

Unpacking the drivers of poly-crisis-

A Case of WASH Service providers

SANGHMITRA S ACHARYA, [GOLAK B PATRA (a), AJIT K LENKA (b)]

Organization- CENTRE OF SOCIAL MEDICINE AND COMMUNITY HEALTH,
SCHOOL OF SOCIAL SCIENCES, JAWAHRLAL NEHRU UNIVERSITY, NEW DELHI

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- a. Former Faculty, Kaziranga University Jorhat; Senior Fellow, AIF Delhi;
- b. Asst Professor, Noida International University, UP

Polycrisis and providers

- **Poly-crisis** affects marginalised populations in many ways, calling for-
 - good governance and leadership,
 - accountability, and structural power dynamics.
- The present paper proposes to examine polycrisis from the perspective of a selected marginalised group- WASH service providers (WSPs).
- This is necessitated because of the thrust given to WASH from the service users' perspective to meet the development goals; albeit at the cost of the NEGLECT of the providers.

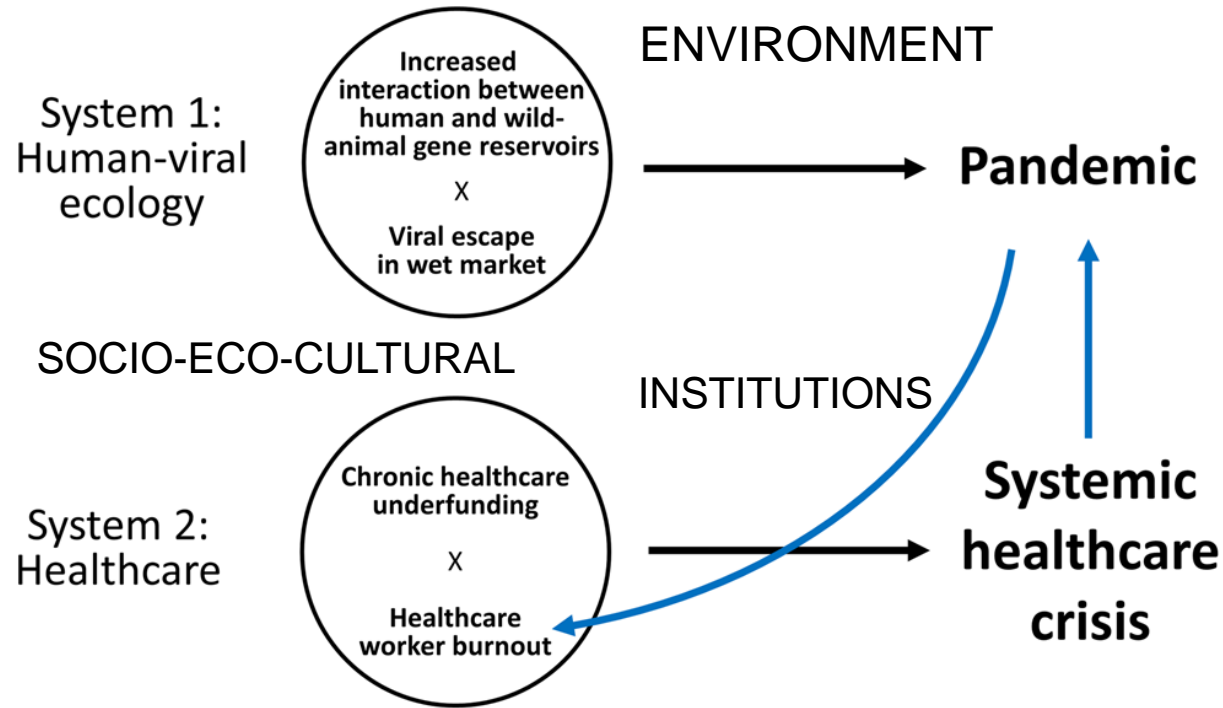
Human rights of
Provider??

Trust on users

SPECIFIC WSP→ Sanitation workers

- who work in any part of the sanitation chain.
- ensure that our contact with human waste ends when we leave the toilet,
- one of the most important jobs in society, and yet they remain mostly unseen and unappreciated.

POLYCRISIS OR META CRISIS?



TERM	DEFINITION	SOURCE
Polycrisis	"... no single vital problem, but many vital problems , and it is this complex intersolidarity of problems , antagonisms, crises, uncontrolled processes, and the general crisis of the planet that constitutes the number one vital problem"	Morin, Kern, (1999, p. 74)
Polycrisis	"... a set of globally interacting socio-economic, ecological and cultural-institutional crises and whose roots cannot be reduced to a single cause "	Swilling, (2013, p. 98)

- Polycrisis is **the simultaneous occurrence of several catastrophic events**.
- multiple interconnected crises across various domains, creating a complex and intertwined web of challenges.
- Fragile health system unable to respond to pandemic[s],
- Increased antimicrobial resistance; NCDs
- Unsustainable debt levels which impact the fiscal space
- Governments have to invest in critical services and infrastructure **given low budgetary allocations for health**
- **AND CARE OF THE SERVICE PROVIDER**

Design and methodology

Types of workers :

- **Solid waste workers-**
 - waste collectors,
 - sweepers or landfill workers;
- **Sanitation workers-**
 - pit emptier,
 - faecal sludge treatment workers and sewer or latrine cleaners; and
- **Cleaners** working in-
 - homes, commercial set-ups and
 - healthcare facilities.

The term ‘sanitation workers’ or ‘workers’ is used interchangeably when referring to the three groups collectively.

A mixed-methods approach on WSPs [SWs] spread over selected metropolitan cities in India.
112- SWs
20 KIs
10 Case Studies

Key informants-

- local authorities, utility operators and civil society organisations who work with sanitation workers.
- **Case studies** of individual workers.
- Both the survey and the interviews were conducted via the telephone, and face to face where possible, using semi-structured and structured questionnaires.
- The questions covered five topics:
 - Awareness about COVID-19.
 - Treatment seeking.
 - Occupational health and safety (PPE and training).
 - Handwashing practice at work and home.
 - Impact of the lockdown on livelihoods.
 - Social and personal implications.

Primary data was supplemented by secondary data.

Why Sanitation??

- ✓ **Sanitation** is a global **development** priority and the subject of Sustainable **Development** Goal 6.
- ✓ The estimate in 2017 by Joint Management Programme (JMP) states that 4.5 billion people currently do not have safely managed **sanitation**.
- ✓ Lack of access to **sanitation** has an impact not only on public health but also on human dignity and personal safety.



- Where is the worker?
- Concern for workers?
- ONLY CONSUMERS/USERS

Polycrisis of sanitation workers

**92% of workers cleaning urban sewers, septic tanks are from SC, ST, OBC groups
Almost 69% of the 38,000 workers profiled are from SC communities; almost 15% are OBCs, with 8% each in ST and general categories; Centre estimates about one lakh SSWs in 4,800 urban local bodies**

Sanitation workers already face several health and safety risks, financial challenges and stigma due to the nature of their work and caste-based and gender-based discrimination. The COVID-19 pandemic has further added to their vulnerabilities.

The Ministry of Housing and Urban Affairs estimates that there are 100 core sanitation workers for an urban population of five lakh. Based on this, the government used decadal growth rates to estimate that as of 2021, there are likely to be one lakh SWs employed by India's 4,800 ULBs

COVID-19 pandemic

- heightened danger for sanitation workers.
- Most continued operating during lockdown periods,
 - because of civic duty, or
 - fear of losing their daily income or
 - the job altogether.
- This led to their exposure to contracting the virus,
- concerted action from communities, employers and authorities.
- Neglected, moral and public health imperative to protect sanitation workers and their rights.
- The COVID-19 pandemic represents an opportunity to redress the historical neglect.
- **This study hopes to make a contribution in that direction.**



Lived experiences



- **financial distress-**
 - due to loss of other work opportunities due to lockdown (domestic help, delivery service provider, washing cars, and cleaning homes and hospitals etc.
- **Fear of falling ill** resulting in additional loss of income.
- With schools closed, **women workers** had to leave their children home alone or incur wage loss.
- Around half of the respondents (44% in India) reported challenges in meeting their daily expenses.
- Loss of income during the lockdown
 - compounded by a rise in food prices,
 - additional expenses for safety gear and
 - hygiene supplies, and
 - cost of transportation.
- Menstrual health of women sanitation workers, who continue to work amidst the pandemic with minimal or no WASH infrastructure accessible to them.
- **transportation arrangements for workers -Telangana.**
- **Negotiating working hours for women- Gujarat**

Informal workers

- Loss of livelihood was more prevalent amongst informal workers – which has gender-specific implications as most workers who are part of the informal workforce are female.
- Dry latrine cleaners are almost invariably women,
 - One- fourth were completely out of work during the lockdown
 - Others could resume work partially.
- Similar LOSS OF WORK AMONG observed among WOMEN waste pickers.
- Some workers also faced increased workloads –
 - workers in healthcare facilities who reported longer shifts and
 - increased working hours across
 - Which was not compensated
- In contrast, domestic waste collectors, office cleaners and those working in trucks carrying waste reported a reduced workload

“

Hunger is more dangerous than the coronavirus. Our situation is very bad.”

Dry latrine cleaner.

Health, infection and loss of life

- Municipal authorities reported cases of sanitation workers contracting the virus
- **Several deaths covered in the media**
- Unseen health impacts for the female sanitation workers on the frontline.
 - difficulties carrying out this essential work, especially during menstruation, as many public toilets were closed during lockdown.

Sanitation workers holding the Fort Against COVID-19 have no protective equipment thewire.in
30 March 2020

AIIMS sanitation supervisor dies due to COVID-19 hindustantimes.com 26 May 202

News clips of sanitation worker

Sweeper faints, dies after fogging in Uttar Pradesh telegraphindia.com 8 April 2020

Coronavirus: Sanitation worker forced to drink disinfectant in UP's Rampur, dies india.com 19 April 2020

SDMC's sanitation worker who tested positive for coronavirus dies at AIIMS timesofindia.indiatimes.com 26 April 2020

Stigmatised, ostracised': Sanitation workers in Tamil Nadu battle COVID-19 thenewsminute.com 6 May 2020

Perception of risk and knowledge of COVID

- Workers were aware of some of the common symptoms of COVID-19, such as-
 - having a cough, fever, flu-like symptoms and
 - breathing difficulties.
- COVID-19 is a contagious disease that spreads through close contact with an infected person –

Knowledge about preventive measures

- aware of at least one of the three key preventive measures –
 - wearing masks,
 - handwashing and
 - physical distancing.
- more awareness of the need to wear masks than of the need to wash hands frequently.
- Workers showed concerns around their inability maintain physical distancing.
- Gap in the knowledge on-
 - testing facilities,
 - how to access treatment and
 - steps that need to be taken if symptoms appear or test positive for COVID-19.
- Only 60% were aware that they should self-quarantine if infected.

Access to and Use of PPE

- Workers were aware of the need for protective equipment to reduce the risk of infection,
- Most reported challenges around the
 - adequate supply,
 - safe use and
 - Quality of these provisions.
- 93% had some form of PPE, with masks and gloves
- used masks (71%) and gloves (43%).
- Other protective gears (gowns, aprons, Shoes, foot covers and goggles) were less used.
- Even among high-risk groups, (medical waste workers and hospital cleaners), less than 60% of medical waste workers mentioned use of any of these additional materials,
- Only 26% of cleaners in medical facilities mentioned gowns or aprons, and shoe covers.



“Due to high temperature it is difficult to wear full apron which is made of plastic. Other than that, everything is OK.” Sanitation worker in hospital.

- 80% workers received PPE from employers,
- 20% purchased or made cloth masks at home.
- Specialised PPE was not available for most workers, even when required.
 - Hospital workers, most vulnerable to COVID-19 among all of the categories, did not have access to all types of PPE that is required to carry out their work safely.

Hand hygiene

“

At this moment, our major requirement is safety kits. Like doctors, we are also performing an important duty. Therefore, only doctors should not be the centre of attention, we are also human beings and deserve respect and support.”

Women waste collector in healthcare facility,

- Awareness about frequent handwashing as a preventive measure was high amongst workers.
- Awareness did not translate into Practice due to
 - Challenges around access to handwashing facilities and supplies,
 - particularly at work sites
 - or while on the move.
- reported increased frequency of handwashing (at least twice a day), especially during work hours.
- In India, most workers,
- 40% of workers reported lack of any handwashing stations at work, and
- handwashing was not consistently carried out at times most relevant for COVID-19 prevention.

Insurance

Only a small percentage of sanitation workers are covered by some sort of insurance and informal workers are excluded from the insurance cover.

- 35% reported being covered.
- Breakdown by contract type
 - 70% among permanent workers,
 - 30% among contractual workers and
 - 0% among informal workers.
- Only half of the workers were able to access the **social security** aid for **vulnerable populations**.
- Over a quarter were left out from the regular Public Distribution System for the provision of food grains,
- Only 5% benefitted from a direct cash transfer that was distributed as part of the COVID-specific emergency support led by the national government.
- Two major reasons behind the workers' exclusion from these various support measures included:
 - not living in rented accommodation, or
 - not having the right paperwork,
- urban local body aided health check-ups for municipal sanitation workers, which included-
 - blood pressure,
 - blood sugar and
 - temperature.
- Prescriptions were recorded in the health diaries provided to sanitation workers, which
- health diaries had key messages on COVID-19 prevention.
- urban local body facilitated COVID tests for municipal sanitation workers who had COVID symptoms.

National and/or sub-national governments

- Frameworks for health emergencies and finances to protect sanitation workers.
- Develop specific guidelines and protocols for solid waste, sanitation and cleaning work, outlining the necessary health and safety measures and the roles and responsibilities of employers, municipalities, and other employers.
- PPE for different categories of workers, especially biomedical waste management
- Comprehensive safety net and welfare programme, ensuring informal workers are included and mainstreaming gender considerations.
- Enhance access to WASH in sanitation workers' 'colonies' and settlements.
- Provide earmarked funds to support these measures and ensure they are made rapidly available to sub-national and municipal levels.

Recommendations

Municipal authorities & private employers

- handwashing stations with soap and water in workplaces,.
- Ensure adequate supply of PPE for all workers, especially cleaners in healthcare facilities.
- Provide health emergency-specific training on health and safety measuresProvide oversight of the implementation of health and safety measures through regular checks, and
- Organise testing, medical check-ups and thermal screening of workers, with referral.
- Provide health insurance for all workers – including contractual and daily wage workers

Thank You

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