

The hidden world of sanitation workers

Media briefing



WaterAid/CS Sharada Prasad/Safai Karmachari Kavalu Samiti



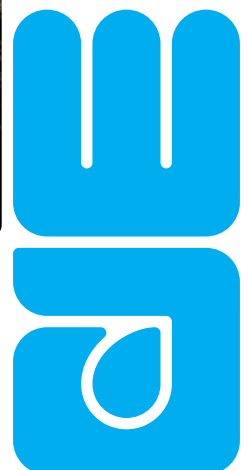
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International Labour Organization



World Health Organization



WaterAid

Introduction

Every year, the human race produces over 350 million tonnes of poo – that’s enough to fill 140,000 Olympic swimming pools!ⁱ Unless that human waste is properly dealt with, every single gram will pose a significant health risk to us and our planet.

Ensuring that our contact with human waste ends when we leave the toilet is one of the most important jobs in society, and yet around the world sanitation workers remain mostly unseen and unappreciated. To mark World Toilet Day and this year’s theme of ‘Leaving no one behind’,² the International Labour Organization (ILO), WaterAid, the World Bank and the World Health Organization (WHO) are highlighting the plight of sanitation workers as one of the most vulnerable groups in society.

These workers range from public or private employees with proper equipment, benefits and legal protection, to some of the most marginalised, poor and discriminated members of society. Despite providing an essential public service, an uncounted number of sanitation workers around the world work in conditions that are hazardous and stigmatising – violating both their dignity and basic human rights. Few countries in the developing world have any guidelines to protect these workers, leaving them exposed to a litany of health and safety issues. There are no global statistics, but in India alone between 2017 and late 2018, there was on average one death of a sanitation worker every five days in the country, according to official data.³ Other sources⁴ estimate three times as many, over three deaths every five days.ⁱⁱ Countless more suffer repeated infections and injury, and have their lives cut short by the everyday risks of the job.

Today, only 45% of the world’s population have access to a private toilet where the human waste is safely disposed of – so-called ‘safely managed sanitation’. Two billion people still lack access to even a basic sanitation service – and in turn have to practise open defecation, use pits or hanging latrines that empty into rivers or lakes, or share their toilet with multiple households.⁵

Progress on closing the gap between those with and those without basic sanitation is woefully slow. Access to decent toilets that properly manage waste is a human right and also forms part of Sustainable Development Goal (SDG) 6



which aims to bring clean water and sustainable sanitation to everyone, everywhere by 2030. For the SDGs that we have data for, it is evident that the goal for safely managed sanitation is one that is furthest behind. If we continue at current rates of progress, in some countries we will not bring safely managed sanitation to everyone for centuries.

We will need many more sanitation workers around the world if we are to achieve these ambitious targets, but their health and the quality of their lives are rarely considered. Safely managed sanitation must go hand in hand with a safe and dignified working environment for those who run and maintain the sanitation service that protects our health.⁶

In the most extensive global report on the issue to date, ILO, WaterAid, the World Bank and WHO have come together to shed light on this hugely neglected issue. This briefing brings together findings from the report *The Health, Safety and Dignity of Sanitation Workers*, and the stories of workers from around the world, to help identify ways to improve the lives and wellbeing of these workers.

People are dying every day because of poor sanitation services – from both the diseases caused by human waste being unsafely released into the environment, and also the dangers that sanitation workers are exposed to when carrying out their jobs. Safely managed sanitation must

include decent working conditions for the workers on the frontline who make sure our sanitation services continue to function. Without safely managed sanitation for all, we will never end extreme poverty.

● Somappa, 52, uses a plastic bag to protect a wound on his foot from getting infected as he manually empties a pit latrine with his co-workers. Bangalore, India, August 2019.



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- Olivier Batoro, 37, a manual pit emptier, has just come out of the pit and is suffering from dizziness, Ouagadougou, Burkina Faso, July 2019.
- Manual pit emptiers throw the waste water they collected from a sump at an unofficial and open dumping place, Ouagadougou, Burkina Faso, July 2019.
- A worker unblocks a sewer/drain which is located in the kitchen of a private house. Hyderabad, India, August 2019.



WaterAid/Basile Quedraogo



WaterAid/CS Sharada Prasad/SafaiWATERS



WaterAid/Basile Quedraogo

i. The median weight of human faeces produced daily is 128 grams. Annually this is 46.72 kilograms or 0.04672 tonnes per person. The population is 7.53 billion. An Olympic swimming pool holds the equivalent of 2500 tonnes of poo or water.

ii. The Ministry of Social Justice and Empowerment reported 323 deaths in 2017 and 46 deaths between January–July 2018. This is a total of 369 deaths over a 577-day period.

Sanitation around the world



Living without safely managed sanitation threatens the health, education and livelihoods of billions of people. Everyone, everywhere has the right to sanitation, but progress on achieving this promise encapsulated by SDG 6 is slow. What does access look like around the world?⁵

● **Safely managed sanitation:**

A hygienic household toilet that is not shared with other households and where waste is safely disposed of in situ, or transported and treated offsite.

How many people have this? 3.4 billion (45%)

● **Basic sanitation:**

A hygienic household toilet that is not shared with others.

How many people have this? 2.2 billion (29%)

● **Limited sanitation:**

A hygienic toilet that is shared between several households.

How many people have this? 627 million (8%)

● **Unimproved sanitation:**

A toilet that does not hygienically separate human waste from contact with people, such as a latrine over an open pit or a water body.

How many people have this: 701 million (9%)

● **Open defecation:**

People relieving themselves in open fields, near railway tracks or in secluded areas.

How many people do this: 673 million (9%)



WaterAid/Tom Seater

Are we making progress?

Between 2000 and 2017, 2.1 billion people gained access to at least a basic sanitation service and the percentage of the global population practising open defecation halved. However, basic access falls below the ambition of SDG6, which has a target level of safely managed sanitation services. At current rates of progress, everyone in Sub-Saharan Africa will not have access to safely managed sanitation until 2403 – a shocking 373 years behind schedule.ⁱⁱⁱ Unless we can dramatically increase the speed of progress, meeting SDG 6 will take centuries, not the decade we have remaining.



WaterAid/GMB Akash

● **Poor sanitation has a significant impact on daily life in high density, poor, urban areas like this one. Ifelodun, Lagos, Nigeria, September 2016.**

● **Samka Akhter using a public toilet in Dhaka, Bangladesh. October 2018.**

Which countries are furthest behind?⁵

Country	Total population without access to basic sanitation (%)	People who have access to limited sanitation (%)	People who have access to unimproved sanitation (%)	People who practise open defecation (%)
Ethiopia	93%	7%	63%	22%
Chad	92%	7%	18%	67%
South Sudan	89%	8%	18%	63%
Madagascar	89%	16%	29%	45%
Papua New Guinea	87%	2%	70%	14%
Niger	86%	10%	9%	68%
Benin	84%	20%	10%	54%
Togo	84%	26%	10%	48%
Sierra Leone	84%	34%	33%	18%
Liberia	83%	27%	16%	40%

Which countries have made the most progress?⁵

Country	% of population with access to at least basic sanitation		Annual rate of change
	2000	2017	
Micronesia	25%	88%	3.75
Cambodia	19%	59%	2.90
Nepal	15%	62%	2.76
Lao People's Democratic Republic	28%	74%	2.72
India*	16%	60%	2.54
Cabo Verde	40%	74%	1.99
Lesotho	9%	43%	1.99
Indonesia	41%	73%	1.88
Vietnam	52%	84%	1.83
Mauritania	17%	48%	1.82

While this report was being prepared, the Government of India's Management Information System (MIS) data on sanitation declares a 100% achievement of basic sanitation coverage in rural⁶ areas and a similar situation in urban⁶ areas.

iii. This is calculated by extrapolating a yearly rate of progress of 0.21 for the region from the time period 2000–2017.

Sanitation systems

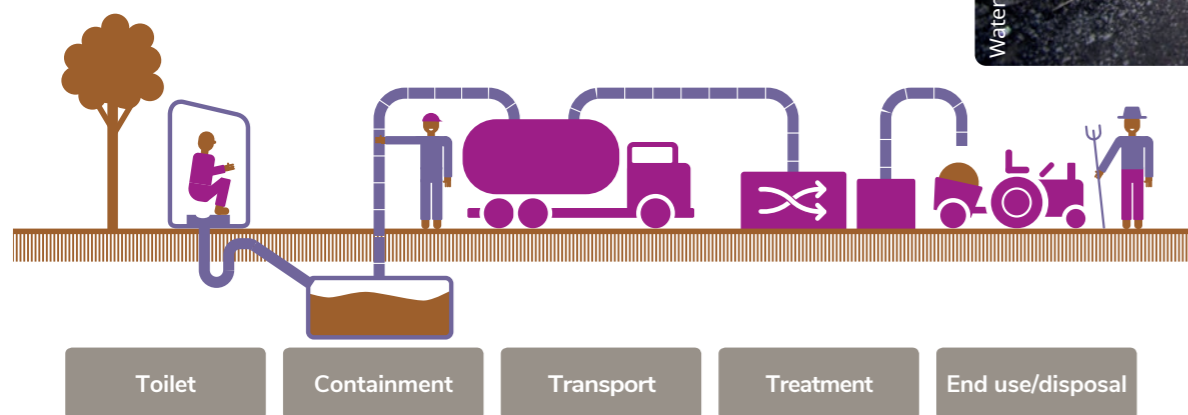
● Sanitation workers, (L-R) Anjanappa 38, Narasimhulu 40 and Gangalappa 45 try to unblock a sewer using bamboo rods. Bangalore, India, August 2019.



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Where does our poo go? Ideally, all human waste should be properly captured and treated to prevent it from coming into contact with people and the environment – making us sick and polluting rivers and seas. But even in wealthy, developed countries, treatment of human waste can be imperfect. For example, 12% of people in France still lack access to safely managed sanitation, despite being classed as a high-income country.

Where people rely on pits and septic tanks, the sanitation chain for a well-developed and managed system looks like this:



In reality, for the 55% of the world's population who don't have access to a safely managed sanitation system, many parts of the chain are non-existent or ineffective.

Stages of the sanitation chain	What can go wrong?
Toilet	Nearly 700 million people still practise open defecation. Where toilets exist, they may also empty directly into the environment or river, ill-designed pit latrines may contaminate the groundwater and septic tanks can overflow when not serviced.
Containment	Pits and tanks need emptying, but this often happens in unsafe conditions, polluting the environment and putting the health and life of emptiers at risk.
Transport	Faecal sludge may spill during transport and sewers may leak.
Treatment	Sewers too often discharge directly into rivers, lakes or seas. Emptiers may have no choice but to dump the faecal sludge in fields, open drains or water bodies. Where treatment plants exist, they are not always functional or treating the waste effectively.
End use/disposal	Some waste is left untreated and treated waste is sometimes disposed of, reused in an unsafe manner, or released straight into the environment.



WaterAid/Nyami @Quarmyne/Panos

● Barrels are used by sanitation workers to safely remove faeces from a household pit latrine in Inanda, a township in eastern KwaZulu-Natal, Greater Durban metropolitan area, South Africa, March 2019.

● Ajuloju Ganiyu, 24, emptying the contents of a 'gully sucker' – a sewage disposal truck in Lagos, Nigeria, September 2016.



WaterAid/Tom Saater

Sanitation workers are those who work in any part of the sanitation chain. Their jobs can include cleaning toilets, emptying pits and septic tanks, cleaning sewers and manholes and operating pumping stations and treatment plants. In many developing countries, they are often informal workers, unprotected by laws or labour rights. At each stage of the sanitation chain, they can be exposed to hazardous waste material. This briefing focuses on sanitation workers in the emptying and transport stages, which are the most common and riskier tasks.

Types of work

● **Sewer work** – maintaining and unblocking sewers, drains and manholes when they are flooded by rainwater and clogged by waste. Where advanced machinery is lacking, this sometimes involves physically entering the sewer and unblocking the drains by hand with no protective equipment and clothing. Many workers have died in sewers from drowning or from inhaling the toxic fumes.⁹

● **Pit and septic tank emptying** – emptying and cleaning pits and septic tanks, and then transporting human waste for treatment or disposal. This work can be done by hand with rudimentary tools, and often involves entering into the pit or tank. These workers are at risk of asphyxiation from the toxic fumes in septic tanks, or of injury or death if the walls of the pit collapse. Alternatively, the work can be carried out with advanced tools and mechanical equipment, or even motorised vacuum trucks. However, these workers may still face similar risks.

● **Manual scavenging** – in South Asian countries, manual scavenging describes any type of sanitation work carried out without adequate protection – leading to direct contact with human waste. This includes manually emptying and cleaning pits and dry latrines and carrying the waste away. The work is normally undertaken by people considered low caste, belonging to religious minorities or other vulnerable groups. In addition to health and safety risks, manual scavenging is highly stigmatising and is a serious violation of human rights due to the unsafe working environment and associated discrimination.

Plight of sanitation workers



The conditions that sanitation workers must work in depend heavily on the wider sanitation and urban landscape in countries. There are however some common factors that the most vulnerable sanitation workers in developing countries experience that impact their health, lives and dignity.

Extreme health hazards

Asthma, cholera, typhoid, hepatitis, polio, eye and skin burns, blunt trauma, gastroenteritis⁶ and others, the list of illnesses and injuries faced by sanitation workers is seemingly endless. They often come into direct contact with human waste and work in confined and dangerous spaces. Toxic gases, such as ammonia, carbon monoxide and sulphur dioxide,¹⁰ in septic tanks and sewers can cause workers to lose consciousness or die. It is not uncommon for workers to have no form of protective or safety equipment despite the obvious hazards of their work. This can lead to injuries and infections caused by sharp objects such as razors, syringes or broken glass. Many sanitation workers resort to working under the influence of alcohol or drugs in an attempt to escape from the harsh realities of their work, which further increases their risk of accidents.



WaterAid/Basile Ouedraogo

● A hand showing a syringe found inside a family's pit latrine by Olivier Batoro whilst he was emptying it by hand. Ouagadougou, Burkina Faso, July 2019.

●● The barrels, the shovels and the pickaxes... they are not durable because the faecal sludge gnaws at them and damages them quickly. If the sludge can damage such materials that are rubber or iron, what about the body of those who enter the pits to empty them? ●●

Inoussa Ouedraogo, manual emptier in Ouagadougou, Burkina Faso.

Little and inconsistent pay

How much a sanitation worker is paid for working these essential jobs varies significantly. In the most extreme circumstances, manual workers, in India are paid with food rather than money. In Senegal and Haiti, workers report households failing to pay at all once the work has been completed. The informality of many aspects of sanitation work in the developing world leaves workers with no consistent income and further exacerbates the inequalities they face.

Stigma and discrimination

Low-grade sanitation work can trap entire families in multigenerational cycles of poverty. In some countries, sanitation work is a socially stigmatising issue, so workers often operate at night to hide their job from their communities. In India and Bangladesh, manual scavenging is seen to belong to the lowest level of the caste system, they face discrimination and little to no opportunities to leave this type of work behind for them or their children.



WaterAid/Sudharak Olwe

● A group of women from the Valmiki community. Valmikis are a sub-caste of the 'Scheduled' or 'Dalit' caste, they are forced to inherit the occupation of manual scavenging from their parents or upon marriage. Amanganj, Madhya Pradesh, India. December 2018.

●● We still follow the age-old ways. We are given one kilogram of rice or some other food grains in this tokra [basket]. Occasionally, we get money too. ●●

Ashadevi Rawat, septic tank cleaner in Sangrav village in Rajpur Block, India.

No rights

Policies, laws and regulations surrounding sanitation workers are often non-existent. Where they do exist, they tend to be weak, only covering some types of sanitation workers, or lack the required financing and enforcement mechanisms. The riskiest types of work are informal in many countries. There have been laws passed intended to ban manual empty – in India or Senegal for example – but in reality, this may cause this type of work to fall into the black market, exacerbating the problem and leaving sanitation worker even less protected.

●● They say that we should do what we are meant to do; that is cleaning dirt. ●●

Manju Valmiki, a manual scavenger in Amanganj, Madhya Pradesh, India.

Country focus

India

With a population of 1.3 billion people, India faces enormous challenges in providing and maintaining clean water and safely managed sanitation services for its people. Significant progress has been made on improving access to clean water and decent toilets, but access to safely managed sanitation services still lags behind.⁵

Some sources estimate that there are around five million sanitation workers in India (including toilet cleaners), two million of which are working in high-risk conditions.¹¹ Those affected by manual scavenging are the most vulnerable and stigmatised group, mostly belonging to the lowest rungs of India's caste system, known as 'Dalits'. The job is often handed down through generations, with little opportunity to escape the cycle.

Despite manual scavenging being outlawed by the Government in 1993, and the law strengthened in 2013, over 20,000 people were identified as manual scavengers in 2018¹² and other estimates point to this number being much higher.

Some of these workers, predominantly women and



WaterAid/Suharak Olwe

girls, are involved in the manual cleaning of dry 'bucket' latrines, carrying the waste away in baskets. Others are involved in cleaning railway tracks and other areas where people practise open defecation, generally with very rudimentary tools.

Manual scavenging often involves hazardous working conditions, with the workers using their bare hands or basic tools to clean, handle and dispose of untreated human waste. It is common for workers to be immersed in human waste, with some even losing their lives whilst cleaning septic tanks or unblocking sewers. Between 2017 and late 2018, there was an average of one death of a sanitation worker every five days in the country, according

to official data.³ Other sources⁴ estimate three times as many, with over three deaths every five days.

Most of these workers are not formally recognised, meaning they have no benefits or social protection. Pay is very poor, and workers are often at risk of extortion – some even being paid with leftover food rather than money. Workers face widespread and systemic discrimination; their human rights are violated and there are very few opportunities for them to move away into other jobs.

When it comes to operating sewers, pits, septic tanks and treatment facilities, there is a substantial formal and permanent sanitation workforce, with basic working conditions that are protected



WaterAid/Suharak Olwe

● Meenadevi, 58, manually removing faeces from a dry latrine. She has rudimentary tools with which to do this work. Dehri-on-sone, Bihar, India, December 2018.

Meenadevi is 58 and cleans dry latrines. Her mother in law also worked to clean dry latrines, and died doing the job.

●● **Initially, I used to feel nauseated. I wasn't ready and felt ashamed to work because of the stigma attached to it. But now I'm used to the foul smells. Poverty leaves you with no option. With the amount of discrimination we face, what else can we do to feed our stomach? Give us another job and we will leave this one immediately.** ●●

by law. However, the less desirable and high-risk jobs are frequently sub-contracted to temporary informal workers who are lacking in such protections.¹³ As such, manual scavenging is also common in these operations, with workers operating without protective equipment.

Progress has been made in terms of advocating for the rights of sanitation workers and identifying appropriate solutions. Many local and international organisations continue to raise awareness and empower sanitation workers.

India banned manual scavenging in 1993 with the Employment of Manual Scavenging and Construction of Dry Latrines (Prohibition) Act. In 2013, the Prohibition of Employment as Manual Scavengers and their Rehabilitation Act (PEMSR) again prohibited manual scavenging and aimed to provide rehabilitation for those employed in this work. A year later, the Supreme Court of India ruled that manual scavenging violates international human rights commitments. The Government has recently developed an action plan to end direct contact with human waste, but they clearly still have a long way to go in order to end manual scavenging for good.

Country focus

Tanzania



WaterAid/James Kiyimba



WaterAid/James Kiyimba

Tanzania's largest city, Dar es Salaam, has seen unprecedented growth during the past few decades. Unplanned settlements have popped up all over the city, which often rely on the inadequate sanitation and water services.

Most of these settlements use pit latrines, but the streets are often too narrow for vacuum trucks so people either manually empty their pit latrines into streams, or pay 'frogmen' – community members who provide this service.

A frogman's work is dangerous as they do not have the appropriate equipment needed to empty the pits safely and hygienically. Instead, they use buckets and work without protective clothing, leaving them vulnerable to diseases. Some frogmen have died doing this work, often when heavy rain has caused pit latrines to collapse.

In some communities in Tanzania, initiatives have been set up to turn human waste into a business. A faecal sludge management plant was constructed to recycle waste into charcoal and biogas that can then be sold. Community members pay for the emptying service in instalments and the poorest do not have to pay anything. This helps ensure the service is available to everyone and that the sanitation workers have the proper equipment and a safe working environment.¹⁴

● Juma Ng'ombo, 52, at a faecal sludge disposal site, displaying a stamp that authorises him to dispose of faecal sludge, Temeke, Dar es Salaam, Tanzania, June, 2019.

● Juma Hamisi, 29, (left) and Juma Ng'ombo, 52, (right) lowering the gulper machine into a pit latrine, Temeke, Dar es Salaam, Tanzania, June, 2019.

Juma Ng'ombo has been working as a sanitation worker in Dar es Salaam since 2003. He operates a machine called a 'Gulper' which is used to empty toilets in the crowded city settlements.

●● The Gulper is helping our work a lot, because it is able to reach all corners of the streets and houses where the big trucks cannot pass. When we are collecting the liquid waste, we protect ourselves by wearing gloves, boots, masks, and using sanitiser. I chose this job myself because I had an uncle who did this work, I learnt until I was able to do the job myself. I saw that this job can help me improve my life. ●●

Country focus

Burkina Faso



WaterAid/Basile Ouedraogo



WaterAid/Basile Ouedraogo

Burkina Faso is a landlocked country in West Africa with a population of just over 20 million people. According to the Government, only 22.6% of the population have access to basic sanitation.¹⁵ Progress towards universal access to clean water and decent toilets is very slow.

Most sanitation workers do not have any formal training and regularly come into direct contact with human waste. Manual emptiers use buckets, ropes and shovels to empty pits and septic tanks, with little to no protective equipment. They may dispose of the waste they collect directly into the environment or open drains.¹⁶

Manual emptiers are often marginalised members of society and report consuming drugs, traditional medicines and alcohol whilst carrying out their work to mask the horror of the conditions.

● Wendgoundi Sawadogo, 45, sits between his co-workers Tanga Zongo, 44, (left) and Yadega Sawadogo, 41, (right) they are taking a little rest outside a family courtyard, after having emptied a latrine, Ouagadougou, Burkina Faso, July 2019.

● Wendgoundi Sawadogo, 45, uses a rope to lower himself into a pit latrine to empty it manually. Ouagadougou, Burkina Faso, July 2019.

● Wendgoundi Sawadogo, 45, manual emptier, washing himself outside a courtyard, after having emptied a sump, Ouagadougou, Burkina Faso, July 2019.



WaterAid/Basile Ouedraogo

Wendgoundi Sawadogo has worked as a manual emptier in Ouagadougou, Burkina Faso's capital city for 15 years. He works for local households in the area who contact him directly for his services:

●● You have no paper to show that this is your profession. When you die, you die. You go with your bucket and your hoe without recognition, without leaving a trace anywhere or a document that shows your offspring that you have practiced such a job. When I think of that, I'm sad. I do not wish any of my children to do the work I do. ●●

Country focus

Bangladesh

Bangladesh is one of the most densely populated countries in the world. Significant progress has been made since 2000 in ending open defecation, but only 48% of the population have access to basic sanitation.⁵

The sanitation workforce is made up of both formal public workers who have more secure positions, income and benefits at minimal level, and informal workers who face many more challenges. Informal 'sweepers' or emptiers often work without tools or protective equipment – regularly coming into direct contact with human waste and often working at night to avoid detection in their communities. They are stigmatised and discriminated against – living in segregated 'sweeper colonies' which are unhygienic slum-like areas offering poor and overcrowded living conditions. Even formal public 'sweepers' often execute the same practice of working without protective equipment during their work.

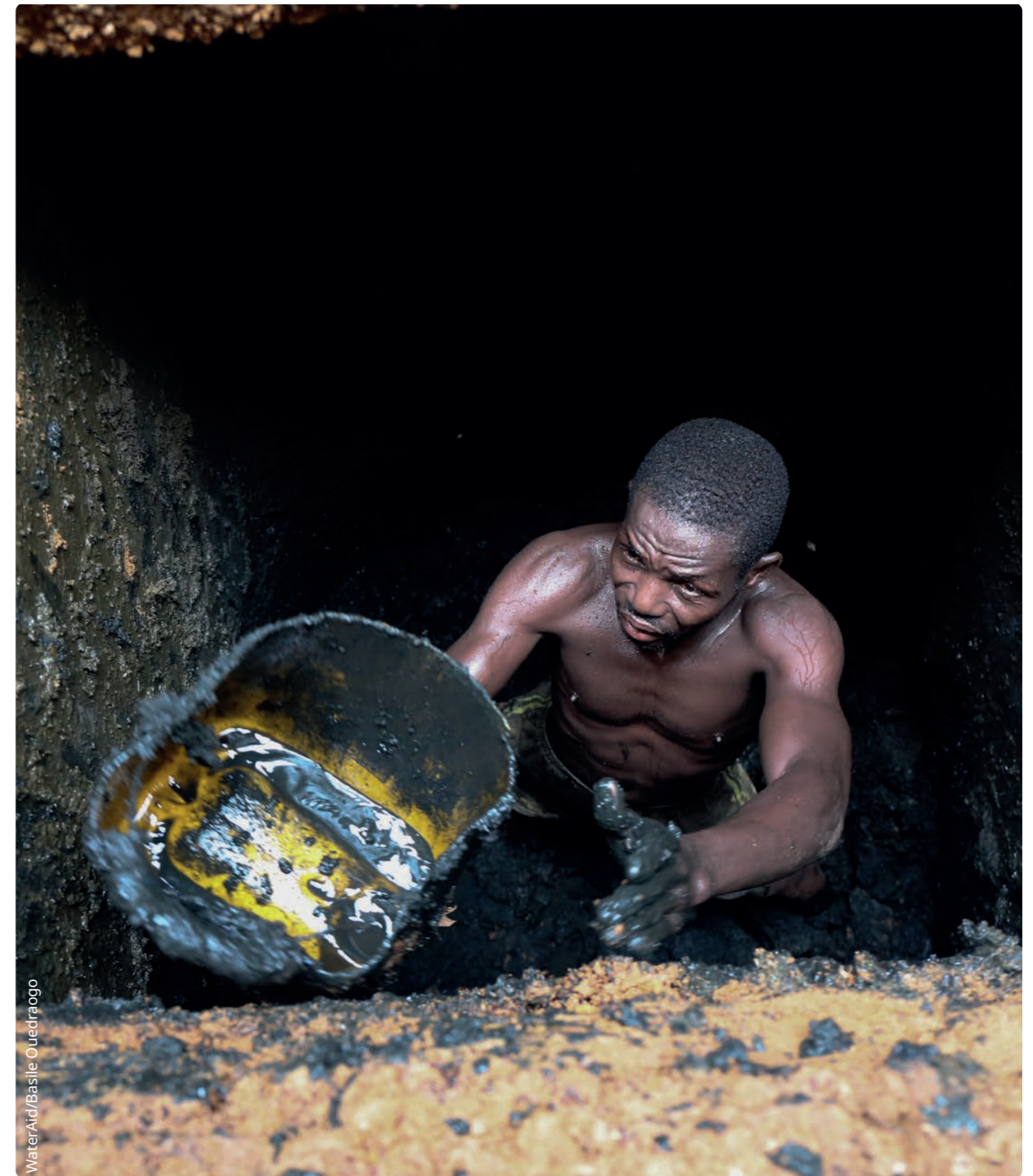
Uttam has been working as a septic tank emptier since he was 21 years old. He is frustrated by the authorities who do not recognise workers or give them their rights.¹⁷

●● I want my rights and to live in a better environment. How can I ever be expected to improve my situation otherwise? How can my daughter ever be expected to have a better life than mine? Nobody looks at us or thinks about us. I'm not asking for wealth, just the basics – just a little dignity. ●●



SNV/Drik/Tushikur Rahman

● Uttam Kumar, a septic tank emptier in Khulna, Bangladesh.



WaterAid/Basile Ouedraogo

● Inoussa Ouedraogo, 48, emptying a family latrine, Ouagadougou, Burkina Faso, July 2019.



What can be done?



- **Gangalappa, 52, manual sewer unblocker in Bangalore, India, August 2019.**

- **Senzi Dumakude, 32, a worker on a municipal crew that uses flexible rods to clear blockages in pipes that feed into the main sewer lines, Greater Durban metropolitan area, South Africa, March 2019.**

- **Julius Chisengo, 49, sanitation worker, standing in front of a motorised gulper truck, Kigambon-Umawa, Dar es Salaam, Tanzania, June, 2019**

- **Kaverappa, 54, Bangalore, India, August 2019.**

- **Wendgoundi Sawadogo, 45, manual emptier, Ouagadougou, Burkina Faso, July 2019.**



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Decent toilets and safe working conditions are human rights.¹⁸

Sanitation workers provide a vital public service that is essential for a country's health and development. The world will never end poverty until everyone, everywhere has access to decent toilets, but this provision must go hand in hand with protecting the life, health and dignity of those who work to bring us these essential services.

Many of the challenges sanitation workers face stem from their lack of visibility in society. They can be stigmatised, marginalised and their voices ignored by the people in power.

Improving the lives of sanitation workers will take action from many different parts of society:

- **Governments** should put in place laws that recognise the work of the sanitation workforce and ratify relevant international labour standards.
- **Governments** must put an end to manual scavenging, and offer rehabilitation and alternative livelihoods for those affected, especially women.
- **Governments** should formalise sanitation work by providing workers with decent working conditions and social protection, and by enforcing regulations.
- **Governments and human rights organisations** should support sanitation workers' efforts to organise and realise their rights, including through unions and associations.

- **Development agencies and donors** need to ensure that the rights and welfare of sanitation workers are embedded into all urban sanitation programmes.

- **Communities and the public** must recognise the vital work that sanitation workers carry out, from which we all benefit, and support their struggles.

For further information on policy asks and requirements please see the full report, available at: washmatters.wateraid.org/blog/the-health-safety-and-dignity-of-sanitation-workers-a-blind-spot-in-safely-managed-sanitation

Filling the gaps

Far too little is known about the workers and working conditions of the people who provide this essential public service. The most vulnerable sanitation workers – those doing the lowest-grade type of work – often work informally or do not want to be acknowledged because of stigma, so it is impossible to estimate how many people are working in this domain worldwide.

Similarly, we don't know how many sanitation

worker deaths there are around the world, and the estimates we do have are likely to be a huge underestimation, further masking the desperate situation so many of these workers face. Lack of good quality evidence and data makes it more difficult to persuade governments to take decisive action to improve the lives of sanitation workers. Researchers, governments and development agencies all have a role to play in helping to build the evidence base and to take action based on those findings.

Tackling the toilet taboos

Defecation is a normal part of life for every single human being, yet talking about toilets – what goes in them and where that goes – is not a normal part of our everyday or political discourse. If we can't talk about toilets openly, it becomes harder for change to happen – whether that is getting politicians to increase provision, doing more research into issues around human waste disposal, or sanitation workers demanding their working rights and greater community acceptance.

Appendix: Global access to sanitation services⁵

Country	% of population with at least basic sanitation	% of population with limited sanitation	% of population with unimproved sanitation	% of population practising open defecation
Afghanistan	43	10	34	13
Albania	98	2	<1	<1
Algeria	88	8	3	<1
American Samoa	54	45	<1	<1
Andorra	>99	<1	<1	<1
Angola	50	20	10	20
Anguilla	97	2	<1	<1
Antigua and Barbuda	88	4	8	<1
Argentina	-	-	-	-
Armenia	94	<1	6	<1
Aruba	-	-	-	-
Australia	>99	<1	<1	<1
Austria	>99	<1	<1	<1
Azerbaijan	93	3	5	<1
Bahamas	95	3	2	<1
Bahrain	>99	<1	<1	<1
Bangladesh	48	23	29	<1
Barbados	97	2	<1	<1
Belarus	98	2	<1	<1
Belgium	>99	<1	<1	<1
Belize	88	9	2	<1
Benin	16	20	10	54
Bermuda	>99	<1	<1	<1
Bhutan	69	9	22	<1
Bolivia (Plurinational State of)	61	17	9	13
Bosnia and Herzegovina	95	<1	4	<1
Botswana	77	6	6	11

Country	% of population with at least basic sanitation	% of population with limited sanitation	% of population with unimproved sanitation	% of population practising open defecation
Brazil	88	<1	10	1
British Virgin Islands	-	-	-	-
Brunei Darussalam	-	-	-	-
Bulgaria	86	14	<1	<1
Burkina Faso	19	27	6	47
Burundi	46	12	40	3
Cabo Verde	74	6	<1	20
Cambodia	59	6	3	32
Cameroon	39	19	35	7
Canada	>99	<1	<1	<1
Caribbean Netherlands	-	-	-	-
Cayman Islands	-	-	-	-
Central African Republic	-	-	-	-
Chad	8	7	18	67
Channel Islands	99	<1	2	<1
Chile	>99	<1	<1	<1
China	85	6	9	<1
China, Hong Kong Special Administrative Region	96	<1	4	<1
China, Macao Special Administrative Region	-	-	-	-
Colombia	90	5	2	3
Comoros	36	13	50	<1
Congo	20	34	37	9
Cook Islands	98	<1	2	-

Country	% of population with at least basic sanitation	% of population with limited sanitation	% of population with unimproved sanitation	% of population practising open defecation
Costa Rica	98	<1	1	<1
Côte d'Ivoire	32	22	20	26
Croatia	97	2	<1	-
Cuba	93	3	4	<1
Curaçao	99	<1	<1	<1
Cyprus	>99	<1	<1	<1
Czech Republic	>99	<1	<1	<1
Democratic People's Republic of Korea	83	1	16	<1
Democratic Republic of the Congo	20	20	47	12
Denmark	>99	<1	<1	<1
Djibouti	64	6	13	17
Dominica	-	-	-	-
Dominican Republic	84	11	2	3
Ecuador	88	9	<1	2
Egypt	94	4	1	<1
El Salvador	87	11	<1	1
Equatorial Guinea	66	10	21	3
Eritrea	-	-	-	-
Estonia	>99	<1	<1	<1
Eswatini	58	27	8	7
Ethiopia	7	7	63	22
Falkland Islands (Malvinas)	>99	<1	<1	<1
Faroe Islands	-	-	-	-
Fiji	95	5	<1	<1
Finland	>99	<1	<1	<1
France	99	1	<1	<1
French Guiana	92	<1	8	<1
French Polynesia	97	<1	3	-
Gabon	47	27	22	3

Country	% of population with at least basic sanitation	% of population with limited sanitation	% of population with unimproved sanitation	% of population practising open defecation
Gambia	39	27	33	1
Georgia	90	1	9	<1
Germany	>99	<1	<1	<1
Ghana	18	50	13	18
Gibraltar	>99	<1	<1	<1
Greece	99	1	<1	<1
Greenland	>99	<1	<1	<1
Grenada	91	2	3	4
Guadeloupe	>99	<1	<1	<1
Guam	-	-	-	-
Guatemala	65	12	19	5
Guinea	23	30	33	14
Guinea-Bissau	21	16	47	17
Guyana	86	10	3	<1
Haiti	35	27	18	20
Holy See	-	-	-	-
Honduras	81	9	4	6
Hungary	98	2	<1	<1
Iceland	99	1	<1	<1
India*	60	13	2	26
Indonesia	73	12	5	10
Iran (Islamic Republic of)	88	10	2	-
Iraq	94	1	5	<1
Ireland	91	7	2	<1
Isle of Man	-	-	-	-
Israel	>99	<1	<1	<1
Italy	99	<1	1	<1
Jamaica	87	12	<1	<1
Japan	>99	<1	<1	<1
Jordan	97	1	1	<1
Kazakhstan	98	2	<1	<1
Kenya	29	22	38	10
Kiribati	48	13	10	28
Kuwait	>99	<1	<1	<1

* While this report was being prepared, the Government of India's Management Information System (MIS) data on sanitation declares a 100% achievement of basic sanitation coverage in rural⁷ areas and a similar situation in urban⁸ areas.

Country	% of population with at least basic sanitation	% of population with limited sanitation	% of population with unimproved sanitation	% of population practising open defecation
Kyrgyzstan	97	3	<1	<1
Lao People's Democratic Republic	74	3	2	21
Latvia	92	2	6	<1
Lebanon	98	1	<1	<1
Lesotho	43	20	10	27
Liberia	17	27	16	40
Libya	>99	<1	<1	<1
Liechtenstein	>99	<1	<1	<1
Lithuania	93	2	5	<1
Luxembourg	98	2	<1	<1
Madagascar	11	16	29	45
Malawi	26	13	55	6
Malaysia	>99	<1	<1	-
Maldives	>99	<1	<1	<1
Mali	39	15	39	7
Malta	>99	<1	<1	<1
Marshall Islands	83	6	<1	10
Martinique	>99	<1	<1	<1
Mauritania	48	8	12	32
Mauritius	96	4	<1	<1
Mayotte	-	-	-	-
Mexico	91	7	1	<1
Micronesia (Federated States of)	88	<1	12	-
Monaco	>99	<1	<1	<1
Mongolia	58	28	3	10
Montenegro	98	<1	2	<1
Montserrat	-	-	-	-
Morocco	89	4	<1	7
Mozambique	29	5	39	27
Myanmar	64	9	17	9
Namibia	35	12	4	49
Nauru	66	31	1	3

Country	% of population with at least basic sanitation	% of population with limited sanitation	% of population with unimproved sanitation	% of population practising open defecation
Nepal	62	14	3	21
Netherlands	98	2	<1	<1
New Caledonia	>99	<1	<1	<1
New Zealand	>99	<1	<1	<1
Nicaragua	74	6	13	7
Niger	14	10	9	68
Nigeria	39	21	21	20
Niue	97	<1	3	<1
North Macedonia	>99	<1	<1	<1
Northern Mariana Islands	79	19	2	<1
Norway	98	2	<1	<1
Oman	>99	<1	<1	<1
Pakistan	60	10	20	10
Palau	>99	<1	<1	<1
Panama	83	6	6	4
Papua New Guinea	13	2	70	14
Paraguay	90	3	6	<1
Peru	74	11	8	7
Philippines	77	15	3	5
Poland	99	1	<1	<1
Portugal	>99	<1	<1	<1
Puerto Rico	97	<1	3	<1
Qatar	>99	<1	<1	<1
Republic of Korea	>99	<1	<1	<1
Republic of Moldova	76	11	13	<1
Réunion	>99	<1	<1	<1
Romania	84	<1	15	<1
Russian Federation	90	<1	10	<1
Rwanda	67	14	17	2
Saint Helena	>99	<1	<1	<1

Country	% of population with at least basic sanitation	% of population with limited sanitation	% of population with unimproved sanitation	% of population practising open defecation
Saint Kitts and Nevis	-	-	-	-
Saint Lucia	88	11	<1	<1
Saint Pierre and Miquelon	-	-	-	-
Saint Vincent and the Grenadines	87	3	6	3
Samoa	98	<1	2	<1
San Marino	>99	<1	<1	<1
Sao Tome and Principe	43	6	4	47
Saudi Arabia	>99	<1	<1	<1
Senegal	51	17	18	14
Serbia	98	<1	2	<1
Seychelles	>99	<1	<1	<1
Sierra Leone	16	34	33	18
Singapore	>99	<1	<1	<1
Sint Maarten (Dutch part)	99	<1	1	<1
Slovakia	98	2	<1	<1
Slovenia	>99	<1	<1	<1
Solomon Islands	34	6	7	54
Somalia	38	15	19	28
South Africa	76	15	8	1
South Sudan	11	8	18	63
Spain	>99	<1	<1	<1
Sri Lanka	96	3	<1	<1
Sudan	37	8	31	24
Suriname	84	11	2	3
Sweden	>99	<1	<1	<1
Switzerland	>99	<1	<1	<1
Syrian Arab Republic	91	8	<1	-
Tajikistan	97	2	<1	<1
Thailand	99	1	<1	<1
Timor-Leste	54	9	18	20

Country	% of population with at least basic sanitation	% of population with limited sanitation	% of population with unimproved sanitation	% of population practising open defecation
Togo	16	26	10	48
Tokelau	97	3	<1	<1
Tonga	93	1	6	<1
Trinidad and Tobago	93	6	<1	<1
Tunisia	91	5	4	<1
Turkey	97	<1	2	<1
Turkmenistan	99	1	<1	<1
Turks and Caicos Islands	88	<1	10	2
Tuvalu	84	7	1	7
Uganda	18	18	58	6
Ukraine	96	2	2	<1
United Arab Emirates	99	<1	<1	<1
United Kingdom	>99	<1	<1	<1
United Republic of Tanzania	30	17	41	12
United States Virgin Islands	>99	<1	<1	<1
United States of America	>99	<1	<1	<1
Uruguay	97	2	<1	<1
Uzbekistan	>99	<1	<1	<1
Vanuatu	34	35	31	<1
Venezuela (Bolivarian Republic of)	94	<1	3	3
Vietnam	84	4	10	3
Wallis and Futuna Islands	>99	<1	<1	<1t
West Bank and Gaza Strip	97	3	<1	<1
Western Sahara	-	-	-	-
Yemen	59	5	16	20
Zambia	26	18	37	19
Zimbabwe	36	28	11	25

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● Employees of the eThekweni Municipality sewage jetting crew sanitising the street after clearing a blockage in the city of Durban. The team uses a hydrojet – a high pressure hose equipped with a special nozzle – to clear blockages from sewer lines in the municipality. South Africa, March 2019.



WaterAid/Nyami Quarmyne/Panos

About this briefing

This briefing was created using research from a report on the health, safety and dignity of sanitation workers that was commissioned by the the ILO, WaterAid, World Bank and the WHO. The report examined case studies of sanitation workers in nine countries: Bangladesh, Bolivia, Burkina Faso, Haiti, India, Kenya, Senegal, South Africa and Uganda. The report can be viewed at: washmatters.wateraid.org/health-safety-dignity-sanitation-workers

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Front cover images:

● Muniraju, 37, showing his hands covered in soil and faeces as he manually empties a pit latrine. Bangalore, India, August 2019.

● Munirju, 37, helps Kaverappa, 54, out of a pit latrine after they have manually emptied it. Bangalore, India, August 2019.

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

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