and Secunderabad with his family of 4. His entire family is engaged in sanitation work in schools and colleges earning altogether around Rs.21,000 per month. Lockdown provoked his family's total loss of livelihood as all these institutions were closed down. His family received some form of assistance in cash and in kind through benefactors comprising NGOs, State and Central agencies, but they also had to use money saved for the marriage of their daughter and pledge gold to get loans. He hopes the State can create job opportunities.

14 % of respondents had some savings, 56 % had savings but not enough to survive the lockdown period while 31 % did not have savings at all, especially rag pickers. About 10 to 13% had savings to cope for some timed but other family members had no savings at all.

Graph-16: Percentage of respondents with savings during the lockdown



Source: Primary data of the study

Only nine percent had to pledge or sell their assets while 65 % managed to survive with dry rations and cooked food given by donors during the lockdown. 27 % did not have assets to pledge. Septage management workers who migrated had to pledge their assets. Self-employed sanitation workers had to borrow money. 68 % said that they did not borrow any money. They could manage because their spending on children's education, alcohol, healthcare, movies and junk food completely stopped. Those who borrowed now need to repay the loans at very high interest rates.

Lockdown Vs Workplace Shifting and Alternate Livelihoods. Only about 10 % of respondents had to shift from their workplace for the entire lockdown period, while nearly 10 % had shifted most of the time, about nine percent shifted for part of the lockdown period and almost three fourth did not shift at all. The majority of respondents who had to shift for the complete lockdown period were contractual workers at septage management facilities. Some of the sewer and open drain maintenance workers also shifted for a partial time. Some sanitation workers were in panic with the announcement of lockdown and went back to their native places, but most of these workers returned when the situation continued. Rag pickers and waste collectors struggled to get income but did not shift. The majority of respondents did not have alternate livelihood activity except for about seven percentage of them. Disaggregated data informs that septage management facility workers (13 %) were displaced completely (only in Odisha) while rag pickers (10 %), public toilet cleaners (9 %), workers at solid waste management facility (9 %) had to take up alternate jobs.

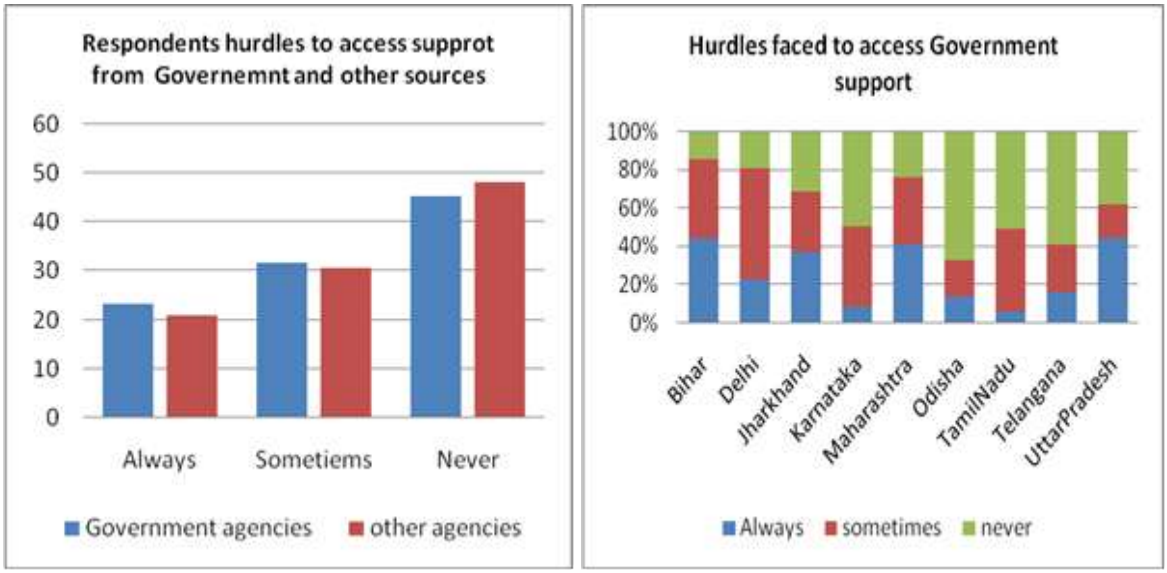
Sanu Khara, 45, was a hotel sweeper and toilet cleaner in Leypore along with his spouse and two school-going sons. The lockdown destroyed his family's livelihood leading to a complete loss of income and they cycled their way back to their native place, Khairaput of Malkangiri district for two days, as there was no public transport available. After going through quarantine for 14 days, Sanu's family was provided Rs.8,000/- as a dole by the Government of Odisha. They also received food entitlements of Rs.1,000/- his spouse received a sum of Rs.1,500/- under Jan Dhan account. Sanu and his spouse began working as agriculture labourers, earning Rs.150/- and Rs.100/- per day, respectively. He was a recipient of kitchen garden scheme, "Mo upakari Bagicha", to earn income by selling vegetables grown. Income in his village is low, but Sanu's family was able to eat fresh vegetables and nutritious food. Sanu also began living without alcohol and got rid of his drinking habits.

3.4 Life during the lockdown

The nationwide lockdown created havoc across the country, especially for marginalised groups who had not enough savings nor stored commodities. These unprecedented times have thrown these vulnerable communities into shocks and threats for accessing support services and cope with increased workloads.

Lockdown and Commodities Status , Prices and Hunger. During the lockdown, governments and partners have come forward to support poor families through dry ration, hygiene materials and other essential commodities. Around 22 % of respondents faced problems in accessing support from the government and other agencies but the majority did not have problems. Respondents from Bihar, Delhi and Maharashtra had more problems compared to other states, which may be due to migration of labour. Delhi faced problems due to stranded labour. The diagrams below depict the status across the different states in accessing government services.

Graph-17: Hurdles in receiving support from Government and other agencies



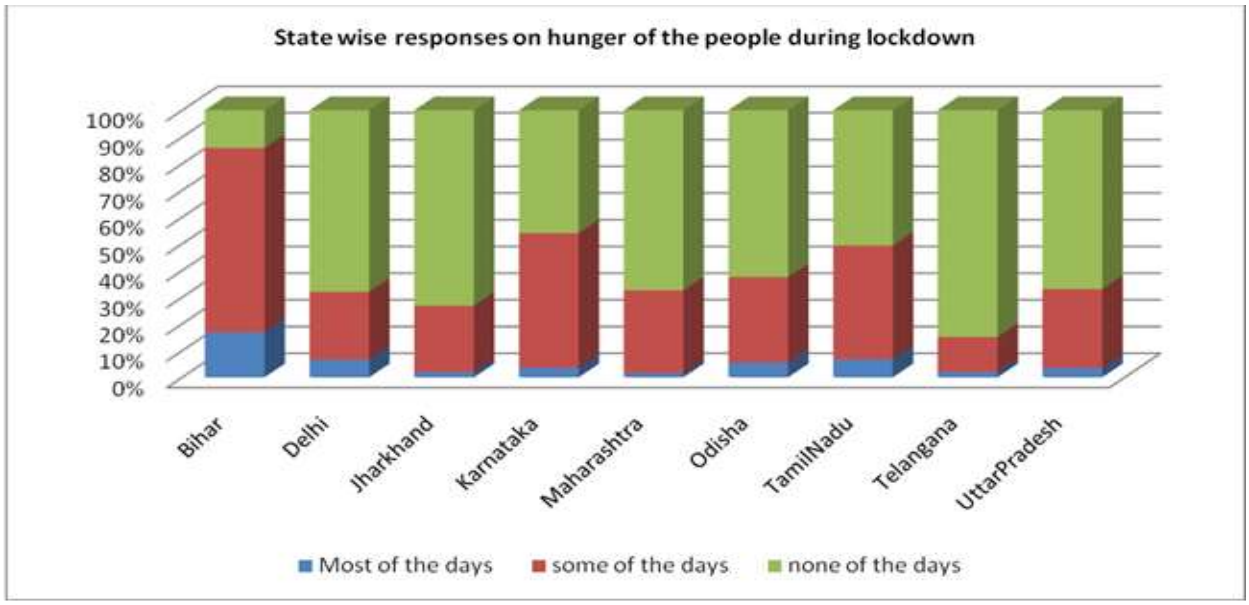
Source: Primary data of the study

About 25 % of respondents had sufficient commodities for the entire lockdown period while 61 % had commodities sufficient only for few days and 13.8 % did not have any commodities. Rag pickers and public toilet cleaners did not have enough commodities and were dependent on the cooked food and rations provided by the government. About 26 % of the respondents always had access to procure the ration during the lockdown , while 64 % had faced problems only sometimes and 10 % never faced any problems. Again the rag pickers and public toilet cleaners were the worst affected with high percentage of respondents (19 % and 11 % respectively) not having the access.

Majority (74 %) of the respondents felt that the prices of the commodities have gone up and two percent of them said that the prices have gone down during the lockdown period, however, 24 % of them said that the prices were normal and there was no significant change in the prices of the commodity. Focus group discussions revealed that the prices have suddenly increased for the first few days with misconceptions and rumours spreading over the stocks not being last for more days, no processing or production, mobility restrictions etc. which created panic among the public and suddenly everyone rushed to buy and store the food materials causing an artificial scarcity and price hike. Comparison of price hike across rural and urban areas reveal that 84 % of the rural respondents felt that the prices being increased, while it is 73 % among the urban respondents. Only three percent of the respondents from rural areas and two percent in urban areas felt that the prices have come down. Focus group discussions revealed that business communities have suddenly increased the prices looking at the demand, panic and indiscriminate buying among people, shops being open only for few hours, syndicate of the traders etc as some of the other reasons.

Study also focussed on finding if sanitation workers and their family members had to go hungry due to the sudden lock down and the price hike of commodities and the data reveals that nearly 60 % of the respondents said that they did not have to go hungry while eight percent of them had to go hungry for most of the days and 32 % had to go hungry for few days during the lockdown. The rural and urban differences indicate that respondents from urban (8 %) and peri -urban (10 %) had to go hungry while it is less in rural areas.

Graph-18: Percentage of sanitation workers and or their family members who had to go hunger during Lockdown.



Source: Primary data of the study

State wise statistics indicate that in Bihar some families had to go hungry for most of the days of lockdown followed by comparatively lower few percentages in Tamil Nadu, Odisha and Delhi. All other states reported that the respondents had to go hungry for few days during the lockdown. Majority of the states reported that they did not have to go hungry during the lockdown as they had their earnings, savings and ration support received from the government while some said that they survived on the cooked food distributed. When looked at the type of sanitation workers, the worst affected among them were those who were into rag picking, waste collection, public toilet cleaning and those working with septic tank cleaning trucks. The labour in transit and lack of coordination among the government and other support agencies in delivering the cooked food or ration could have been the reasons in the initial days of lockdown but as the things settled down the situations have changed slightly. "The rural sanitation workers did not go hungry" which can be attributed to the historical practice of securing and storing of the dry ration for an entire year at the time of harvesting unlike the urban and peri -urban areas.

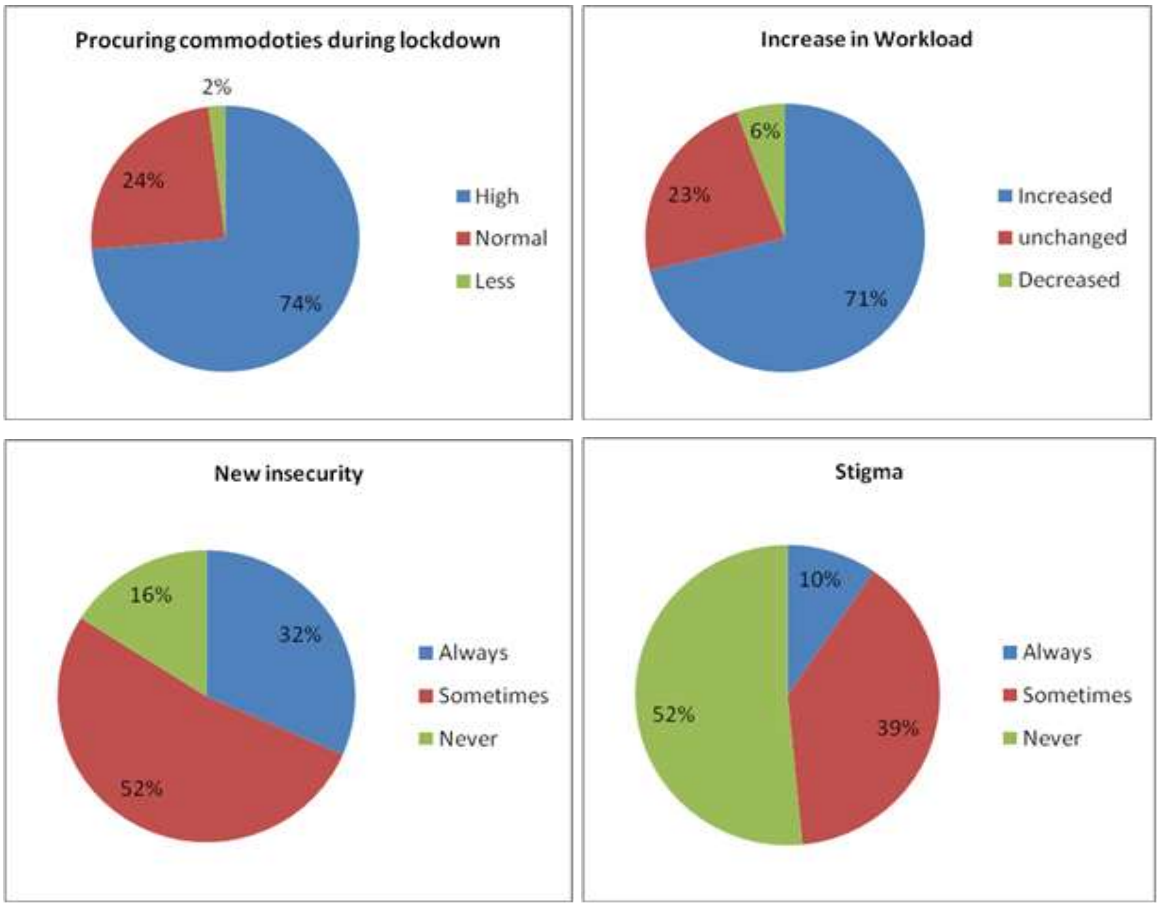
Physical and Psychological Stress due to Lockdown

Entire Period of lockdown was very stressful –physically and psychologically says M.Mallamma, a 45 year old sanitation worker at Gandhi Medical Hospital, Hyderabad, the only State hospital dedicated for Covid treatment. Restrictions on mobility by the state and fellow slum dwellers resistance to allow her back from Hospital and threatening calls from contractor to fire her from Job if she does not attend have threatened, confused and pressurised Mallamma to take a crucial decision to leave her family and stay at Hospital for two months of Lockdown. The possible financial crisis and entire family depending on her sole income mentally made her strong to stay away in the dormitory that was provided by the contractor to clean the covid wards in the hospital risking her own life. Adding to that she said most of us continued to work for two shifts to fill the gap of demand-supply and also to ensure that we are not ideal and miss our families. Thanks to the smart phone which helped us to communicate with family members. My daughter became too emotional if I ever reach back home made me cry atleast a day. But thanks to the support of my co workers and my family members that I survived this stress and comeback home safely. We are now going in the transport vehicle provided by the contractor. However, my presence at family weddings is still feared as my own sisters and brothers treat me as a covid carrier and do not invite for family gatherings.

Stress due to lockdown was not only limited to availability of the food grains and services but it impacted badly on the physical and psychological wellbeing of the families. The sanitation workers being in essential services said that their workload has increased (71 %) and 23 % felt that the responsibilities have unchanged while six % of them said that the workload has decreased. When looked at the disaggregated gender data both men and women felt the increased workload with 72 % of women expressing the increase in workload and similarly 70 % of men complaining of the increased workload. Women in rural areas had more workload compared to peri -urban(70 %) and tribal areas(62 %). The increased workload for women was due to entire family staying back at home resulting in additional responsibilities to cook, clean vessels, fetch water, wash clothes and manage entire house chores yet not compromising on delivering the duties assigned to them at work place. During the focus group discussions men said that closure of liquor shops made them felt the work load and drudgery, while women were very happy that their lives are much more peaceful without liquor. Some of the waste collectors mentioned that the waste generated from the homes was almost double as everyone started cleaning their houses removing the old scrap keeping the importance of cleanliness during the pandemic and also due to time available to them due to lockdown. Similarly sweepers and drain cleaners were requested by the colony associations and

households to clean, wash and sanitise the premises and drains. While some other households demanded for more frequent cleaning and sanitising to keep their areas clean and sanitised. Further, as part of the advisory of governments at state level and the local bodies of governance started instructing their workers to additionally sanitise all the public places from time to time. The sanitation workers also complained that they had to exert this work without even having food as the food outlets were closed due to lockdown. Some of the sanitation workers who were used to drinking tea every two hours during their core operations felt the stress and fatigue too as there were no tea bunks available due to lockdown.

Graph-19: Perceptions of sanitation workers on ne insecurity, stigma and increase in workload:



Source: Primary data of the study

Around 32 % of sanitation workers expressed that they had developed insecurity all the time, while 52 % felt insecure sometimes and 16 % never felt any insecurity for carrying out their operations during the lockdown. Gender disaggregated data shows that there is not much of difference in the insecurity felt by men and women showing that every individual feel equally threatened and insecured about the deadly disease. The rural urban differences indicate that in rural area respondents (19 %) felt less insecured compared to the urban(35 %) and peri -urban(32 %) and tribal(38 %) areas. Rural areas were less affected during the initial days of the lockdown compared to the urban and peri urban areas but overall the sanitation workers were not so insecured about the disease and during focus group discussions they said that they will continue to do their jobs duly following self-protection measures but were insecure about their jobs and incomes.

When enquired about the stigma associated with their job only 10 % felt that there is always stigma attached to their occupation while 39 % felt hat they had faced stigma “sometimes” and 52 % “never faced” any stigma. Women (12 %) compared to men (8 %) were facing the stigma attached to their occupation. While the data from the caste category shows that 11 % of the SCs felt the stigma compared to five percent of OCs and four percent of BCs. It is surprising to see that more stigmas attached in peri-urban (12 %) areas compared to urban (10 %) and rural(7 %). To reinforce the mental blockage that has been running historically, the septic tank emptier’s (19 %) perceived that stigma was shown on them followed by (septage management facility(11 %) and public toilet cleaners (11 %). The least discriminated category was open drain cleaners and sweepers. Reasons could be that anyone who deals with the faecal sludge directly gets attached to the stigma as contact of human waste to hand is considered bad.

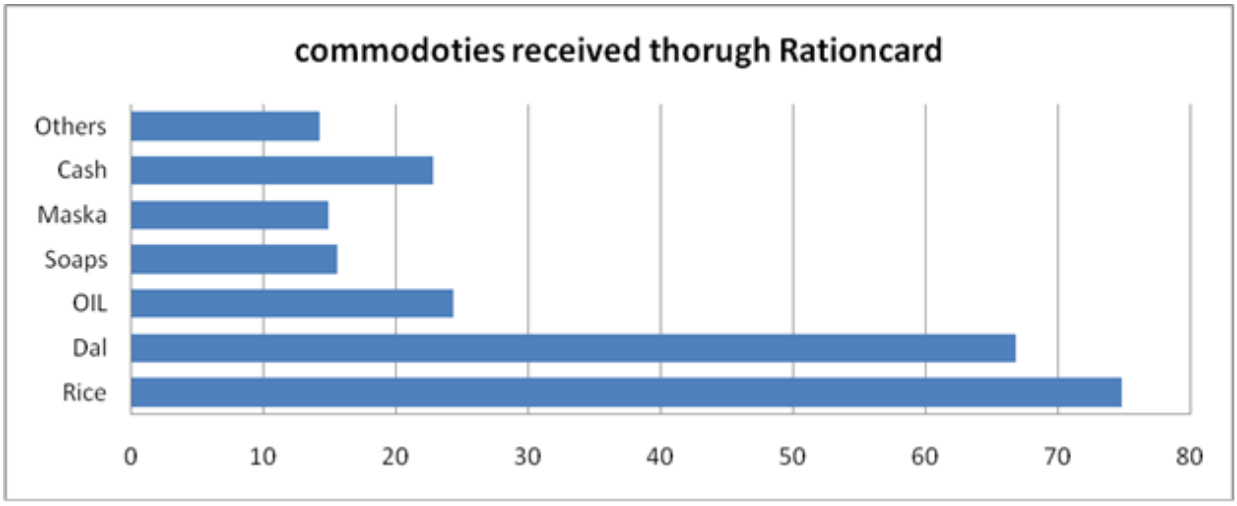
Apathy and stigma towards sanitation worker:

Jaya Shyamrao Landge from Amravati district, Maharashtra is a sanitation worker employed by contractor. She is a sole breadwinner in a family of five. She looks after her aging parents, two daughters and a physically challenged son. Her spouse was an alcoholic and died at the early age due to ill health. During lockdown period, entire family was surviving on the rice provided under PDS. She worked in a containment zone with no protective gears – neither hand gloves nor face masks. She is aware of the kind of risky nature of her job and the risks of COVID19, scared of getting infected and transferring it to her aged pparents but she did not have an option but to continue. The households in those streets where she is working started treating her like an untouchable and a carrier of COVID. When asked for water, many refused and those who gave provided her in a dirty bottle literally throwing at her with the fear of getting in contact with her. She felt very embarrassed and frustrated with such behaviour of houeholds for whose sake she walked everyday 10 kilometers by foot.

3.5 Social Protection, Relief Support/Assistance during the Lockdown

Social protection measures and the relief support extended by governments, NGOs, charity and religious organisations have really rescued many of these vulnerable groups during this lockdown. Study aimed to look at what support received and how they coped during the lockdown utilising these support measures were assessed. When enquired about having the ration card, majority (76 %) possessed it but 24 % of respondents said that they did not have the ration card. Among the sanitation worker category Public toilet cleaners did not have the ration cards , perhaps these respondents are the ones who also had difficulties in having the commodities in store during lockdown and had to go hungry many at times as they could not get ration provided through Public Distribution system. Remaining categories of sanitation workers (72 to 80 %) had the ration cards which made them eligible for receiving the subsidies and ration from government.

Graph-20: Percentage of respondent who received commodities (dry ration) through Ration Card



Source: Primary data of the study

Central Government and state governments have made efforts to supply the dry ration through PDS and the most important food item received by poor families was rice followed by *dal*, oil, cash and soaps etc. Most of the respondents received the ration support from their respective state governments through various schemes. While the Central Government had offered Rs. 500 cash through Jana Dhan scheme, some of the state governments also had their own cash incentive schemes to protect the poor from going hungry. For example Government of Telangana has given Rs.1500 cash to every card holder for two months during the lockdown, similarly Governments of Tamil Nadu and Odisha also gave Rs. 1000 cash to cope with family needs. Government of Telangana also provided a cash incentive of Rs. 7000 to all the sanitation workers across the state for two months after recognising their self-less service. However, this incentive was given only to the employees of the government not for the waste collectors, rag pickers or contractual labour. The cash incentives and dry ration support extended during the lockdown in the selected states is given below.

Table-7: Dry ration/ cooked food/ cash support extended by the State Governments during the lockdown in the selected states

Name of the State	***Type of Dry Ration***	***Cash / other Incentives***
Bihar	• *One ration additional ration for free (all ration card holders as per their entitlement)* • *May June and July 2020: 8 Kg of ration and Rs. 358 for school children studying in std. I – VI. 12 kg of ration and Rs. 536 for school children studying in std. VI – VIII under MDMS.*	• *Financial assistance of Rs. 1000 per family to all ration card holders through DBT.* • *Special assistance of Rs. 1000 each to the migrants of Bihar stranded in different states.*
Delhi	• *7.5 kg free ration under PDS (April 2020)* • *2000 food coupons to each MLA and MP. Food coupon will be applicable to get 5 kg ration among non-ration card holder (April,2020)* • *500 hunger relief centres for cooked food twice a day (Lunch and Dinner) (April 2020)* • *Free ration increased from 5 k.g to 10 k.g in the month of May 2020.*	• *Rs. 5000 cash support to all construction workers & daily wage labourers* • *Double pension in March for widows, differently abled & elderly.*

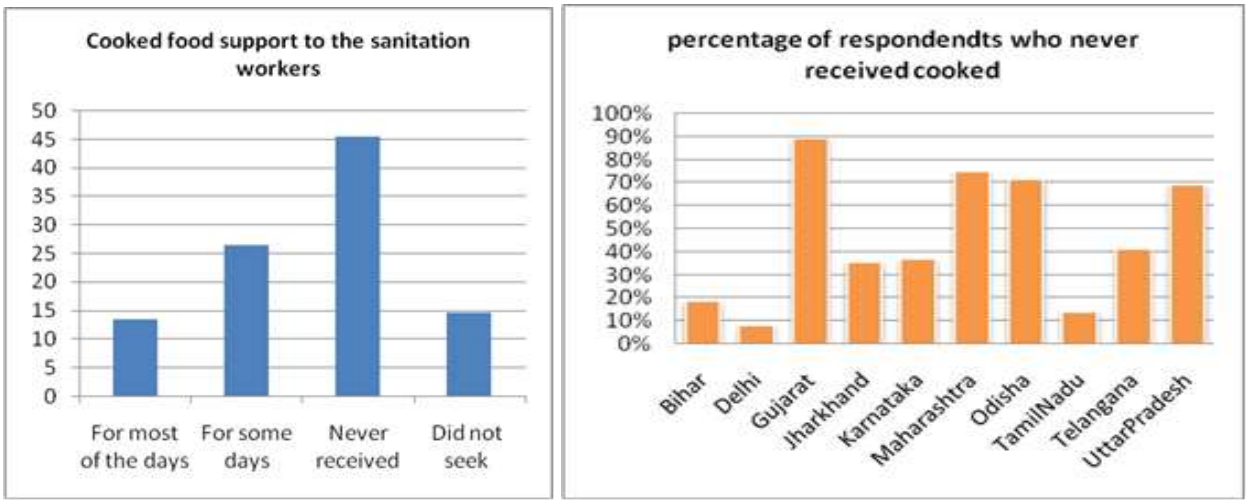
Name of the State	Type of Dry Ration	Cash / other Incentives
Gujarat	• *Distribution of 3.5 kg of wheat, 1.5 kg of rice per person and 1 k.g of dal . 1 kg of sugar. 1 k.g of salt in all ration shops in Gujarat.*	-
Jharkhand	• *Additional ration as per the entitlement for the month of April and May 2020. (PMGKY)* • *Dal Bhat Kendra (Community Kitchen) – distribution of cooked food at police station (April and May 2020)* • *Dry ration (2 kg of crushed rice, half kg of jaggery, half kg of gram) – 5000 packets distribution at Ranchi and 2000 in rest of the districts.*	*Special assistance of Rs. 1000 each to the migrants of Bihar stranded in different states.*
Karnataka	• *Adequate food supply and rations at free of cost was ensured for migrant workers and all BPL families.* • *Monthly quota of 10 kg of rice and 2 kg of wheat given free of cost to each member of the family belonging to the BPL category from the first week of April.* • *The APL category families given rice and wheat at ₹15 a kg.*	*One-time compensation of Rs 5000 to unorganised sector workers like barbers, washermen, cab drivers and auto drivers who have lost their livelihoods due to lockdown.*
Maharashtra	• *Additional 5 kgs of ration per month for three months (PMGKY).* • *Food along with shelter and health care for migrant families.* • *Provision of cooked food (Shiv Bhojan Thali) at subsidized rate.*	
Odisha	• *Distribution of cooked food by ICDS and mission Shakti functionaries[12].* • *Distribution of cooked offd at free of cost to urban homeless.*	
Tamil Nadu	• *Chief minister announced to provide free rice, dal, cooking oil and sugar under PDS.* • *15 kg rice, 1 kg pulses, 1 kg cooking oil – daily wage labour construction workers and auto rickshaw drivers)* • *Doorstep delivery of food to elderly[13]* • *Distribution of 15 kg of rice, 1 kg of dal and 1 kg of cooking oil for members of welfare board (construction workers and autorickshaw drivers)*	
Telangana	• *Provision 12 kg rice free for each person (against monthly supply of 6 kg per person).* • *Additionally, Rs 1,500 per family will be given to each white ration card holder to purchase groceries.* • *12 kg of ration and Rs. 500 for migrant workers in the month of April 2020.*	• *Full wage payment to permanent and contractual workers.*
Uttar Pradesh	• *Provision for 20 kg wheat and 15 kg rice to Antyodaya workers, MGNREGA card holders and construction workers.*	• *Special assistance of Rs. 1000/- to Daily wage earners.*

[12]https://www.financialexpress.com/lifestyle/shg-members-provide-1-5-crore-meals-to-needy-helpless-people-during-lockdown-in-odisha/1954156/

[13] https://factly.in/explainer-what-are-the-various-relief-measures-announced-by-state-governments%EF%BB%BF/

In addition to the dry ration support many state governments, NGOs, charity organisations etc. have distributed cooked food in many cities and towns. The Government of Telangana had a free food distribution through their "Annapurna" scheme and Maharashtra also had Shivbhojan scheme to provide cooked food support to majority of the respondents.

Graph-21: Percentage of Sanitation workers received Cooked Food Support given by States

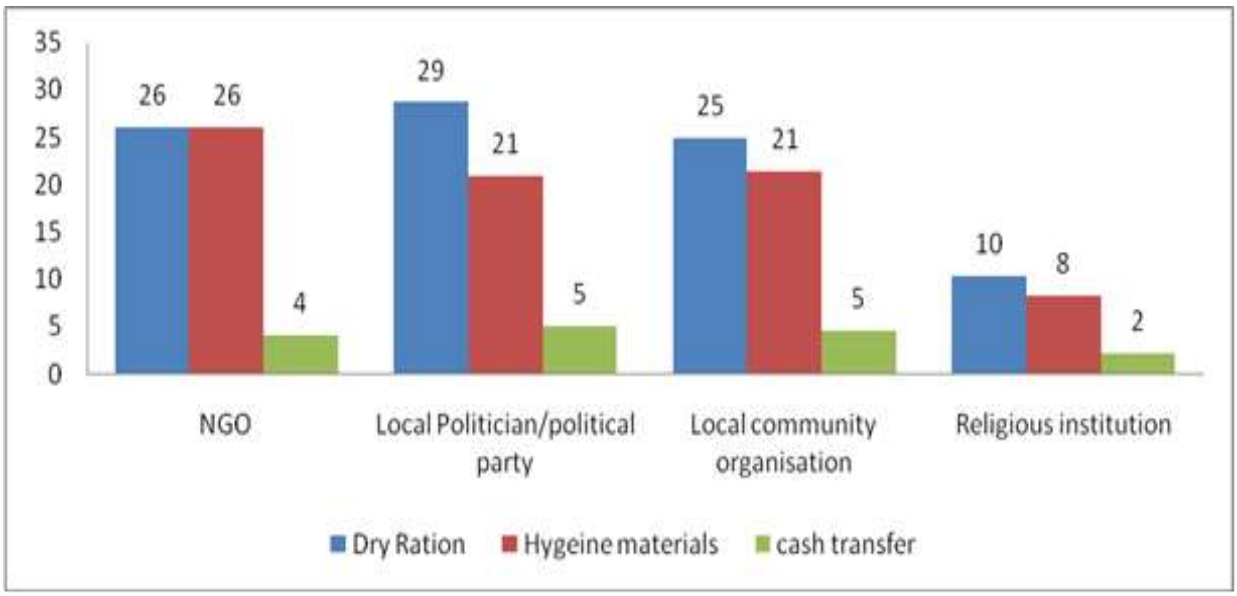


Source: Primary data of the study

Data on the cooked food support indicate that about 15 % people did not seek any cooked food as they already had dry ration and wanted most needy groups to receive the food. About 50% of the respondents did not receive any cooked food and 14 % of the sanitation workers said that they have received the food support for most days during the period of lockdown. In the major cities the governments also ran canteens to provide food in the afternoon and night so that people do not go hungry. Focus group discussions revealed that most of the NGOs and governments could not identify the most needy given low personnel support, transportation, dependency on local leaders to identify the beneficiaries and lack of coordination among the supporting departments. When zoomed into the data of sanitation workers who did not seek food, it was sweepers (15 %) and open drain cleaners and workers at the solid and septage management facility indicating their studied income. This finding is also in conformity with the employer data as 17 % of the sanitation workers from utilities did not seek any cooked food support indicating their integrity to support most needy. During focus group discussions sanitation workers revealed that it was important to build the morale of each other in the best possible ways to cope with the pandemic and they also said that it has changed their outlook towards life.

In order to safe guard the lives of people in India many CSOs, religious organisations, political leaders and community organisations have made extensive efforts to reach out to the most needy populations. The diagram below shows the type of support extended by these agencies. Most of them focussed on providing the dry ration support which is most needed to survive the lives while hygiene materials were also distributed by all the agencies and the least preferred means of relief was cash. The political leaders were providing the support in terms of vegetables, rice and *dal* etc, while NGOs focussed equally on food and hygiene materials in fact the NGOs were also actively involved in awareness campaigns as well. However, all these organisations could reach only to 30 % of the population while another 70 % still were suffering due to duplication of support at the same locality, lack of coordination in identifying the needy and political interferences etc. This finding calls for a better strategy to implement the needed interventions integrating all the parties involved.

Graph-22: Distribution of the relief support to the vulnerable populations by various organisations



Source: Primary data of the study

3.6 Livelihood – Post-Lockdown

After the three strict lockdown periods Government of India has relaxed the lockdown with advisories of dos and don'ts and making the safety against COVID- 19 as an individual responsibility to fight against the battle of COVID- 19. It was very important for the study to look at how the sanitation workers are preparing themselves to the post lockdown situations.

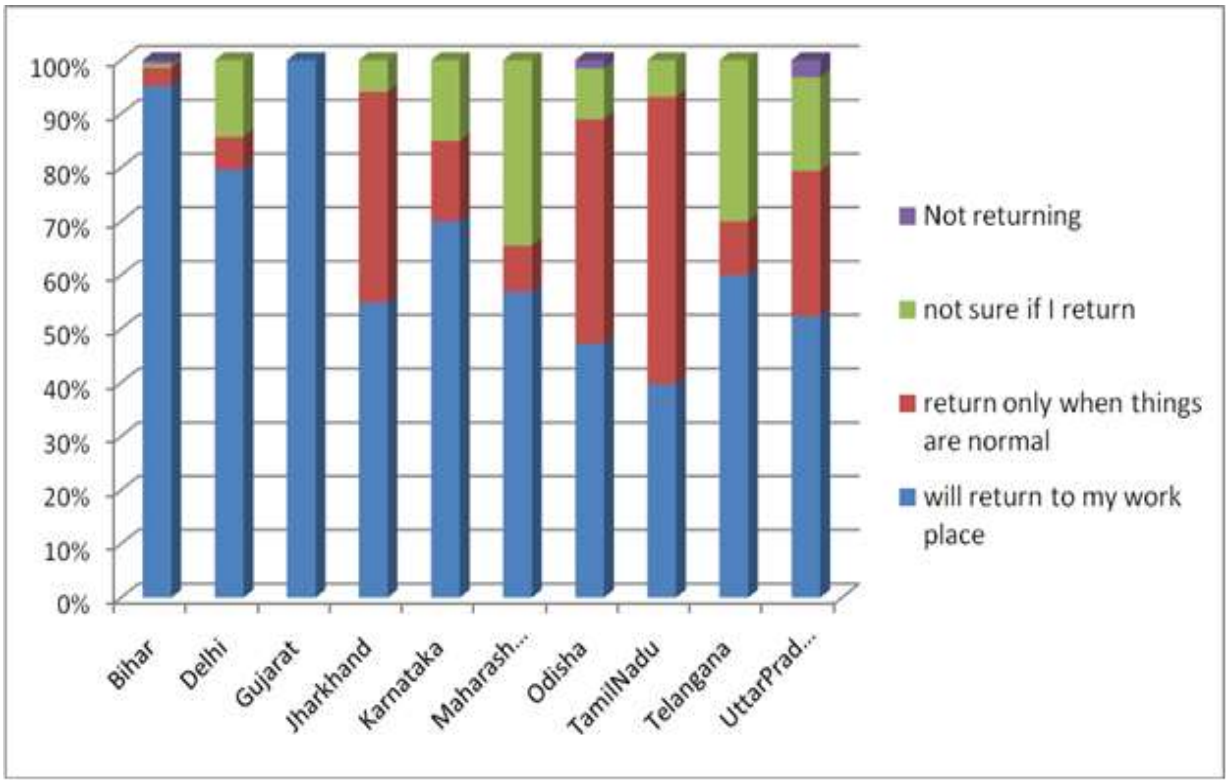
When enquired about plan of returning to their work place after lockdown. About 29 % of the sanitation workers had migrated to their native places during the survey time, or would have been working as temporary labour or rag pickers at the time of survey. From among them about 18 % said that they will return to their work place after the lockdown, seven percent of them said that they will return to the workplace only when everything is normal and remaining respondents (0.2 %) said that they will never go back to their work place. As discussed above majority of the sanitation workers did not shift from the work place as their activities were continuous being categorised as essential services. Those who have migrated might have not able to find the suitable jobs in their native places and were making plans to return to work, while some of the respondents revealed that they will return only after things come back to normal. The PDS support system did really help them to build confidence to lead their lives during this tough time.

Table-8: Perception of Santaition workers about their Livelihood Post Lockdown

S. No.	Livelihood post lockdown	Percentage of Respondents
1	I will return to my work place	18.0
2	I will return to my work place only when everything is normal	7..0
3	I am not sure, if I will return to my place of work	3.0
4	I am not returning to my work place	0.2
5	Not applicable/Never shifted my place of stay	71.0

The state specific data reveals that Bihar had maximum number of labour who had returned from different places across the country and said that they would go back to their place of work. Similarly, sanitation workers from Gujarat also planned to go back to their respective work places. Reasons for going back to work places could be that there is no employment in the native places, better incomes in cities, habituation to city life and employers pressure requesting them to comeback etc. Meanwhile government agencies are extensively canvassing for "co living with COVID virus" and announcing the relief packages to build confidence among the vulnerable groups to come back to earlier lives would have been other factors motivating sanitation workers to come back to their workplace.

Graph-23: State wise distribution of Respondents and Planning to Return to Work place



Source: Primary data of the study

Gender wise disaggregated data (Table 9)reveals that comparatively less number of women are planning to return to their work place owing to the uncertainties of the COVID- 19 and the percentages of respondents who said "not sure" and "return only when things are normal" show their uncertainty of the situation and the decisions are not made by them alone could have been another reason.

Table-9: Gender wise Distribution of Respondents and Planning to Return to Work place (In Percentage)

S. No.	Gender of sanitation worker	will return to my work place	return only when things are normal	not sure if I return	Not returning	never shifted
1	Male	20.30	4.21	1.60	0.08	73.80
2	female	15.71	10.62	5.09	0.44	68.14

The data on the rural urban categorisation reveals that the respondents who returned to the peri -urban places (38 %) said that they will go back to their work place in comparison to urban (14 %) who would have just come back for a temporary relief and those who went to rural areas (14 %). All these respondents are planning to return to their work places. When asked about if they can revive their livelihood activity almost 61 % of them said that they are continuing with their work and are fully confident to continue while 31 % were not sure and not so confident that their work will be continued. Only eight percent of the respondents said that they are not confident about continuing with the current job and were uncertain on alternate livelihood. When asked about if their employers would be taking them back in the employment that they were doing earlier, 54 % of them felt that they are fully confident while 18 % of them said "not so confident" and 28 % of them said that they are not at all confident.

Post lockdown- Restoring or Change of Livelihood

When asked about if they would like to change the job/livelihood activity once the lockdown is relaxed, only 16 % sanitation workers said that they have to change and 22 % of them said that they are not sure if they have to change their jobs and 62 % of them said they need not change any job or livelihood activity. When looked into the details of who preferred to change the livelihood among the sanitation workers, it was mainly the waste collectors (20 %) and workers at the septage management facility (22 %) who had migrated and now in search of new jobs (Odisha). During focus group discussions some of them feared the virus and want to move away from sanitation work to other sectors. This is observed mostly in the data from Jharkhand (43 %) Uttar Pradesh ((27 %)Bihar(16 %) Odisha (20 %) and Tamil Nadu(21 %). Sewer and open drain cleaners (77 %), workers at solid waste management facility and sweepers (67 %) said that they will not change their jobs despite the risk of virus spread, in fact the workers said that they are witnessing some of their colleagues becoming COVID positive and they fought back, recovered and returned to the work. This indeed has given them more confidence to fight the disease duly following the safety precautions. They said that they had fear in the initial days now they have learnt to be careful and built morale to face the situation. Rural urban differences reveal that 23 % of the rural respondents felt that they need to change the job compared to urban (13 %) and peri- urban (14 %) sanitation workers. Majority of the peri -urban (72 %) workers said that they will go back to their previous work and continue with the same employer. The gender differences indicate that 18 % of the female workers said that they will have to change their jobs while only 13 % men said that they will have to change their jobs. A large number of the women (28 %) said that they are not sure if they will change their job as that is not their independent decision but will have to depend on their family member's livelihood plans as well.

Post lockdown : Earning or Wage Rates:

Data revealed that 42 % of the respondents felt that they will have the same earnings as they had prior to the lockdown and 27 % of them felt that their overall earning or wage rate will be reduced or little less while 31 % were not sure if it is the same or less. The details inform that in Gujarat (70 %) and Telangana majority (67 %)of the respondents felt that their overall earning will be same as earlier followed by Maharashtra, Karnataka and Delhi. Because of the migration back to their own places Bihar workers were not very sure and only nine percent of them felt that they will be earning same. Most of the respondents from Odisha(43 %), Jharkhand(21 %)Delhi(40 %) said that they are not sure if their income will be less. Among the type of sanitation workers sweepers (58 %), workers at sewer management facility(47 v), solid waste management facility(44 %) and sewer and open drain cleaners (40 %) were very sure of their incomes as they continue to work with the same employers while the rag pickers and waste collectors said it may not be the same life and income again hence were already looking for alternate employment opportunities.

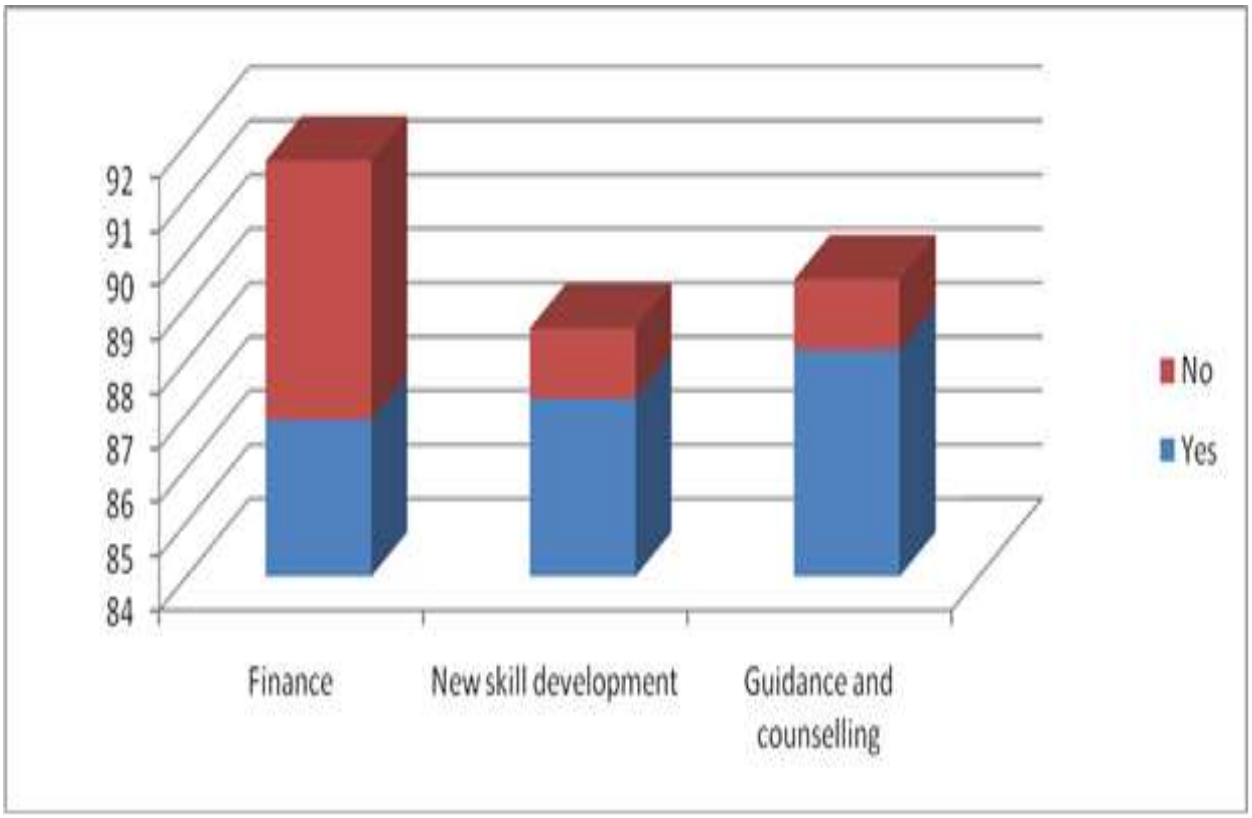
No protective gear yet earning is compulsory for the Waste collector to feed her family:

Sapna Khatoon a.k.a. Zulekha is a 35 year old widow and mother of 4 children, who is engaged as a sanitation worker in Gorakhpur of Uttar Pradesh. She used to earn around Rs.8,500/- through two sources, one as a housekeeper at a mall and the other as a household trash picker. Lockdown meant complete stoppage of her dual sources of income. On the other hand, few were tested COVID-19 positive in her neighbourhood. She was a bit apprehensive about paying her house rent and managing food for her children. Absence of ration card meant no subsidized ration from State agencies, the situation was so grim for Zulekha. Still, Zulekha did not lose her hope. Post lockdown, Zulekha has been able to resume her service of collecting trash from households albeit without any protective gear and with access to only a few numbers of households, her earnings have depleted. In retrospect she remarks that while everyone is at home due to prevailing situation, she had been in the forefront ensuring sanitation.

Support Needed to Carry out Livelihoods:

When enquired about what support is needed to carry out their livelihoods more systematically and comfortably majority of the respondents said that they would need financial support basically to clear the loans they had taken during the lockdown and also to start alternate livelihood activities to support their family incomes. Similarly, they also requested for new skill development so as to seek alternate livelihoods and those who are already working wanted to update their skills given the unwarranted uncertainty caused by the pandemic. Support needed to carry out livelihoods is illustrated below:

Graph-24: Perception of the Sanitation workers about the support needed to revive their livelihood



Source: Primary data of the study

4. Issues and Challenges:

1. **Lack of awareness and Knowledge:** Sanitation workers awareness about the COVID -19 was assessed through asking questions related to knowledge, symptoms and prevention of COVID -19. From the analysis of the data It was found that there are gaps in awareness of the sanitation workers on COVID-19. we infer that sanitation workers had partial knowledge about COVID -19 which is detrimental for self safety from the pandemic and can be dangerous as it hinders their own protection from the disease, because every sanitation worker need to have full knowledge and information about the disease to work safely and to protect themselves. Data warrants the need to increase awareness programmes targeting, specifically, the sanitation workers so that they are up to date with the dynamic manifestations of the COVID- 19 .

2. **Limited availability of WASH facilities:** A significant section of sanitation workers do not have the WASH facilities at home for most of the time, which is critical to protect against the pandemic. Non-availability of WASH facilities are due to poor living conditions, affordability and space constraints to install infrastructure such as overhead tanks for storing water and lack of awareness on safe sanitation and hygiene etc. In particular, lack of hand washing facilities could be attributed to low affordability and space constraints in urban areas while lack of awareness and unfelt need could be the reasons in peri -urban and rural areas. Rag pickers, door to door waste collectors, sweepers etc who are working in an informal sector had more serious limitations to access WASH facilities than those employed directly by the local government bodies.

3. **Inadequate availability and neglect in use of PPE:** By and large, sanitary workers did not know about PPE. This is an alarming finding to note considering the fact that these frontline workers are exposed to high level of risk from COVID-19. Their ignorance on self-protection using PPE can adversely affect them increasing the potential infection. A small section of the sanitation workers had better knowledge of the PPE. Waste collectors and rag pickers have least access and usage of PPE. Less awareness about PPEs among sanitation workers can be attributed to their illiteracy, lack of access to information and neglect from the CSOs and other organisations to reach these marginalised when the trainings and distribution of PPEs were undertaken.

4. **Low coverage under social protection measures:** This is most critical for sanitation workers who get exposed to health and life risks as part of their jobs. An attempt was made to assess the extent of coverage under protection measures. Majority of the sanitation workers are not covered by insurance policies that provide protection during the health emergencies and exigencies of life. The worst among them are rag pickers and waste collectors who are usually on their own to pursue their livelihoods. Lack of insurance protection is much higher among women than the male sanitation workers. All most all self-employed sanitation workers had not taken any insurance policy. It is surprising that the sanitation workers who had their own enterprises also did not pay attention to the insurance policies showing their ignorance about the life insurance. Coverage under Mediclaim was lowest

5. **Amplified stress and neglect of emotional wellbeing:** Majority of the sanitation workers had to work during the lockdown period A large number of the sanitation workers did provide their services in containment zones, hospital and health care facilities. These sanitation workers went through severe stress, bearing with anxiety and the demands of the job on one hand and on taking care of children and needs of the family members on the other hand. The health risks associated with their job made the sanitation workers felt insecure and went through panic attacks and they could tide over the same through mutual support and solidarity among the sanitation workers.

6. **Limited application of pre-cautionary measures:** Study found very limited Knowledge and practice of safety advisory specifically formulated for the frontline sanitation workers. Temperature screening of sanitation workers is done inconsistently for sanitation workers employed by local governments and for others in the informal sector it was not done. Similarly, only a small section of sanitation workers are aware of Arogya Setu app and use of the same is very negligible which is a major gap in application of risk reduction measures for sanitation workers. reducing risk guiding twary. This is a major lapse as the app provides information about proximity of the COVID -19 patients.

7. **Loss of income and livelihoods:** Lockdown has severely affected the incomes and livelihoods of sanitation workers. Most of the sanitation workers covered under the study had loss of income. Lack of public transport and other logistic constraints have reduced the net income for sanitation workers. Particularly the daily wage labour employed by the contractors , self employed rag pickers, waste collectors, septic tank emptying labour are the worst hit. Simultaneous loss of income by other family members, lack of savings and borrowing capacity compounded the problem. Those who were working as maids, toilet cleaners at private schools and colleges, toilet cleaners at theatres and shopping malls totally lost their jobs resulting in drastic fall of incomes which forced them to borrow loans at higher rate of interest.

8. **Unaffordability of food commodities:** Study indicated that for most of the sanitation workers the prices of food commodities were much higher than normal time. Particularly those sanitation workers who have been displaced from their livelihood activity could not afford to buy food commodities and they survived on the free ration and cooked food supplied by the government and other donors and some of them did face the problem of hunger during the lockdown period.

9. **Increased workload:** Women sanitation workers experienced psychological stress due to increased workload both at home and on the job. The increased workload at home was due to entire family staying back at home resulting in additional time spent on cooking, cleaning vessels, fetching water, washing clothes and managing entire house chores while meeting the additional demands on the job.

10. **Increased stigma:** Disrespect and stigma towards sanitation workers, particularly for those engaged in toilet cleaning and waste disposal chain has been a persisting factor in Indian society. Since the outbreak of COVID pandemic, services of sanitation workers gained greater importance to break the link between the virus and human beings. But this has not helped in checking the wide prevalence of stigma. On the other hand, stigma has increased as they were suspected to be the carriers of infection and there are examples of the community refusing entry to sanitation workers when they were returning home after their work in the hospitals.

5. Recommendations

Based on the findings of the study, issues and challenges distilled from the same the following recommendations are made. The Governments and the other organisations working for Sanitation workers must ensure that the sanitation workers are cared for, their incomes and lives are ensured for, their job is recognised with due respect and dignity and their home and work stations provide adequate facilities for following hygienic practices. The following recommendations highlight all these aspects.

1. **Awareness Programs with targeted messages for different categories of Sanitation workers**: The findings indicate that there are awareness gaps among the sanitation workers and hence require specific and targeted messages to keep the sanitation workers safe. Key messages to be designed to raise complete awareness on the various Symptoms, potential risky populations, effect on the people with pre existing health malfunctions or co morbidities and the dynamic nature of the virus and its spread. Further the occupational hazards of the sanitation workers with reference to covid infection, probable symptoms of when to seek medical care, how to avoid contact with surfaces, how to protect themselves avoiding contact with sewerage waters etc. to be specifically designed and reached to each of these worker communities.

2. **COIVD Testing and treatment:** Given potential occupational exposure to the virus the sanitation workers need to be tested from time to time as a precautionary measure so that they do not fall prey to the virus. Further early detection and symptomatic care provides speedy recovery from the virus. The sanitation workers needs to be given full coverage of hospital expenses starting from diagnosis to the full treatment so that it is not a burden to these economically backward classes. Given the risk of families to be contaminated the medical and health care support needs to be extended to the families as well. A well defined strategy to provide awareness to pay heed to symptoms and be advised for frequent medical check up not neglecting the symptoms as other common diseases symptoms to be planned well for these semi literate vulnerable groups.

3. **Adequate and real time updating of Information :** Since the sanitation workers are providing their services in containment zones and near the houses where the covid patients are diagnosed , they needs to be given adequate and real time information about these patients , which other wise fails them to take necessary precautions to keep themselves safe**.** Since the symptoms, life span of virus, potential means of spread , symptoms of the disease are dynamically changing and the research findings keep feeding in new information, its very important to convert these into simple messages and inform the sanitation workers so that they can take necessary precautions in the battle with the COVID virus.

4. **Government Advisories and SOPs for various categories of Sanitation Workers:** Considering the diversity of sanitation jobs the nature of risk and protective measures needed for the same has to be distinctly identified and the specific messages as per the nature of sanitation job needs to be disseminated. For eg: the nature of work and associated risks for sanitation workers placed inside the wards treating COVID patients is different from that of a worker sweeping roads in and around hospitals. Similarly, the workers in Sewerage Treatment Plants have different kind of risks and the precautionary measures and protection gear must be made available best suited to their working conditions.

5. **Adequate provision of Social protection measures:** COVID pandemic has highlighted the health risks and vulnerability of the sanitation workers. Considering that current insurance coverage is very low

and limited to a small percentage of sanitation workers, there is need to make mandatory provisions for ensuring that all category of sanitation workers, in the formal and informal sector are given due protection under a comprehensive insurance policy that covers medical, life and accidental risks. Mandatory provisions made for social protection of workers in other unorganized sectors (Construction labour, Beedi workers, etc) should be considered for making similar provisions to waste collectors, rag pickers etc who are not under any formal employer.

6. **Compulsory usage of PPE and ensuring the PPEs to be supplied continuously:** Non-usage of safety gadgets or PPE and non-compliance to safe behavioural practices tantamount to non-availability / non-provision of such materials. COVID pandemic has improved the understanding and receptivity of the sanitation workers to accept and use safety gear. Thus it is an opportune time and need for deepening the workers' understanding and introduce more comfortable material so that the behavioural practices can be reinforced and established.

7. **Protection and prevention of exploitation of rag pickers:** They are in large numbers and their contribution is significant in segregating recyclable waste and preventing environmental pollution. But they are not paid by anybody nor eligible for any incentives. The trade related to recyclable waste is highly exploitative of rag pickers. Governments and private entrepreneurs handling waste should provide basic safety equipment and wash facilities to waste collectors and rag pickers at transfer stations, waste sorting places and dump yards.

8. **Meditation, yoga and stress management programs:** Anxiety and stress are the major factors affecting the sanitation workers who are providing in the containment zones and also in STPs. Its very essential that the stress relief /management programs combined with meditation and yoga are organised for the sanitation workers Which is also an important remedial measure for boosting immunity.

9. **Rewards, recognitions and Incentivisation:** Sanitation workers needs to be rewarded for their work. Unlike the other medical and paramedical workers who have been appreciated and welcomed to their homes and colonies with flowers, bells and garlands, the sanitation workers are never given any such respect recognition though their work is also equally important and essential in safeguarding public health. Governments, CSOs and Residents Welfare Organizations should be sensitized and encouraged to take initiatives for recognizing and appreciating the services of sanitation workers. There is need for Cash incentives, certificates for good work and special awards during national festivals and thanks giving at prominent places etc to boost the morale of sanitation workers.

10. **Additional compensation:** Since declaration of lockdown in March the public transport system is completely pulled off till date in many cities. Most of the frontline sanitation workers dependant on public transport are compelled to spend on alternate individualised transport facility which has taken substantial part of their salaries. Also precautionary measures, preventive care medicines etc has caused additional expenditure. To offset the same there is need to provide special incentives to frontline sanitation workers. For example Telangana State Government has paid Rs.7500 per month additional allowance for sanitation workers and provided special bus to freely transport the sanitation workers. Such good practices need to increased recurring expenses for During lockdown and after lockdown also the livelihoods of the most of the be implemented all across the country. While providing post lockdown recovery support priority should be given to families of sanitation workers where livelihood opportunities are lost by other members of their families.

11. **Sani-prenuership:** SWs' families should be encouraged to come up with sanitation related entrepreneurship like masks, sanitisers, cleaning agents, soaps etc. With economic slowdown, Income reduction is inevitable – for all. Sanitation entrepreneurs need to be capacitated in the following areas;
    a) Financial Literacy and financial planning programs to ensure right prioritisation
    b) promote digital payments to avoid cash handling
    c) Promote savings; Provident Fund or similar compulsory scheme, Plus optional saving mechanism like SHGs
    d) Insurance to their waste collection vehicles, workers and themselves
    e) Registering with Government Utilities for getting works
    f) Knowhow of bank moratoriums, revisions of EMIs etc
12. **Safeguarding Health and Wellbeing of SWs and their families.** Health Expenditure forms a large chunk of family spending. This has to be reduced to protect SWs from financial catastrophe
    a) Ayushman Bharath and similar state level schemes to be made available and accessible for all the frontline sanitation workers.
    b) Screening camps to detect and treat co morbidities – with basic screening, testing and treatment
    c) Care of high risk individuals from among SWs and their families
    d) COVD Kavach or similar insurance for the families
13. **Interdepartmental coordination and stakeholder partnerships** : There is needs to be a coordinated effort amongst the field level functionaries of Health, Municipal, Social Welfare and Civil Society organizations to ensure that COVID prevention and control measures are oriented in such a way that there is less risk for sanitation workers during their cleaning operations, be it medical waste, waste materials generated in isolation centres or any waste from containment zones etc. Further the following Links with specific depts and schemes can be explored
14. **Ensuring Child care and child safety:** As schools are closed, children are at home. Particularly the children from poorer families studying in Government schools are left un-engaged due to lack of online learning facilities. Loitering of such children is a high-risk situation for kids going astray, and falling prey to addictions and delinquent behaviours. So children and adolescents have to be specifically addressed. Support for ensuring education of the children of sanitation workers and study centres till the schools are open need to be considered in the communities predominantly inhabited by sanitation workers.

6. Annexures

Annexure-1

Interview Schedule – Sanitation Workers

Socio-Economic situation analysis of frontline Sanitation Workers in the context of COVID-19 pandemic

State: _____

Partner Organization: _____

Interviewer Name [ ]

Respondent No. [ ]

You may administer this schedule to any person who comes under the following category of frontline Sanitation Workers.

1. Waste Collectors
2. Rag pickers
3. Sewer and open drains maintenance workers
4. Workers at solid waste management facility
5. Workers at Septage treatment facility
6. Workers maintaining and taking care of public toilet facilities
7. Workers involved in emptying fecal waste containment facility (Septic tanks)
8. Workers sweeping public places

Respondent's consent:

Your participation in this interview is voluntary and you can refuse to answer any question or terminate the interview at any time. The findings of the report will be shared with WSSCC and the final report will be very confidential and for limited use only. This data collection is not happening for providing you any direct benefit or relief at the moment. Neither is this meant to register you in any scheme. If you agree to participate in this interview your consent will be recorded to proceed further in the interview.

I consent and please proceed with the interview.

Data Enumerator:

I certify that I have discussed the above contents of this form with the respondent and administering the interview Schedule only after obtaining the respondent's consent for participation in the Survey.

SECTION-A

Interviewer / Enumerator Details:

1. Name: _____
2. Gender:
    1. Male ☐
    2. Female ☐
    3. Other ☐
3. Age: _____ (*In completed years*)
4. Contact Number: _____
5. Contact address: _____
6. Date of interview: _____
7. Mode of interview:
    1. Face to face meeting ☐

2. Telephonic ☐
3. Online (Skype, WhatsApp, etc.) ☐
4. Any other ☐

8. Time of interview:
   1. Start time: _____
   2. End time: _____
9. Select District : _____

SECTION-B:

Respondent's Information

I. GENERAL INFORMATION

1. Name: _____
2. Contact Address:
   a. City / District: _____
   b. Mobile Number _____
3. Category of living place:
   a. Urban ☐
   b. Peri-Urban ☐
   c. Rural ☐
   d. Tribal ☐
4. Age: _____ (*In completed years*)
5. Gender:
   a. Male ☐
   b. Female ☐
   c. Other ☐
6. Caste category:
   a. SC ☐
   b. ST ☐
   c. OBC ☐
   d. General ☐
7. Marital status:
   a. Unmarried ☐
   b. Married ☐
   c. Widowed ☐
   d. Divorced / Separated ☐
   e. Live in relationship ☐
8. Educational status:
   a. Illiterate ☐
   b. Primary (up to 5th Std.) ☐
   c. Secondary / Higher Secondary (class 6 to 12) ☐
   d. Graduate ☐
   e. Post Graduate + higher qualification ☐
9. Nature of your sanitation work: (*Tick the major livelihood*)
   a. Waste Collectors ☐
   b. Rag pickers ☐
   c. Sewer and open drains maintenance workers ☐
   d. Workers at solid waste management facility ☐
   e. Workers at Septage treatment facility ☐
   f. Workers maintaining and taking care of public toilet facilities ☐
   g. Workers involved in emptying the septic tanks ☐
   h. Workers sweeping public places ☐
10. Who is your employer? (*Tick only one below*)

1. Self Employed ☐
2. Local Body of Governance ☐
   (City Corporation or Municipality or Panchayat) or any other Govt. institution
3. Contractor ☐
4. Proprietor / Owner of the enterprise ☐
5. Any other ☐

11. Number of dependents on your earnings
    1. Adults: Male ____ Female ____
    2. Children: Male ____ Female ____
    3. Total number dependents _____

II. AWARENESS OF THE RESPONDENT ABOUT THE COVID-19 AND STATUS OF ACCESS TO WASH SERVICES

12. What do you know about COVID-19?
    a. COVID-19 is a new disease.
       1. Agree ☐ 2. No Idea ☐ 3. Disagree ☐
    b. COVID-19 is a disease that can affect lungs & airways
       1. Agree ☐ 2. No Idea ☐ 3. Disagree ☐
    c. COVID-19 is caused by Corona Virus
       1. Agree ☐ 2. No Idea ☐ 3. Disagree ☐
    d. COVID-19 can cause death also.
       1. Agree ☐ 2. No Idea ☐ 3. Disagree ☐
13. What populations face the biggest threat in case of Covid-19 infection?
    a. Persons who are above 60 years
       1. Agree ☐ 2. No Idea ☐ 3. Disagree ☐
    b. Persons with respiratory problems (*nasal passage, throat, lungs etc.*)
       1. Agree ☐ 2. No Idea ☐ 3. Disagree ☐
    c. Persons already having other health problems (*eg: Diabetes, Asthma, anemia etc.*)
       1. Agree ☐ 2. No Idea ☐ 3. Disagree ☐
14. How does Covid-19 spread?
    a. It spreads through droplets from coughing, sneezing and spitting by an infected person.

       1. Agree ☐ 2. No Idea ☐ 3. Disagree ☐
    b. Contact with anything where active virus is present (human body, objects and places)

       1. Agree ☐ 2. No Idea ☐ 3. Disagree ☐
15. Symptoms of COVID-19?
    a. Runny nose 1. Sure ☐ 2. Not Sure ☐ 3. Dont know ☐
    b. Cough 1. Sure ☐ 2. Not Sure ☐ 3. Dont know ☐
    c. Sore throat 1. Sure ☐ 2. Not Sure ☐ 3. Dont know ☐
    d. High temperature 1. Sure ☐ 2. Not Sure ☐ 3. Dont know ☐
    e. Shortness of breath 1. Sure ☐ 2. Not Sure ☐ 3. Dont know ☐
    f. Headache 1. Sure ☐ 2. Not Sure ☐ 3. Dont know ☐
    g. Diarrhea 1. Sure ☐ 2. Not Sure ☐ 3. Dont know ☐
16. Do you think that following practices prevent spread of Covid-19?
    a. Do not shake hands.
       1. Sure ☐ 2. Not Sure ☐ 3. Dont know ☐
    b. Safely stay at home and minimize contacts with other individuals
       1. Sure ☐ 2. Not Sure ☐ 3. Dont know ☐
    c. Avoid contact with the person who is sneezing, coughing and has fever.
       1. Sure ☐ 2. Not Sure ☐ 3. Dont know ☐
    d. Frequently washing hands with soap / use sanitizer

1. Sure ☐ 2. Not Sure ☐ 3. Dont know ☐

e. Use of face masks while going out (eg: shops, markets, public places etc.)
1. Sure ☐ 2. Not Sure ☐ 3. Dont know ☐

17. Do you have the following WASH facilities at home to wash hands?
    a. water at home (within the premises)
    1. Always ☐ 2. Sometimes ☐ 3. Never ☐
    b. Soap
    1. Always ☐ 2. Sometimes ☐ 3. Never ☐
    c. Accessible hand wash station
    1. Always ☐ 2. Sometimes ☐ 3. Never ☐
18. Did the lockdown limit your access to:
    a. public/community/shared toilet facilities
    1. Always ☐ 2. Sometimes ☐ 3. Never ☐
    b. Sanitary pads
    1. Always ☐ 2. Sometimes ☐ 3. Never ☐
    c. water
    1. Always ☐ 2. Sometimes ☐ 3. Never ☐
    d. waste disposal
    1. Always ☐ 2. Sometimes ☐ 3. Never ☐

III. SAFETY OF SANITATION WORKERS:

19. Do you know what Personal Protection Equipment (PPE) you need to wear considering the type of sanitation work you do?
    1. Yes, I know ☐ 2. Yes, I know to some extent ☐ 3. I do not know ☐
20. Did you get any PPE for your safety while on work?
    1. Yes-I received full PPE kit ☐ 2. Yes, I received some PPE material ☐ 3. No, I did not receive any PPE material
21. Do you know how to use PPE while you are on your sanitation work?
    1. Yes, I know ☐ 2. Yes, I know to some extent ☐ 3. I do not know ☐
22. Did anybody help you to know how to use PPE?
    1. Yes ☐ 2. No ☐
23. Are you using the following PPE at work?
    a. Face Masks
    1. Always ☐ 2. Sometimes ☐ 3. Never ☐
    b. Hand Gloves
    1. Always ☐ 2. Sometimes ☐ 3. Never ☐
    c. Any other
    1. Always ☐ 2. Sometimes ☐ 3. Never ☐
24. Do you have hand washing facility while you are on work?
    1. Always ☐ 2. Sometimes ☐ 3. Never ☐
25. Do you have sanitizer to use when it is needed?
    1. Always ☐ 2. Sometimes ☐ 3. Never ☐
26. Are you covered by any insurance policy?
    1. Yes ☐ 2. No ☐
27. If yes, who has provided you that facility? (*If answer is No, to question no. 26 then Tick 'Not Applicable'*)
    a. Self ☐
    b. Employer ☐
    c. Others ☐
    d. Not Applicable ☐
28. Does your Insurance policy cover the following?

a. Life Insurance
   1. Yes ☐ 2. No ☐ 3. Not Applicable ☐
b. Accidental coverage
   1. Yes ☐ 2. No ☐ 3. Not Applicable ☐
c. Mediclaim
   1. Yes ☐ 2. No ☐ 3. Not Applicable ☐

29. Did you provide your sanitation services in the COVID containment (red) zones?

    1.Yes ☐ 2. No ☐
30. Did you provide sanitation services in the health care facility where COVID infected persons were treated or quarantined?
    1.Yes ☐ 2. No ☐
31. Did you receive any counseling/guidance to deal with COVID-19 infection risks associated with your sanitation work?
    1.Yes ☐ 2. No ☐
32. Do you think you are getting information to keep yourself safe at work?
    1. I think I get adequate information ☐
    2. I thinkI get somewhat adequate information ☐
    3. I think I don't get information at all ☐
33. What are your primary sources of information?
    a. Family Members
       1. Always ☐ 2. Sometimes ☐ 3. Never ☐
    b. Neighbours
       1. Always ☐ 2. Sometimes ☐ 3. Never ☐
    c. News Papers
       1. Always ☐ 2. Sometimes ☐ 3. Never ☐
    d. T.V. channels
       1. Always ☐ 2. Sometimes ☐ 3. Never ☐
    e. Mobile messages
       1. Always ☐ 2. Sometimes ☐ 3. Never ☐
    f. Employer / work place
       1. Always ☐ 2. Sometimes ☐ 3. Never ☐
    g. Others
       1. Always ☐ 2. Sometimes ☐ 3. Never ☐
34. Do you know the helpline contact numbers to seek information to keep yourself and your family safe from COVID-19?
    1. Yes ☐ 2. No ☐
35. Are you aware of Aarogya Setu App?
    1. Yes ☐ 2. No ☐
36. Are you using the Aarogya Setu App? (If your response to Q.No.35 is "No" then tick "Not Applicable")
    1. Yes ☐ 2. No ☐ 3. Not Applicable ☐
37. Have you undergone screening using infrared thermometer?
    a. At work place 1. Yes ☐ 2. No ☐
    b. Supermarkets 1. Yes ☐ 2. No ☐
    c. Other public places 1. Yes ☐ 2. No ☐
38. Have you ever been tested for Corona (SARS-CoV2) infection?
    1. Yes ☐ 2. No ☐
39. Do you have existing pre-health conditions such as, diabetes, hypertension, asthma / respiratory issues or conditions which require medical care from time to time?
    a. Diabetes 1. Yes ☐ 2. No ☐
    b. Hypertension 1. Yes ☐ 2. No ☐

c. Asthma / Respiratory 1. Yes ☐ 2. No ☐

40. In case your response is 'Yes' to above questions, did the lockdown situation cause any problem for the following, otherwise tick "Not Applicable"?
    a. Medicines 1. Yes ☐ 2. No ☐ 3 Not Applicable ☐
    b. Doctor consultations and treatment 1. Yes ☐ 2. No ☐ 3 Not Applicable ☐
    c. Diagnostic services 1. Yes ☐ 2. No ☐ 3 Not Applicable ☐
    d. Emergency services 1. Yes ☐ 2. No ☐ 3 Not Applicable ☐

IV. LIVELIHOOD AND INCOME DURING LOCKDOWN

41. Did you have to work during the lockdown?
    10. 1. For the total lockdown period ☐
    11. 2. For part of the lockdown period ☐
    12. 3. For very few days ☐
    13. 4. Never required to attend ☐
42. Were there any hurdles (transport/restriction of mobility) for you to attend your work during the lockdown period?
    14. 1. Always ☐ 2. Sometimes ☐ 3. Never ☐
43. How did lockdown affect your daily / monthly income or earning?
    15. 1. Severe loss of income / earning ☐
    16. 2. Some loss of income /earning ☐
    17. 3. No loss of income / earning at all ☐
    18. 4. Increased income compared to normal time ☐
44. Did your work place provide any relief or welfare support to you during the lockdown period?
    19. 1. Always ☐ 2. Sometimes ☐ 3. Never ☐
45. Did you have to shift from the place of your work to your home place to manage with the lockdown situation?
    1. Had to shift for complete lockdown period ☐
    2. Had to shift for most of the lockdown period ☐
    3. Had to shift for a part of lockdown period ☐
    4. Hadn't shifted during lockdown period ☐
46. If your regular livelihood activity got disturbed due to COVID-19 and lockdown, did you take up any alternate livelihood activity for earning?
    20. 1. Yes ☐ 2. No ☐ 3. Livelihood activity not disturbed ☐
47. Did you have your own savings to cope with the lockdown period?
    1. Had enough savings ☐
    2. Had savings but not enough ☐
    3. Had no savings at all ☐
48. Did you have to sell out / pledge any of your assets to make up for the income deficit during the lockdown period?
    21. 1. Yes ☐ 2. No ☐ 3. No Assets to pledge of sell ☐
49. Did you have to borrow fresh loans to meet your income deficit during the lockdown period?
    1. Yes ☐ 2. No ☐

V. LIFE AT THE TIME OF LOCKDOWN:

50. During the lockdown period did you face any hurdles in accessing / receiving assistance from the Government agencies and other organizations offering support?
    a. Government agencies
       1. Always ☐ 2. Sometimes ☐ 3. Never ☐
    b. Other organizations

1. Always ☐ 2. Sometimes ☐ 3. Never ☐

51. Did you have enough of commodities and or ration to meet the food needs of your family?
    1. Sufficient for a major part of lock down days ☐
    2. Sufficient only for some days of lock down period ☐
    3. Did not have at all ☐
52. Were you able to procure ration and other food commodities at the time of lockdown?

    1. Always ☐
    2. Sometimes ☐
    3. Never ☐
53. How did you find the prices of food commodities during the lockdown compared to normal situation?
    1. High ☐
    2. Normal (no significant change) ☐
    3. Less than normal times ☐
54. Did any members of your family go hungry during the lockdown?
    a. Most of the days ☐
    b. Some of the days ☐
    c. None of the days ☐
55. How did lockdown affect your work load and responsibilities at the family level?
    1. Increased ☐
    2. Remain unchanged ☐
    3. Decreased ☐
56. Did you feel any new insecurity or risks of your sanitation work during the lockdown situation?

    1. Always ☐
    2. Sometimes ☐
    3. Never ☐
57. As sanitation worker did you face any stigma during the lockdown situation from other people?
    a. Always ☐
    b. Sometimes ☐
    c. Never ☐

VI. SOCIAL PROTECTION, RELIEF SUPPORT / ASSISTANCE DURING THE LOCKDOWN:

58. Do you have a ration card that gives you eligibility to draw free/subsidized ration support?
    1. Yes ☐ 2. No ☐
59. *If answer is 'yes' to the above question,* Did you, receive the following ration *If answer is 'No' then Tick 'Not Applicable'*
    a. Rice 1. Yes ☐ 2. No ☐
    b. Dal 1. Yes ☐ 2. No ☐
    c. Oil 1. Yes ☐ 2. No ☐
    d. Soaps 1. Yes ☐ 2. No ☐
    e. Masks 1. Yes ☐ 2. No ☐
    f. Cash 1. Yes ☐ 2. No ☐
    g. Others 1. Yes ☐ 2. No ☐
    h. Not Applicable ☐
60. Did you receive any cooked food support during the lockdown period?
    1. For most of the days of lockdown period ☐
    2. For some days ☐
    3. No, never received any cooked food support ☐
    4. No, I did not seek any such relief support ☐

61. Did you receive any dry ration support from the following during the lock down period?
    a. NGO 1. Yes ☐ 2. No ☐
    b. Local Politician / Political party 1. Yes ☐ 2. No ☐
    c. Local community organization 1. Yes ☐ 2. No ☐
    d. Religious institution 1. Yes ☐ 2. No ☐
62. Did you receive any hygiene materials support from the following during the lock down period?
    a. NGO 1. Yes ☐ 2. No ☐
    b. Local Politician / Political party 1. Yes ☐ 2. No ☐
    c. Local community organization 1. Yes ☐ 2. No ☐
    d. Religious institution 1. Yes ☐ 2. No ☐
63. Did you get any cash transfer support from the following during the lock down period?
    a. NGO 1. Yes ☐ 2. No ☐
    b. Local Politician / Political party 1. Yes ☐ 2. No ☐
    c. Local community organization 1. Yes ☐ 2. No ☐
    d. Religious institution 1. Yes ☐ 2. No ☐

VII. LIVELIHOOD – POST LOCKDOWN:

64. Are you thinking of returning to your place of work after the lockdown is relaxed?
    1. I will return to my work place ☐
    2. I will return to my work place only when everything is normal. ☐
    3. I am not sure, if I will return to my place of work ☐
    4. I am not returning to my work place ☐
    5. Not applicable/Never shifted my place of stay ☐
65. Are you confident that you will be able to revive your livelihood activity after the lockdown?
    1. Fully confident ☐
    2. Not so confident ☐
    3. Not at all confident ☐
66. If you are employed, are you confident that your employer will continue your employment?
    1. Fully confident ☐
    2. Not so confident ☐
    3. Not at all confident ☐
67. Do you think that you will have to change your job / livelihood activity once the lockdown is relaxed?
    1. I think I will have to change my job / livelihood activity ☐
    2. I am not sure if I am going to change my job/livelihood activity ☐
    3. I think I need not change my job/livelihood activity ☐
68. Do you think that your overall earning / wage rate will be same as prior to the lockdown?
    1. Same as earlier ☐
    2. I think my overall earning / wage rate will be little lesser than prior to the lockdown ☐
    3. I am not sure if it is going to be same or less ☐
69. What support do you think is needed for you to rebuild your livelihood activity?
    a. Financial Assistance 1. Yes ☐ 2. No ☐ 3. Not Applicable ☐
    b. New skill Development 1. Yes ☐ 2. No ☐ 3. Not Applicable ☐
    c. Guidance and counselling 1. Yes ☐ 2. No ☐ 3. Not Applicable ☐
70. Any other observation or information that you wish to share
    a. _____
    b. _____
    c. _____
    d. _____

Annexure-2

Check List - FGDs – Sanitation Workers

Socio-Economic situation analysis of FRONTLINE SANITATION WORKERS in the context of COVID-19 pandemic

State: _____

Partner Organization: _____

YOU MAY CONDUCT FGD WITH MIX GROUP OF MEN AND WOMEN WHO COME IN THE FOLLOWING CATEGORY OF FRONTLINE SANITATION WORKERS.

Categories of frontline sanitation workers

1. Waste Collectors
2. Rag pickers
3. Sewer and open drains maintenance workers
4. Workers at solid waste management facility
5. Workers at Septage treatment facility
6. Workers maintaining and taking care of public toilet facilities
7. Workers involved in emptying Septic tanks
8. Workers sweeping public places
9. Any other

SECTION-A

1. **Facilitator / moderator Details:**

    22. Name: _____
    23. Gender: _____ a. Male ☐ b. Female ☐ c. Other ☐
    24. Age: _____
    25. Contact Number: _____
    26. Contact address: _____
    27. Date of FGD: _____
    28. Time of FGD: _____

        Start time: _____ End time: _____

    29. Place of FGD (full details of the location where it was organized)

        Please do take the pictures and add them in the summary report of the FGD.

2. **Note taker/ Recorders Details:**

    1. Name: _____
    2. Gender: _____ a. Male ☐ b. Female ☐ c. Other ☐
    3. Age: _____
    4. Contact Number: _____
    5. Contact address: _____

SECTION-B:

Details of the participants attending the FGD *(print this sheet and circulate before starting of each FGD)*

S. No.	Name	Age	Gender			Caste Category				Occupation	Nature of sanitation work	Contact number	Participants' consent Signature
			Male	Female	Other	SC	ST	OBC	Gen				
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

CHECKLIST FOR FGD'S

I. Welcome, Introduction and Objectives

1. Welcome the participants who have come for the FGD
2. Introduce yourself and then tell them to introduce themselves, their name, occupation and address.
3. Brief them about the purpose of the FGD as FANSA along with the State Partner… is undertaking the study "on the socio-economic situation of the Physically Challenged populations in the current context of COVID-19"

II. Awareness among the participants about the Covid-19 outbreak and status of access to WASH services

1. What do you know/understand about COVID-19/Coronavirus?
2. Taking clue from the responses received for the first question, discuss the following points:
   a. COVID-19 and how does it spread?
   b. Which population groups are more susceptible to COVID-19
   c. Preventive measures to be followed (ex: Using face mask, maintain social distancing, washing hands frequently) (give them lead but do not prompt the answers.
   d. Assess whether they are getting information needed specifically for the Sanitation workers and whether the delivery of the information is user friendly.
   e. How is the disease treated?
   f. Are there medicines for the disease?
3. What are the symptoms of COVID-19?
4. Access to, knowledge of use and actual usage practice of PPE?
5. Did you face any constraints during lock down period in relation to:
   a. access to sanitation
   b. access to water supply
   c. access to hand washing and hygiene facilities
   d. access to sanitary pads and their disposal
   e. access to health care facilities
   f. access to PPEs (masks, gloves, sanitizer etc.)

III. Livelihood and income during lockdown:

1. Elaborate on the status of your sanitation job during lockdown period.
2. What kind of support did you receive from your employer in lockdown period?
3. What financial constraints did you face during lock down period?
4. How did you manage / cope with those during lock down period?
5. What risks are associated for you as a sanitation worker?
6. Did you receive the salary in time?
7. Were there any incentives given to you by Governments or households?

IV. Life at the time of lockdown & social protection, relief support / assistance during the lockdown:

1. What were the constraints did you face during lock down period in relation to:
   a. access to dry ration
   b. access to cooked food
   c. provision of other essentials
   d. receiving pensions/scholarships or any others

2. What were the support/ services received (ration, money, hygiene materials etc) by you from the local government (Panchayat and Municipality) and others in the society?
3. What are/ were the support/ services received by you from other agencies (eg: NGOs, welfare Societies, charity or religious Institutions etc) in the society?
4. What were the other challenges did you face during the lock down period?
    a. increased work load and responsibilities,
    b. depression/ feeling low
    c. mental illness
    d. treatment of common illness
    e. increased stigma
5. What were the constraints did you face in receiving health care facilities required on regular basis? (Medicines, consultation and treatments, diagnostic services, emergency services)
6. What kind of other support (hygiene material) was provided by the government or any other agencies during lockdown period?
7. What kind of cash assistance did you receive from the government or other agencies?

V. Livelihood – post lockdown

1. What are the financial constraints you are facing now in post lock down situation?
2. What are the challenges towards restarting your livelihood activity / employment in post lock down period?
3. What apprehensions do you have to start your livelihood activity/employment again?
4. What kind of support do you need to start your livelihood activity?

VI. General:

30. Any other observation or information that you wish to share about the challenges you faced during the current context of COVID 19.

Annexure-3

Guidance Note for Focus Group Discussions (FGDs)

Socio-Economic situation analysis of Sanitation Workers in the current context of COVID-19 pandemic

State: _____

Partner Organization: _____

I. Prior Preparation by the Facilitating team (Organizer, Facilitator/ Moderator, Note taker/recorder)

1. Get the FGD- Checklist printed. Make enough copies of the checklist so as to ensure every member of the facilitating team to have a copy in hand during the FGD.
2. Facilitator should read all the questions thoroughly, understand the context and get familiarized with the contents. Discuss all questions within the team and develop clarity on the questions and the roles and responsibilities between the facilitator and note taker.
3. Enter the facilitator's and Note taker's details in the FGD summary sheet.
4. Carry two/ three sheets of the participants list in which all the members of the respondent's group will enter details and will sign consenting to be part of the FGD. This list must be attached with the summary of FGD to be submitted to FANSA.
5. Carry writing pad and pen and smart phone for note taking and recording the discussion with permission of the group.
6. Select a place which has enough space to make the members seated comfortably with compliance to physical distance to be maintained as given in the Government Advisory.
7. Note taker/recorder will record all the discussions of the FGDs. S/he may use the smartphone to record the session and then transcribe it later on. It will be his/her responsibility to capture the important points of the FGD session and write the summary to be submitted to FANSA.
8. Take photos during the FGD with the consent from the members participating in the FGD and the same can be incorporated into the Summary note to be submitted to FANSA
9. Facilitator should be an attentive listener, respect the views of the group, not allow influencing the group with his/her personal views and opinions, not allow participants to get diverted from the issues raised for discussion / responding, encourage participation of all the members of the group, not make any assumptions.
10. Tell the participants that you are conducting this Survey on behalf of your organization. Provide a brief of the organization. Tell the participants that the purpose of the FGD is to understand the socio-economic situation of the respondents in the current context of COVID-19.
11. Tell the respondent that this FGD will not bring immediate cash benefit or any other benefit to them. The findings of the Survey will be shared with the government agencies and with others concerned.

Form the group that the information they give will be treated as confidential. There is no force on them to participate in the discussion, it is their free choice. They can refuse to respond to

any particular question or stop responding at any points of time in the FGD.

12. Make it clear to the Participants that there is:
    - No right or wrong answer, only differing points of view
    - This discussion will be recorded, one person should speak at a time.
    - There is no need to agree with others, but you must listen respectfully as others share their views
    - Participants should keep their phone in silent. In case there is an emergency please leave the room and join the call.
12. Ask the respondents if they have understood the purpose of the discussion and ensure that his/her consent to share their views in the documents, media or any other social media.
13. After the completion of the discussion, note taker/recorder will share his/her notes as per the reporting format given. Facilitator should also write his/her Remarks-observations/highlights of the FGD.
14. Facilitator must ensure that the group focuses on the check list of questions and avoid dominance of one single person.
15. On completion of the FGD, thank them for giving their time for the FGD. If they permit take a group picture of the participants.
16. After completion of the FGD please review each FGD, check whether responses to all the questions has been recorded. Make sure that each FGD checklist you have completed has been attached with the notes and has been reviewed thoroughly. Develop a summary of key points that emerged in response to each question asked to the group.
17. Send the Photo of each FGD checklist with summary attached to FANSA.
18. Time schedule for the FGD: Maximum 150 minutes

Suggested break up of available time

I. Welcome, introduction and objectives - 10 minutes

II. Awareness among the participants about the covid-19 outbreak and status of access to wash services – 20 minutes

III. Status of wash services during lock down period and in following the Covid protection advisory – 20 minutes

IV. Working situation and household income – 15 minutes

V. Scenario of employment after the lockdown is relaxed to allow working – 20 minutes

VI. Life at the time of lockdown – 15 minutes

VII. Life after Lockdown – 10 minutes

VIII. Summing up – 10 minutes

IX. Cushion Time – 30 minutes

Annexure-4

Details for the FGD's conducted in states

#	States	District		Sanitation Workers		
				Total number	Male	Female
1	**Bihar**			**24**	**21**	**3**
		Patna	**FGD**	12	9	3
		Patna	**FGD**	12	12	0
2	**Delhi**			**28**	**17**	**7**
		New Delhi	**FGD**	16	8	4
		North Delhi	**FGD**	12	9	3
3	**Gujarat**			**20**	**10**	**10**
		Ahmedabad	**FGD**	10	5	5
		Sabarkantha	**FGD**	10	5	5
4	**Jharkhand**			**24**	**22**	**2**
		Ramgarh	**FGD**	12	11	1
		Sahebganj	**FGD**	12	11	1
5	**Karnataka**			**49**	**27**	**23**
		Mysuru	**FGD**	30	11	20
		Mysuru	**FGD**	19	16	3
6	**Maharashtra**			**25**	**19**	**6**
		Amravati	**FGD**	12	6	6
		Yavatmal	**FGD**	13	13	0
7	**Odisha**			**24**	**13**	**10**
		Balasore (Baleshwer)	**FGD**	11	8	3
		Puri	**FGD**	13	5	7
8	**Telangana**			**14**	**4**	**10**
		Hyderabad	**FGD**	6	1	5
		Rajanna Sircilla	**FGD**	8	3	5
9	**Tamil Nadu**			**20**	**2**	**18**
		Dindigul	**FGD**	12	2	10
		Theni	**FGD**	8	0	8
10	**Uttar Pradesh**			**25**	**12**	**13**
		Mathura	**FGD**	10	7	3
		Unnao	**FGD**	15	5	10
			Total of all states	**253**	**147**	**102**

Annexure-5

Guidance Note for Case Study Documentation

Socio-Economic situation analysis of Sanitation Workers in the current context of COVID-19 pandemic

State: _____

Partner Organization: _____

A. PRIOR PREPARATION BY THE FACILITATOR FOR DOCUMENTING THE CASE STUDY

a. Get this copy of the Case study checklist printed and carry it to the field.

b. Read all the questions thoroughly, understand the context and get familiarized with the contents.

c. Carry writing pad and pen and a smart phone for note taking and recording the discussion with permission of the respondent.

d. Select a place which has enough space to make the respondent and interviewer seated comfortably with compliance to physical distance to be maintained. (Face to face interaction)

e. Facilitator should be an attentive listener, respect the views of the respondent, encourage him/her to talk freely, do not make any assumptions.

f. On completion, thank them for giving their time for the case study. If they permit, please take a picture of the respondent and include in the case study report.

g. Time schedule for the Case Study: Maximum 30 minutes

B. CHOOSING OF THE RIGHT CASE STUDY:

Each case must bring out some very special dimension about the challenges or constraints faced, issues associated in accessing WASH or livelihood activities and impact of lockdown in their day to day lie. Avoid monotony of cases and focus on diversified categories with different livelihood options for getting an overall perspective. A sample types of cases are given below just for guidance.

a. Respondents who have demonstrated very good or very poor understanding of the COVID where you found extremely important reasons for the same

b. Respondents who have suffered most or who could manage best the lockdown situation which offer most interesting and insightful reasons for the same.

c. Respondents who have revealing experience with respect to implications of COVID-19 to their livelihood sources

d. Respondents who have faced challenges in having access to WASH facilities / services

e. Respondents who had other health problems and had very special experience in accessing health care during the lockdown situation

f. Respondents who have very special experience in terms of access or lack of access to food relief that had great influence on their ability to meet the basic subsistence needs during the lockdown situation

g. Respondents who had to return to home place after the lockdown was declared and who had to adopt to a new job. Can include the stories of their journey back home given the restrictions of travel etc.

h. Respondents who lived in containment zones for longer period and their experience of life during that period or who have been in shelter homes.

i. Respondents who have lost property /assets or who got indebted due to lockdown situation

j. Respondents who are skilled workers and lost their earning opportunity, respondents who are into petty businesses or self-managed micro enterprises

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C. ICE BREAKING /WARM UP AND SIGNING CONSENT FORM

a. Introduce Yourself and your Organization you belong to. Tell the respondent that you are conducting this interview on behalf of your organization.

b. Brief them about the purpose of this case study is to understand the socio-economic issues of PWDs in the current context of COVID-19.

c. Inform the respondent that the information they give will be treated as confidential. There is no force on them to participate in the discussion, it is their free choice. They can refuse to respond to any particular question or stop responding at any point of time during the interview.

d. Ask the respondents if they have understood the purpose of the case study and are willing to voluntarily participate in this case study interview.

e. Tell the respondent that this interview will not bring immediate cash benefit or any other benefit to them. The findings of the survey will be shared with the government agencies with an objective to bring in policies and schemes to help them in these difficult times.

f. Ask the respondent for his / her consent to record the conversation with him/her. (Recording will help you in capturing all the important details in writing the case study just in case any of the points are missed while noting down during the interview)

D. POST CASE STUDY INTERVIEW

a. Write down all important take away pointers and observations

b. Develop a summary of key points that emerged in response to each question asked to the group.

c. Transcribe the interview

d. Consolidate and interpret data

e. Write the Case study

f. Make sure that each Case Study Checklist you have completed has been attached with the notes and has been reviewed thoroughly.

E. STRUCTURE FOR CASE REPORT:

a. Introducing the case

b. General description covering all aspects mentioned under section II to V above of the check list.

c. Most interesting / unique part of the case that you want to highlight in this case as a box item.

d. Conclusion

e. Add picture

Annexure 6

State-wise, district wise respondent details (total sample)

S. No.	States	District	Sanitation Workers		
			Sample Size	Male	Female
1	**Bihar**		**213**	**163**	**50**
		Jehanabad	41	22	19
		Patna	156	125	31
		Vaishali	16	16	0
2	**Delhi**		**197**	**131**	**66**
		Central Delhi	6	4	2
		East Delhi	5	1	4
		New Delhi	7	2	5
		North Delhi	5	5	0
		North East Delhi	35	24	11
		North West Delhi	2	2	0
		Shahdara	10	5	5
		South Delhi	17	6	11
		South West Delhi	65	49	16
		West Delhi	45	33	12
3	**Gujarat**		**201**	**123**	**78**
		Ahmedabad	58	27	31
		Gandhinagar	37	27	10
		Mehsana	41	24	17
		Sabarkantha	65	45	20
4	**Jharkhand**		**213**	**141**	**72**
		Bokaro	1	1	0
		Dumka	66	48	18
		Pakur	33	15	18
		Ramgarh	36	12	24
		Sahebganj	77	65	12
5	**Karnataka**		**226**	**124**	**102**
		Bangalore (Rural)	19	15	4
		Bangalore (Urban)	23	9	14
		Chamarajanagara	8	8	0
		Dharwad	22	7	15
		Hassan	34	17	17
		Kalaburagi	24	17	7
		Mysuru	66	37	29
		Raichur	29	13	16
		Tumakuru	1	1	0
6	**Maharashtra**		**200**	**98**	**102**
		Amravati	40	19	21
		Chanderpur	40	21	19
		Hingoli	40	20	20
		Wardha	40	20	20
		Yavatmal	40	19	22
7	**Odisha**		**200**	**100**	**100**
		Balasore (Baleshwer)	47	24	23
		Keonjhar	43	25	18

S. No.	States	District	Sanitation Workers		
			Sample Size	Male	Female
		Khordha	44	16	28
		Koraput	24	14	10
		Puri	42	21	21
8	**Telangana**		**212**	**118**	**94**
		Hyderabad	22	13	9
		Janagaon	40	22	18
		Jayashankar Pupalpally	43	24	19
		Medchal Malkajgiri	20	10	10
		Rajanna Sircilla	43	24	19
		Rangareddy	0	0	0
		Warangal (Urban)	43	24	19
		Warangal (Rural)	1	1	0
9	**Tamil Nadu**		**223**	**72**	**151**
		Cuddalore	13	4	9
		Dharmapuri	26	9	17
		Dindigul	102	29	73
		Erode	24	16	8
		Madurai	26	6	20
		Mayiladuthurai	11	2	9
		Pudukkottai	2	1	1
		Theni	19	4	15
		Tiruchirappalli	1	1	0
10	**Uttar Pradesh**		**206**	**117**	**89**
		Fatehpur	0	0	0
		Gorakhpur	51	31	20
		Kushinagar	34	16	18
		Lucknow	45	29	16
		Mathura	39	20	19
		Unnao	37	21	16
		Total of all states	**2091**	**1187**	**904**