

WaterAid

Access to Social Protection by Sanitation Workers in South Asia

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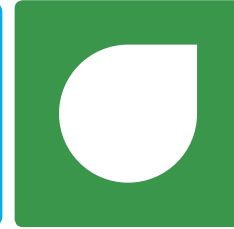
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Aknowledgements



This synthesis report is based on the studies conducted in Bangladesh, Pakistan and Nepal on Social Protection and Security Schemes available for Sanitation Workers. These studies were initiated by WaterAid. Key people involved in writing the synthesis report are Vanita Suneja, Jaison Thomas and Faysal Abbas, with contributions from Andrés Hueso González, Sterenn Philippe, Julie Fisher, Adnan Hakeem, Arif Jabbar, Seema Rajouria, Tripti Rai, Hossain H. Adib, Mahadi Hasan and Hasin Jahan. The authors would like to thank the Bill & Melinda Gates Foundation for their support. They are also grateful to Md Khairul Islam for advice and input at key stages.

This report draws on multiple sources, including social security and safety benefits analysis and case study research from Bangladesh, Pakistan and Nepal based on initial study conducted by WaterAid through Murad Bin Aziz, The Alternate Development Services and Guthi, respectively. WaterAid South Asia is responsible for the conclusions and recommendations of the regional synthesis.

Table of Contents



Executive Summary	3
1. Introduction	4
1.1 Rationale of the Study	4
1.2 Methodology	5
2. Access to Social Protection by Sanitation Workers	6
2.1. Basis for and Types of Social Protection	6
2.1.1 Access to Non-contributory Social Protection Schemes	6
2.1.2 Access to Contributory Social Protection Schemes	8
2.2 Barriers in Accessing Social Protection	10
2.2.1 Increasing Informality	10
2.2.2 Caste-based Social Stigma, Gender and Marginalisation	12
2.2.2 Ghost Employment	12
2.2.3 Poor Identification, Selection and Exclusion of Sanitation Workers	13
2.2.6 Procedures to Access Schemes	13
2.2.7 Lack of Awareness of Schemes	14
2.2.3 Unclear Government Roles and Responsibilities	14
3. Recommendations	15
3.1 Improve Employment Security and Formalisation of Sanitation Workers	15
3.2 Maximise Access to Existing Schemes	15
3.3 Target Schemes to Strengthen Safety and Compensate for Work-related Risks	16

Executive Summary

Sanitation workers provide an essential public service to ensure cleanliness and safety along the sanitation chain. They are ranked low in the social hierarchy, have limited social protection and low incomes, are prone to multiple health hazards and are often part of the informal economy. In this context, WaterAid commissioned a study in Pakistan, Nepal and Bangladesh to assess sanitation workers' access to social protection in South Asia and to suggest practical recommendations. The key findings show that most sanitation workers in these three countries lack access to contributory schemes for health and life insurance, pensions and gratuity, except for those employed formally by the public or private sectors. However, sanitation workers have partial access to non-contributory social assistance schemes, although none specifically target sanitation workers or their families. However, in all three countries, there are social protection schemes for the general population that are applicable to sanitation workers.



The main obstacles faced by sanitation workers in accessing social protection are:

- increasing informality due to privatisation resulting in the erosion of social protection;
- lack of or limited life insurance and pension schemes for informal workers;
- lack of awareness of schemes;
- caste-based social stigma and marginalisation;
- poor selection process for the identification of beneficiaries and exclusion errors;
- onerous procedures required to access schemes;
- ghost employment; and
- unclear government roles and responsibilities.

The three key recommendations

1. Improve employment security and formalisation of sanitation workers: This requires policy reforms and labour regulations to facilitate mechanisms that support the formalisation of sanitation workers, and the enumeration of formal and informal workers by local governments to ensure their inclusion in social protection and to strengthen the accountability of municipalities.

2. Maximise access to the existing schemes: This entails increasing the net of existing social protection schemes with broader eligibility criteria, strengthening access to information about the schemes and their associated benefits, building capacity

of sanitation workers to access them, improving grievance redressal mechanisms, and simplifying application processes.

3. Initiate new targeted schemes to strengthen safety and compensate for work-related risks of both formal and informal sanitation workers: This entails designing contributory schemes, medical assistance, life insurance and pensions, so that the burden of premiums and contributions is shared by other stakeholders such as state, public and private employers, and designing specific schemes to cover risks, such as a 'risk and hardship allowance' and 'personal protective equipment (PPE) allowance'.

While social protection was the main focus of the research, other key areas for action emerged. These include promoting occupational health and safety training, setting up Emergency Response Units (ERUs) for rapid assistance in case of accidents at work, affirmative action such as education assistance, and the reservation of jobs in various sectors for the children of sanitation workers in order to break the intergenerational cycles of deprivation and discrimination associated with caste and religion.

1. Introduction

Sanitation workers play an important role in keeping the environment clean and protecting human health. They empty septic tanks and pits, unblock clogged sewer lines and manholes, clean dry latrines and drains, and handle various operations at the treatment plants. The safety and wellbeing of sanitation workers is paramount to achieving safely managed sanitation by 2030, under the Sustainable Development Goal (SDG) 6 on clean water and sanitation, and specifically target 6.2, which requires human waste to be safely managed along the entire sanitation chain.

1.1 Rationale of the study

In South Asia, there is a common social stigma attached to sanitation professions – as it is linked with the notion of polluting work. It is a paradox that the people who collect the waste and make cities, towns and villages clean, hygienic and liveable are considered to be polluted themselves. Sanitation workers face social exclusion, standing on the lowest ladder of the social hierarchy, and are poorly paid for their services. They suffer from frequent occupational health hazards affecting their health and income, such as sometimes fatal injuries and receive little compensatory support. There is a high level of informality, including short-term contracts, daily wages and even ghost employment, which puts sanitation workers in precarious situations having unstable income and limited legal and social protection. Well designed and accessible social protection schemes for sanitation workers can help build resilience, enhance

productivity, ensure decent jobs, end intergenerational poverty and tackle deeply entrenched social exclusion. The strengthening of social protection schemes, including access to health insurance, can minimise and compensate for the high-risk situations in which they work. As one of the most essential yet marginalised worker groups, there is a moral and public imperative to redress historical injustice by protecting and strengthening their rights to social protection. This aligns with SDG 8 on decent work and SDG target 1.3 on 'social protection systems and measures for all'.

In this context, a study was conducted in three South Asian countries – Bangladesh, Pakistan and Nepal – to assess access to and coverage of social protection for sanitation workers and their families, to identify the barriers to this and provide practical recommendations for change. In the absence of existing research on the social protection of these sanitation workers, the present study aims to fill this knowledge gap and generate evidence to inform policy.

1.2 Methodology

In **Bangladesh**, the research methodology is aligned with the National Social Security Strategy's lifecycle framework, which includes five life stages (pregnancy and early childhood, school age, youth age, working age and old age). The framework helped assess the risks and vulnerability faced by sanitation workers at these lifecycle stages and trace schemes that could be applicable at each stage and determine the accessibility of the schemes for sanitation workers. In total, 144 households were interviewed in five locations, namely Faridpur and Magura municipalities, and three city corporations, viz., Dhaka North, Chittagong and Narayanganj. Key informant interviews (KIIs) were held with various government officials.

In **Pakistan**, in addition to a review of available national, provincial and private sector social protection and social security schemes, the methodology included 78 KIIs with sanitation workers, union functionaries, and key officials in the corporations, municipalities and waste management companies in selected districts of Peshawar, Lahore and Karachi and the Islamabad Capital Territory.

In **Nepal**, primary research was carried out in four locations, namely Kathmandu Metropolitan City, Lalitpur Metropolitan City, Bhaktapur Metropolitan City and Lahan Municipality. Focus group discussions were held with 50 sanitation workers and 16 KIIs with municipality officials were conducted. A stakeholder meeting was also organised to gain feedback on existing policies and potential policy reforms required.

Across the three countries, study locations were selected using the combined criteria of diversity of size and geographical location of the urban areas (a mix of large and small towns), the presence of sanitation infrastructure and services along with value chain, governance structures, a mix of formal and informal target groups and ease of access for the research.

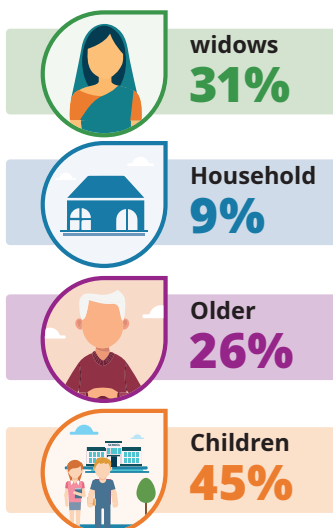
2. Access To Social Protection By Sanitation Workers

2.1. Basis for and types of social protection

Social protection in all the three countries is mandated by their respective constitutions. Article 15(d) of Bangladesh's Constitution, Articles 37 and 38 of the Constitution of Pakistan and Article 34 of the constitution of Nepal ensure social protection of its citizens. There are social protection schemes for the general population that are applicable to sanitation workers, however, no social protection schemes specifically targeting sanitation workers or their families were reported. There are different kinds of targeted non-contributory social assistance schemes in the three countries, mostly linked with direct cash transfer or food coupons/rations. Most of these schemes are not universal in nature, with a few exceptions such as the old age allowance in Nepal. The main contributory social protection schemes and programmes are health and life insurance, retirement benefits and pensions, however, these are only applicable to those who are formally employed.

2.1.1 Access to non-contributory social protection schemes

Access to non-contributory social assistance schemes by sanitation workers



Bangladesh adopted a National Social Security Strategy in 2015 with a comprehensive lifecycle approach. The various schemes applicable to Sanitation workers at different life stages in Bangladesh are shown in Table 1.

Sanitation workers and their families in Bangladesh reported partial access to some of the schemes: 31% of the widows of sanitation workers reported accessing the Widow's Allowance Scheme; 9% of households accessed child benefits; 26% of the older sanitation workers accessed old age allowances; 45% of children have access to school stipends, although only 5% of the girls in the study area have access to the adolescent girl's stipend scheme. Furthermore, the study team did not find anyone who accessed the maternal health voucher scheme, which is given to highly vulnerable women on a selective basis. The Mayor's Fund was also reported to be used on humanitarian grounds on a case-by-case basis, particularly to support those who have suffered injuries, illness and death. In Chittagong, for example, a retirement fund from the Mayor's Fund was created for the informal and door-to-door sanitation workers. In all the study areas, the informal sanitation workers did not get any sick leave, maternity

Table 1. Social Assistance Schemes in Bangladesh	
Life cycle stage	Social assistance schemes applicable to sanitation workers and their families
Child	<ul style="list-style-type: none"> • School stipends • Underdeveloped minority stipends • Child disability allowance
Youth	<ul style="list-style-type: none"> • Stipends for adolescent girls (age 15-19) • Underdeveloped minority stipends • Self-dependency training courses
Working age	<ul style="list-style-type: none"> • Charity and Mayor's Fund • Health and life insurance • Underdeveloped minority allowance (Dalit allowance) • Vulnerable Women's Benefit (VWB)
Pregnant and early childhood	<ul style="list-style-type: none"> • Maternity health voucher • Child benefit
Old age	<ul style="list-style-type: none"> • Old age allowance • Mayor's Fund

leave, health allowance, pregnancy allowance, retirement benefits or death insurance. Communities identified 'working age' to be the most vulnerable life stage requiring social protection, followed by pregnancy and early childhood.

In **Pakistan**, social protection schemes are fragmented, duplicate in purpose and limited in outreach to the sanitation workers. Amongst the key schemes are the Benazir Income Support Programme (BISP), Kafalat, which is an unconditional cash transfer scheme targeting low-income groups and Ehsaas, which is a cash transfer scheme supporting poor families and providing for the hardships experienced during COVID-19. The Sehat Sahulat Programme (SSP) is a medical assistance scheme for low-income families; the Workers' Welfare Fund (WWF) targets industrial workers with multipurpose assistance, such as small grants for marriage, death, education, health services, training, apprenticeships and skills enhancement. Zakat is mandated to assist poor, vulnerable and destitute Muslims, and Pakistan Bait-ul-Mal (PBM) was initiated to include non-Muslim families. PBM is a multipurpose scheme providing small grants for child support, PBM schools for rehabilitation of child labour¹, support for widows, skills building, and the provision of homes for destitute children and the elderly.

¹<https://www.pbm.gov.pk/ncrcl.html>

Furthermore, the National Social Protection Strategy was adopted in 2007 to improve social protection. The schemes mostly target families in cases of excessive poverty, destitution, death, occupational injury or in times of crisis, such as natural disasters and pandemics. As social assistance is not linked with age-related vulnerabilities, very few older people in Pakistan get any social assistance compared to Nepal and Bangladesh.

Nepal endorsed the Non-Contributory Social Protection Act in 2018, an umbrella act, which provides the right to social protection for Nepali citizens belonging to the specific categories of (a) senior citizens, (b) indigent people, (c) incapacitated and helpless people, (d) helpless single women, (e) citizens with disabilities, (f) children and (g) citizens unable to take care of themselves. Some of the social protection schemes such as the old age allowance and single women's/widow's allowance are universal in nature. Some of the targeted schemes are for endangered indigenous groups. The child protection allowance is not universal and is provided to all households with children under five years in 25 districts, not including Kathmandu Valley and Lahan. Dalit children are entitled to child grants throughout the country. However, none of the sanitation workers in Lahan from the Dalit community were aware of their eligibility for this.

Nepal has not yet adopted a lifecycle approach, however, various social protection schemes cover some of the critical life stages. Sanitation workers interviewed both in Kathmandu Valley and Lahan reported that all their eligible family members receive senior citizen's allowance, single women's allowance and disability allowance.

Lastly, sanitation workers in the study area do not belong to endangered indigenous groups and, therefore, related schemes do not apply to them.

2.1.2 Access to contributory social protection schemes

In the three study countries, contributory social protection schemes related to health and life insurance and retirement benefits such as pensions and gratuity, target employees working in the formal economy, such as government and the private sector.

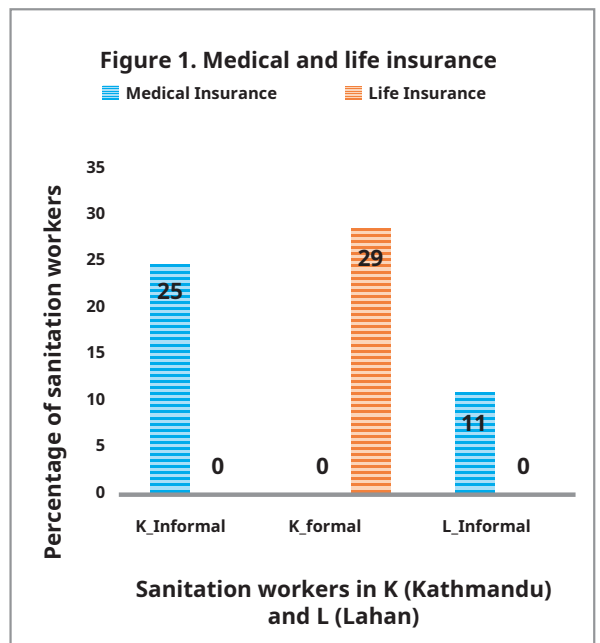
In **Pakistan**, contributory social protection schemes consist of government employees' pension/gratuity schemes, employees' old-age benefit institutions, employees' social security institutes and workers' welfare funds. The social insurance schemes target

the formally employed labour force and retirees. Therefore, sanitation workers are eligible for the pension programmes if they are formally employed. However, the formal municipal employees, their families and union leaders said that accessing retirement benefits is a tedious and lengthy process due to administrative complexities.

In **Bangladesh**, formal sanitation workers employed by the city corporations/municipalities are entitled to health, maternity and death insurance benefits. An exception is Chittagong, where informal sanitation workers also benefit from a single retirement package of BDT 200,000 given to sanitation workers at household level who collect waste door to door and clean toilets.

Insurance policy is not yet institutionalised within local government institutions to be given to sanitation workers. There are some insurance pilot projects by NGOs (Practical Action, WaterAid) in collaboration with insurance companies. The insurance policy designed under these pilots is short-term with the possibility of an annual extension. The medical facilities (under the coverage of the enlisted private clinics of insurance companies) offer discounted rates, but remain far higher than those available at hospitals operated by the Government of Bangladesh and NGO Clinics.

In **Nepal**, formal sanitation workers on permanent contracts receive monthly provident funds after 20 years of service; 35% of sanitation workers interviewed in Kathmandu reported getting these. For the formal sanitation workers within Kathmandu valley, the same life insurance scheme is available to them as



is offered to officials from the municipalities. Only 29% of sanitation workers are associated with life insurance policies. A small percentage of informal sanitation workers have medical insurance at their own expense (reportedly, 25% of those in Kathmandu and 11% in Lahan).

With the transition to the new Social Security Act (2018) and the contribution-based Social Security Act (2017), government institutions, including municipalities need to register all permanent staff recruited after 2018 in the new contributions-based social security schemes, in lieu of earlier provident fund schemes. The Government has not yet enforced the scheme in the informal sector, however, there are plans to do this. Even in the formal sector, there is a very slow uptake as sanitation workers were unaware of the Social Security Fund and associated social security schemes.

2.2 Barriers in accessing social protection

2.2.1 Increasing informality

Informal sanitation workers, who form the majority of the sanitation workforce in Pakistan, Nepal and Bangladesh, are not associated with health and life insurance or pension schemes. Nepal has plans to eventually extend the social security fund, medical assistance and life insurance schemes to informal workers. In Bangladesh, informal sanitation workers are not covered by any kind of life insurance apart from a few international non-government organisation (INGO) pilot schemes, which are in their nascent stages.

In all three countries, the informality of sanitation work is on the rise due to the privatisation of services. Sanitation workers are employed in the public and private sectors, but employment arrangements increasingly consist of a sub-contracting chain, leaving the workers vulnerable with unstable and irregular wage employment. These informal working arrangements, increasing with privatisation, result in the erosion of social protection benefits.

² Clean All Solutions. Largest Fleet of Liquid Waste Management Trucks in Pakistan 'Cleaning with Dignity'. <https://cleanall.pk>

In all metropolitan cities and large towns in Pakistan, such as Lahore, Karachi and Peshawar, solid waste management companies have taken over sanitation management, including cleaning sewer lines and faecal sludge management.² The larger companies mostly sublet this task to another entity. This complexity of subcontracting leads to arrangements where most sanitation workers can be hired and fired without prior notice or compensation and women sanitation workers employed on a casual basis cannot access maternity benefits. Duty hours are long and most of the labour laws on social protection security and occupational safety in the country do not apply.

In Nepal, with the exception of some permanent staff in municipalities, sanitation workers are largely working informally without any contractual or legal arrangements. For instance, Kathmandu Upatyaka Khanepani Limited (KUKL) is a public company responsible for drinking water and wastewater management in Kathmandu Valley. KUKL does not directly employ

“The newly recruited sanitation and sanitary workers or those transferred from Karachi Municipal Corporation (KMC) to Sindh Solid Waste Management Board (SWMB) as contract employees now receive nothing other than salaries, and those too are often delayed” (Zahid Farooq, social worker from Karachi).

“There are 200 sanitary and sanitation workers who work as daily wagers under my supervision. The Chinese company provides me Rs.720 against each sanitary and sanitation worker for a day. I pay Rs. 650 as a rate for each worker as a daily wage. Out of those Rs.650, the person who collects the labour from various places daily and drops them back charges Rs.100 each and pays them Rs.550 each. This is how the business moves on”. (Issac Massih, sub-contractee of SSWMB for Jamshed Town, Karachi East).

Anowara Begum, age 32, is a sweeper in Magura Municipality. During her pregnancy period of seven months, she applied for leave while feeling weak; her supervisor refused her demand, later granting her pregnancy leave for eight months when she was able to arrange a replacement who earned a half share of her payment.

sanitation workers and outsources private sector companies through a bidding process to perform sanitation tasks, where the role of sanitation workers is informally established. There are no formal agreements between the proprietor and individual sanitation workers regarding wages, which may be determined on a daily or monthly basis. This presents a key barrier against sanitation workers accessing financial and social services, and engaging with authorities to advocate for their rights. Sanitation workers are not registered with the relevant authorities creating a further barrier to regulating, monitoring or securing their rights.

Similarly, in Bangladesh, few of the sanitation workers who are employed in city corporations and municipalities are entitled to the benefits of leave, bonuses, health, maternity allowance/leave and death insurance. Those employed formally in the private and public sectors, such as in hospital, banks etc. are entitled to the regular benefits given by the particular organisation. However, a large majority of sanitation workers are temporarily hired by households or employed on informal terms by both public and private institutions. Those who are employed in city corporations and municipalities are registered in a muster roll and are, therefore, regular informal workers. Although they are given uniforms and ID cards, their wages are calculated on ‘per-day’ basis and paid monthly. As they are not entitled to any regular government benefits, if a sanitation worker gets sick or is injured, or if women sanitation workers take pregnancy leave, they are replaced without any benefits or leave until they are able to return to work. The replacement is arranged on informal terms with the respective sanitation worker during his/her leave, and the wage is shared with the enlisted absent sanitation worker and their replacement. In the five study areas in Bangladesh, sanitation workers wanted to become permanent staff in city corporations and municipalities. Their fear of risking any job security and their lack of skills prevented them moving into other professions.

2.2.2 Caste-based social stigma, gender and marginalisation

In all three countries, sanitation workers come from specific castes and ethnicities, which are considered low in the social hierarchy; furthermore, they face the social stigma attached to their profession as ‘polluting work’. Sanitation workers belong to underprivileged and marginalised castes or religious minorities. In Pakistan, marginalised Christian communities (converted from low caste dalits) are engaged mostly in sanitation work. Similarly, in Bangladesh, two groups –Hela and Horizon– are engaged in the profession. Horizon Hindus are low caste, who are engaged for a longer period and have relative dominance, while Hela Muslims are the ultra-poor new arrivals in this profession. In Nepal, urban sanitation is traditionally carried out by the so-called untouchable castes ‘Kuchikars’ (Podey, Chyame and Deula etc.).

The intersectionality of gender with caste hinders access further. Many of the social protection schemes such as educational stipends, child benefit, widow's allowance, and skill development programmes are targeted at women. However, women sanitation workers or women from the families of sanitation workers face social stigma and constraints related to accessing information and mobility to pursue an application. It was noticed in the study areas in Bangladesh that there are no women leaders in sanitation activities. Most of the women in sanitation or wives of sanitation workers reporting access to antenatal checkups and delivery of babies in hospitals, did not have access to the maternity health voucher scheme or to maternity leave.

As few of the schemes in these countries are universal, most have limited coverage and are based on specific targeting. Isolating sanitation workers also impacts their ability to approach and communicate with relevant authorities to access various schemes.

2.2.3 Ghost employment

Ghost Employment

Majibur Rahman signs in the master roll regularly for his job as a waste collector earning BDT 17,000 per month, however, he handed over the work to Abdul Malek with BDT 7,000 per month.

Ghost employment impacts access to social security schemes. Both in Pakistan and Bangladesh, workers reported anonymously working for other more influential workers who are on the municipality roll, and they do not carry out the work themselves. Rather, the work is done by other vulnerable workers on low wages, while they take a commission on this. In Pakistan, it was reported that several Muslim sanitation workers do not perform the main duties they are appointed to do, instead pay a percentage of the salary to the actual employee (usually Christian) who does the work in their place. As a result, many sanitation workers are unaware of the procedures and ineligible for all the corresponding benefits.

2.2.4 Poor identification, selection and exclusion of sanitation workers

Local governments and urban authorities have a role to play in making information available about the schemes. They also have a regulatory role to ensure correct targeting, sensitisation, coordination and monitoring. However, the three countries generally lack the necessary institutional mechanisms, and the databases for targeting and coordination at the municipality level. There are no reliable data on the number of formal and informal sanitation workers in any of the three countries to facilitate targeting. Elitist data capture and biased targeting at the local level was reported to be one of the constraints to this.

The most cited reason for exclusion reported in Pakistan was the narrow eligibility criteria and limited coverage of schemes. For

“My name is Parveen Korentina. My husband used to work as a sweeper in DMC, North Nazimabad in Sindh. He served the town for 26 years and died during service back in 2008. I have got three sons and two daughters. It’s been 14 years down the road that I have failed to secure any benefits from the Corporation, including a pension for my deceased husband.”

instance, the Benazir Income Support Programme (BISP), reportedly the largest unconditional cash transfer programme in Pakistan for low-income families, mostly covers widows and destitute women.

The reform process in Bangladesh, as envisaged in the National Social Security Strategy, is yet to be fully operationalised in urban areas. As the household profiling within the single registry system is yet to be completed, the directorate of social security schemes solicits lists of beneficiaries from the ward councillor of the city corporations and municipalities and verifies it based on household survey data by the Statistics and Informatics Division. This targeting process excludes many beneficiaries including sanitation workers. Furthermore, the schools operated by NGOs and the private sector are not eligible to nominate students for stipends. Similarly, migrant sanitation workers from other districts are disqualified to access the safety net programmes in the district where they are employed.

In Nepal, the schemes under social protection are linked with citizenship laws, which leave many workers ineligible. An officer in Lahan Municipality stated that most of the sanitation workers in Lahan do not have citizenship certificates, without which it is not possible to associate them with government insurance schemes.

2.2.5 Procedures to access schemes

A key challenge to accessing social protection schemes is the onerous procedures involved. In Pakistan, respondents reported lengthy procedural and institutional hurdles to access benefits resulting in a delay of many years before the benefits could be accessed. In Bangladesh, card holders could not collect the food rations distributed during COVID-19 as workers on daily wages did not want to lose a day’s income.

2.2.6 Lack of awareness of schemes

Workers in all the studies stated their lack of awareness of the various schemes. They were also unaware of the eligibility criteria, application processes and documents required to access the schemes. In Nepal, both formal and informal sanitation workers were unaware of the Social Security Fund and associated schemes. The formal workers shared their lack of awareness about the life insurance schemes. In Pakistan, knowledge of Kafalat, Ehsaas and WWF benefits was limited. In Lahan, Nepal, sanitation workers belonging to the Dalit community are not accessing child grants due to a lack of information.

Information dissemination at public places and through other various means by the municipalities, urban bodies and relevant departments is limited, and at times, the tools used are not targeted towards illiterate people, a particular challenge for informal workers. In Bangladesh, the citizen charter is displayed in the respective offices, which informs about social protection, but this has limited impact. There is no comprehensive list of eligible social protection schemes displayed in local government offices. Grievance boxes exist in these offices and in safety net regulatory offices, but sanitation workers do not know how to use them to file complaints.

2.2.3 Unclear government roles and responsibilities

In Pakistan, the 18th Constitutional Amendment (2010) devolved the legislative and governing powers of social protection to the provincial departments. However, independent agencies exist at central level for each of the schemes resulting in the recentralisation of social security and assistance schemes despite being devolved to the provinces. None of the provinces have yet adequately designed and developed their own social protection systems. The division of responsibilities remains blurred between the centre and the provinces.

In Bangladesh, the district office of the social welfare and women-child welfare department directly communicates with ward councillors regarding implementation of their respective social safety net programmes. In the absence of a comprehensive database at local government level, the ward councillor defines the selection process. On the other hand, the conservancy officers in local government are in charge of the supervision and welfare of sanitation workers, although the relevant central departments engage directly with ward counsellors, thereby diluting the role of local government (conservancy officers) in social protection governance.

In Nepal, the Local Government Operation Act 2074 (2017) assigns exclusive powers for the provision of 'basic health and sanitation' to the municipalities and extends powers to local government for implementation, monitoring and formulation of policies, strategies and standards. In Kathmandu and Lahan, KUKL and NWSSC respectively have taken on these activities causing an overlap of responsibility between the local municipality and the water service providers. Moreover, the municipalities are not accountable for their governance role in relation to sanitation workers.

Occupational hazards have a direct bearing on the need for social protection, especially related to health and life insurance. However, due to these unclear roles, local governments have limited incentives and accountability to take responsibility for occupational health and safety (OHS) training, developing standard operating procedures or providing PPE for sanitation workers.

3. Recommendations

3.1 Improve employment security and formalisation of sanitation workers

- National governments, specifically ministries dealing with labour, employment, social justice and sanitation, should reform and enforce labour regulations and provide support for the formalisation of informal sanitation workers, so they can be employed by urban authorities and companies on a long-term basis, ensuring access to social security, such as pensions, maternity leave and insurance.
- Municipal corporations should enumerate and register all sanitation workers – including formal and informal workers; keep an up-to-date database; include them in social security schemes and occupation safety training; and implement measures to deter ghost employment.

3.2 Maximise access to existing schemes

- The national government, departments and authorities responsible for social security should set eligibility criteria that facilitate the inclusion of sanitation workers in existing schemes. For example, eligibility criteria for PBM, BISP or Ehsaas schemes in Pakistan need to include sanitation workers and their families. Similarly, the child grant scheme in Nepal should include children of all sanitation workers, irrespective of location or ethnic group. Sanitation workers in Bangladesh, regardless of whether they migrated from another city, should be eligible for the relevant schemes.
- National and provincial governments should disseminate information on social protection widely and simplify the procedures needed to apply, so that low-income groups including sanitation workers are encouraged to apply. With support from local governments, municipalities and civil society organisations, they should also build the capacity of sanitation workers to apply to the schemes and to use grievance redressal mechanisms.

3.2 Target schemes to improve safety and compensate for work-related risks

- Insurance regulatory bodies and ministries dealing with social justice, labour and employment should expand or complement contributory schemes, such as medical assistance, life insurance and pensions, to cover both formal and informal workers. Mechanisms of financing these schemes for sanitation workers and their families should be developed by ensuring partial payment of premiums by respective municipal corporations, boards and companies or through national or provincial governments.
- Municipal corporations, urban bodies and the private sector that engage with sanitation workers should allocate resources for specific grants to cover all formally and informally registered sanitation workers, such as the 'risk and hardship allowance' and 'PPE allowance'.

It is important that these recommendations to strengthen social protection are not implemented in isolation, but as part of a wider set of measures to protect the rights of sanitation workers. Measures aimed at ensuring their health and safety are particularly important (and will also reduce their need to use social security), including promoting OHS training, providing PPE, establishing standard operating procedures and creating local Emergency Response Units (ERUs) to rapidly assist in case of accidents. It is also important to try to break intergenerational exclusion and stigma. This includes providing the children of sanitation workers, especially girls, with educational stipends and scholarships for postgraduate or higher degree courses; reserving public and private jobs for discriminated castes engaged in the sanitation profession; and educating people against discrimination due to caste, ethnicity, profession or religion.

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