



## An Assessment of Livelihood and Educational Status of Sanitation Workers in Ahmedabad, Gujarat

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## **An Assessment of Livelihood and Educational Status of Sanitation Workers in Ahmedabad, Gujarat**

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## Introduction

This study was conducted in 25 neighborhoods and 5 zones of the Ahmedabad Municipal Corporation (AMC). A total of 50 sanitation workers were interviewed and through them we sought to understand the condition of their families as well. What was immediately notable was that there is a high incidence of death among men due to workplace-related injuries that has led to a rise in the number of widows and therefore a rise in women-headed households.

The research study made use of questionnaires, interviews with key informants and participant observation.

The main objectives of this study were:

- To understand the living conditions of sanitation workers after the Gujarat High Court judgement of 2006.
- To analyse the present livelihood and education status of sanitation workers in Ahmedabad as well as assess their awareness about laws and government schemes that directly pertain to them.

## Background

The Valmiki community constitutes 2.5% of the total population of Gujarat. More than 80 thousand families are involved in cleaning sewage drains and manually removing human excreta, besides sweeping roads. Needless to say, that the majority of sanitation workers belong to the Valimiki community.

Sanitation workers can be categorised as permanent, temporary, daily wageworkers and rag pickers. Workers who complete 3 years/720 working days under the AMC are registered as permanent workers. Those who do not fulfil such criteria but are registered with local authorities are slotted as temporary workers. Workers who are not even registered are daily wage workers, hired for drainage cleaning through contractors that have been authorised by the local authorities. Daily wage workers are especially vulnerable to exploitation, much more so than other types of sanitation workers.

Out of the 50 sanitation workers studied, only 18 are employed by the AMC as permanent workers; six of these are drainage workers, 11 are women sweepers and one male sweeper/peon. 25 work as private sweepers/safai workers, while two work as private drainage workers.

## FINDINGS

### Housing

In Ahmedabad, the Valmiki community is found in each of the five residential zones. Our study covered four such residential areas located mostly on the peripheries of other residential areas that are occupied by upper caste communities. Most of the houses in the Valmiki-dominated neighbourhoods are built in clusters and on government land. The houses are made of mud, wood and bamboo; plastic sheets have been used to cover the roofs. Most families do not have a toilet in their homes nor do they have running water. They either use a communal toilet or are forced to use open spaces. They also either have access to a communal water supply or purchase from a private provider. In each area there are schools, but most of the children either do not go to school or drop out at the primary level. Those who drop out of school usually get involved in cleaning work. (*See section 'Education'*)

Currently, there is a programme called 'Ambedkar Awas Yojana' started by the social welfare department where the government builds housing facilities for the sanitation-worker community. However, this scheme has reportedly had a negative impact as the government builds houses specifically demarcated on the basis of caste, leading to ghettoization of the lower caste, sanitation-worker community.

### Wages, Income and Savings

Most of the contract workers are relatively inexperienced and untrained and enter the sewer for emergency cleaning work, as compared with permanent municipal staff. For this they receive Rs.100 per day. It was found however that 38% of all the workers interviewed do not receive full payment. (*See Table 1a*) Additionally, it has been found that widows who are offered work as compensation, after the death of a relative, in most cases do not receive full wages.

52% of the workers do not get provident fund, gratuity, medical facilities, insurance and other facilities. (*See Table 1b*)

Without sufficient income, 88% of the families are not saving money in a bank or through insurance schemes. (*See Table 1c*) Of the 50 families, only 6 save money (four in bank and two send money to their villages).

Half of the families at some point or another have been forced to borrow money. (*See Table 1d*) Of those, 8% borrowed money from their relatives, 44% from AMC, 44% from moneylenders, 4% from loan contractors and 16% from the Provident Fund. Loan that families take a longer time to repay have a higher interest rate which means that approximately 25% of their income goes into repaying loans.

*Table 1a: Occupation, Working Hours, Remuneration and Safety Equipment*

Occupation	Count	Percent
Municipal -Drainage Worker	6	12.0
Municipal -Sweeper-Safai Worker	11	22.0
Municipal -Sweeper-Peon	1	2.0
Contract -Drainage Worker	5	10.0
Private -Drainage Worker	2	4.0
Private -Sweeper-Safai Worker	23	46.0

Other - Construction worker	1	2.0
Other - Lath Machine Worker	1	2.0
<b>Working hours</b>		
4 hours	13	26.0
6 hours	5	10.0
8 hours	30	60.0
Not specified	2	4.0
<b>Getting full payment</b>		
Yes	28	56.0
No	19	38.0
Not specified	3	6.0
<b>Safety Equipments</b>		
Yes	1	2.0
No	45	90.0
Not specified	4	8.0
<b>Number of worker interviewed</b>	<b>50</b>	<b>100.0</b>
<b>Reasons for not get full payment</b>		
House owner not paying	7	36.8
Deductions from Loan amount	7	36.8
Will get after two years on loan repayment	2	10.5
Not specified	2	10.5
<b>N= Worker did not get full payment</b>	<b>19</b>	<b>100.0</b>

Table 1b: Type of benefits at work

	Count	Percent
<b>Provident Fund</b>		
Yes	18	36.0
No	26	52.0
Not specified	6	12.0
<b>Gratuity</b>		
Yes	18	36.0
No	26	52.0
Not specified	6	12.0
<b>Medical facility</b>		
Yes	18	36.0
No	26	52.0
Not specified	6	12.0
<b>Insurance</b>		
Yes	18	36.0
No	26	52.0
Not specified	6	12.0
<b>Others</b>		
Yes	15	30.0
No	29	58.0
Not specified	6	12.0
<b>Number of worker interviewed</b>	<b>50</b>	<b>100</b>

Table 1c: Savings

	Count	Percent
<b>Saving money</b>		
Yes	6	12.0
No	44	88.0
<b>Place of saving</b>		
Bank	4	66.6
Money sent to village	2	33.3
<b>N= No. of workers saving money</b>	<b>6</b>	<b>100</b>

Table 1d: Borrowings / Debt

	Count	Percent
<b>Borrow money</b>		
Yes	29	59.0
No	29	59.0
<b>Source of borrowing money</b>		
Nigam	0	0.0
Bank	0	0.0
Relative	2	8.0
Municipal	11	44.0
Money lender	11	44.0
Contractor	1	4.0
PF	4	16.0
<b>N= Workers borrow money</b>	<b>29</b>	<b>100.0</b>

### Health

Table 2a reveals that 15 deaths were recorded in 2010 till this study was carried out in July 2010 and 1 person became blind while working inside a manhole. The major cause of death was suffocation from poisonous gases inside the manhole that also caused blindness in others. Nine persons died of poisonous gases, three during accidents, two because of TB, one due to heart attack and one committed suicide. The type of compensation that they received included five dependents getting jobs in the municipal corporation, six receiving jobs and cash compensation and one individual receiving just cash. Four families did not receive any compensation.

Since sanitation workers and particularly manhole workers are exposed to highly toxic and poisonous substances and gases, they are prone to health hazards and diseases. They spend about 25% of their income on medical expenses. Since their work includes sweeping and cleaning, they are prone to various diseases such as TB, asthma, cough, backache and infections of the respiratory tract.<sup>2</sup>

<sup>2</sup> The Tata Institute of Social Sciences (TISS), Mumbai carried out a study of manual scavengers in Gujarat in September 2006. The report states that “Ninety percent of all manual scavengers have not been provided proper equipment to protect them from faeces-borne illnesses”. This includes safety equipment like gloves, masks, boots and/or brooms. In 2006, Gujarat High Court directed the government to form a safety committee. The purpose was to monitor, use safety equipment and implement high court directives, but Table 25 shows that 90% of workers are not getting safety equipment till date.

32% of respondents replied that their relatives who were also sanitation workers had died from such diseases as cancer, tuberculosis and asthma. (See Table 2b) In some cases women workers were also expected to remove human excreta without taking any precautions and suffered from various types of illnesses. (See Table 2c)

In 2006, the Gujarat High Court directed the government to form a *Safety Committee* to monitor the use of safety equipment and implement the High Court directives, but Table 1a shows that 90% of workers are not getting safety equipment till date. An RTI application was filed to gather information about the committee being formed at the state, district and municipal or Nagar Palika level. It was found that in four years (2006-2010), only two meetings were organised. On analysis of the meeting report, it was found that manhole workers were not even involved as members of the safety committee and the focus of the discussions, between District Authorities and Municipal Corporation, was on equipment for drainage cleaning.

<sup>3</sup>Table 2a: Morbidity/Fatality [N=50]

	Count	Percent
<b>Type</b>		
Death	15	30.0
Blindness	1	2.0
No Morbidity/Fatality	34	68.0
<b>Type of effect</b>		
Poisonous gas while cleaning drainage	9	56.3
Accident	3	18.8
TB	2	12.5
Heart Attack	1	6.3
Suicide	1	6.3
<b>Type of Compensation</b>		
Provide service	5	31.3
Service and cash	6	37.5
Only cash	1	6.3
No	4	25.0
<b>Reporting Person and the institution</b>		
Ahmedabad Municipal Corporation	8	50.0
AMC and Nigam Contractor	3	18.8
Nigam Contractor	1	6.3
Family	2	12.5
Owner of vehicle	1	6.3
Information not available	1	6.3
<b>Compensation provided by</b>		
AMC	11	68.8
Nobody	2	12.5
Not applicable	2	12.5
Owner of vehicle	1	6.3
<b>Compensation Utilized</b>		
Fix deposit	6	37.5
Loan repayment	1	6.3

No cash compensation	9	56.3
<b>Place of residence after husband's death</b>		
Husband's home	8	50.0
Father's home	1	6.3
Separately	1	6.3
Not applicable	6	37.5
<b>N= Families that reported Calamity</b>	<b>16</b>	<b>100</b>

Table 2b: Information on Illness

	Count	Percent
<b>Has anybody died from disease?</b>		
Yes	16	32.0
No	34	68.0
<b>Number of worker interviewed</b>	<b>50</b>	<b>100</b>
<b>Cause of death</b>		
Cancer	3	18.8
Heart-attack	3	18.8
Alcohol	2	12.5
Jaundice	2	12.5
Mental illness	2	12.5
Asthma	1	6.3
TB	1	6.3
Val Problem	1	6.3
Cause not known	1	6.3

Table 2c: Information on Illness

	Count	Percent
<b>Illness in the family</b>		
Yes	13	26.0
No	37	74.0
<b>Type of illness</b>		
Chronic Headache	2	15.4
Chronic Lumbar pain	2	15.4
Mental Illness	2	15.4
Blindness	1	7.7
Depression related disorders	1	7.7
Ear Disease	1	7.7
Gynaecological Disease	1	7.7
Knee-joint pain	1	7.7
Heart-attack	1	7.7
Physical Impairment-Chronic fatigue	1	7.7
Paralysis and consequent Disability	1	7.7
Kidney/Gall Stones	1	7.7
Appendicitis	1	7.7
<b>N= Families reported illness</b>	<b>16</b>	
<b>Expenses incurred on treatment</b>		
Rs. 300 per month	2	15.4
Rs. 500 per month	3	23.1
Rs. 1500 per month	1	7.7
Rs. 15000-20000	3	23.1
No expense	3	23.1
No treatment	1	7.7
<b>N= Families incurred expenses on treatment</b>	<b>13</b>	<b>100</b>



## Education

Education is an essential factor for the development of any community. If people are educated, their living standard also improves.

In 62% of the Valmiki families that were part of this study, at least 1 member had completed primary level schooling but most dropped out soon after, 8% of the families have completed high school, 14% have been to an institute of higher education and 4% have graduated from college. (See Table 3a) Yet 12% of the families remain without education. Interview data indicated that families were aware about government schemes that provided ‘scholarships to children of these workers of Rs. 400 per year’. (This is very different from the stated government provision of Rs 1320 a year)

Only 36% of the families send their children to school. The rest, in order to support their family, eventually drop out. Of these, 48% have joined casual sanitation work and others do cleaning work in houses near their own. (See Table 3b)

## Girls' Education

The study shows that 44% of families want to provide education to girls. While this by no means is a high number, nevertheless, despite all the hardships/discriminations that the Valmiki community has to endure, almost half of them do view schooling and education of girls as important. This data therefore underscores a positive trend and one that the state government can use to further promote education for girls in the Valmiki community. (See Table 3c)

Table 3a: Highest education level in the family

Highest education level in the family	Count	Percent
Illiterate	6	12.0
Primary education	31	62.0
High school	4	8.0
Higher secondary	7	14.0
College	2	4.0

Table 3b: Children's Education

Child attending school	Count	Percent
Yes	18	36.0
No	31	62.0
Not specified	1	2.0
Type of school		
Municipal school	7	38.9
Private school	7	38.9
Government school	2	11.1
College	2	11.1
Quality of Education		
Good	13	72.2
Private is good	1	5.5
Poor	4	22.2

<b>Reason for not attending school</b>		
Helping out in earning	11	35.5
Did not like studying	4	12.9
Too young for school	3	9.6
No need for education felt	3	9.6
Admission not available	2	6.5
Help with mother's work	2	6.5
Long distance	2	6.5
No need for education of girls	1	3.2
Humiliated by teacher	1	3.2
Poor in Math and English	1	3.2
No children	1	3.2

Table 3c: Girls' Education

<b>Should girls be educated?</b>	Count	Percent
Yes	22	44.0
No	16	32.0
Not much [Only some education should be given.]	11	22.0
Not specified	1	2.0
<b>Reason for not providing education to girl child</b>		
Girls do not study in our society	14	51.9
Girls are not safe in school and outside	9	33.3
If educated, then problem with marriage	1	3.7
After marriage, going to husband's home	1	3.7
Should learn to cook	1	3.7
Not response	1	3.7
<b>N=Not providing education to girls</b>	<b>27</b>	<b>100</b>
<b>Activities after abandoning education</b>		
Casual safai work / Garbage collection	13	48.1
Self employed - Dhol playing, embroidery work, plumber and selling marriage cards	4	14.8
Service at blood collection centre [?] and motor garage	2	7.4
Housework	3	11.1
Not doing any thing	5	18.5
<b>Income of children abandoning education</b>		
Rs. 500	4	14.8
Rs. 501 -1000	4	14.8
Rs. 1001 -1500	5	18.5
Rs. 1501 and more	4	14.8
No income	10	37.0

### Legal awareness

94% of workers' families were not aware about the various illnesses that they could contract because of their work. 98% were not aware that lifting of black soil is prohibited and 88% were not aware that entering the manhole is prohibited. Additionally, 50% were not aware that availability and access to basic facilities at the work place such as clean drinking water and toilet is mandatory and something that they can demand from the government. (See Table 4a) They were also not aware about such central and state government schemes as the Public Distribution System (PDS) as well as Gujarat Safai Kamdar Vikas Nigam (GSKVN). (See Table 4b)

Neither were the workers' families aware of benefits that they have a right to avail from the social welfare department. (See Table 4c) In fact, 48% are not aware about widow pension.

In a 2003 report by the Comptroller and Auditor-General, which was among the documents before the Gujarat High Court, it was observed that the National Scheme of Liberation and Rehabilitation of Scavengers and their dependents launched in 1992 had failed to achieve its objectives even after 10 years of its implementation involving investments of more than Rs. 600 crores. The CAG found that much of the allotted fund was either unspent or underutilized.

In January 2007, the 'Self-Employment Scheme for Rehabilitation of Manual Scavengers (SRMS)' was launched with the objective of rehabilitating 3.42 lakh manual scavengers and their dependents by March, 2009. Despite these two schemes, workers who still clean up black soil as well as their dependents (irrespective of their income) are yet to be provided assistance for rehabilitation under any central government or state government scheme. The main components of the scheme are skill training and financial assistance (loan and subsidy) for self-employment.

Table 4d shows that 92% of workers are not aware about the Scheduled Castes and Tribes (Prevention of Atrocities) Act, 1989. 98% are not aware about the Employment of Manual Scavengers and Construction of Dry Latrine (Prohibition) Act was passed in 1993, none of the workers are aware about the Minimum Wages Act (1942) and 78% are not aware about the Gujarat High Court's 2006 judgment that prohibits anyone from entering a manhole.

Table 4a:

<b>Aware of illness caused at the work –place</b>	Count	Percent
Yes	2	4.0
No	47	94.0
Not specified	1	2.0
<b>Aware of lifting black soil being prohibited</b>		
Yes	1	2.0
No	49	98.0
<b>Aware of entering manhole being prohibited</b>		
Yes	6	12.0
No	44	88.0
<b>Basic facilities at the work-place</b>		
Yes	39	59.0
No	9	50.0
Not specified	2	4.0
<b>Type of basic facilities available at work place</b>		
Drinking water	22	95.7
Toilet	16	69.6
All facilities	1	4.3
N=Basic facilities available at work place	39	

Table 4b: Use of PDS system and GSKVN

	Count	Percent
<b>Availing of PDS facilities</b>		
Yes	26	52.0
No	22	44.0
NA	2	4.0
<b>Aware of GSKVN</b>		
Yes	7	14.0
No	43	86.0
<b>Benefits of GSKVN</b>		
Loans available through GSKVN	7	100

Table 4c: Awareness of Social Welfare Department and Widow Pension

	Count	Percent
<b>Awareness of benefits available with Social Welfare Department</b>		
Yes	2	4.0
No	48	96.0
<b>Awareness of widow pension</b>		
Yes	26	52.0
No	24	48.0
<b>Applying for Widow pension*</b>		
No	26	100.0

Table 4d: Awareness about legal aspects

	Count	Percent
<b>Atrocities Act</b>		
Yes	4	8.0
No	46	92.0
<b>Manual Scavenger Act</b>		
Yes	1	2.0
No	49	98.0
<b>Minimum Wages</b>		
Yes	0	0.0
No	50	100.0
<b>Gujarat High Court Judgment</b>		
Yes	11	22.0
No	39	78.0

### Recommendations (Emerging from this Pilot Study)

- Under a broader National Institute of Sanitation and Sewerage Research, there is a need to establish a research centre to investigate all aspects of the lives of sanitation workers, including their working conditions, health problems, challenges in accessing and continuing with education, problems specifically faced by the women workers and problems that all of them face in accessing a redressal system for their grievances.
- Given the low literacy rates yet a positive attitude and openness towards girls' education in the Valmiki community, a policy needs to be designed that leads to an aggressive rise in their literacy rate and in the level of education of not just children but also adults.
- Given that workplace injuries are especially common among manhole workers, they must be provided with protective gear that is *functional* and easy to use. NID can do research into designing an appropriate bodysuit in cooperation with government agencies. In connection to this, committee meetings that were initiated to discuss protection of sanitation workers at their workplace need to take place in a consistent manner. It is important that sanitation workers are included in these committee meetings and involved in its discussions and decision making processes.
- Given that life threatening illnesses are especially common among all sanitation workers, there is a need to simplify the process so that workers can quickly and without hassle avail of health facilities, and that too free of charge. Families of those who die due to workplace-related injuries must be provided with adequate and *timely* compensation.
- Given the lack of legal awareness among sanitation workers, there is an urgent need to do outreach work not only among sanitation workers but generally among members of the Valmiki community to inform them about their legal and constitutional rights. Additionally, outreach work must be done for sanitation workers to inform them about their right to compensation, to demand protective gear and assert their dignity of labour so that all of them know about the specific bans imposed on certain types of work that they are expected to do.
- Given that none of the sanitation workers turn to the Nigam in their hour of financial difficulty, there is a need to restructure this institution and to establish multiple nigams all over the city. The government can also explore possibilities of loan plans for sanitation workers, given their specific socioeconomic condition, so that they are able to easily pay off the loans without causing them financial stress.
- Widows especially are not able to avail of pension and are often underpaid. There is a need to investigate the reasons for this and speedily provide pension to those widows who have been waiting for it. There is also a need to train and monitor persons responsible for giving out the pensions to be more effective and punctual in compensating widows.
- Overall, efforts to end the general stigmatisation of members of the Valmiki community need to be broad-based and become central to training, education and design of policies. The government must also have a monitoring system that holds accountable those government officials who discriminate against members of the Valmiki community by means such as withholding compensation, not being vigilant enough to provide protective gear or through other prejudiced behaviour. Inclusion of women in these monitoring and design processes must be mandatory.