



## Health and well-being of waste workers in India



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Waste workers include government-employed sanitation workers; privately contracted door-to-door garbage collectors; and waste pickers who work in the informal sector. India has over 5 million sanitation workers. While there are no official data on the number of persons engaged in waste picking in India, it is estimated at upto 1.5 million persons, which is approximately 10 percent of the global waste picker community.<sup>1,2</sup> A waste picker is *“a person or groups of persons informally engaged in collection and recovery of reusable and recyclable solid waste from the source of waste generation - the streets, bins, material recovery facilities, processing and waste disposal facilities for sale to recyclers directly or through intermediaries to earn their livelihood.”*<sup>3</sup> Waste pickers in informal employment collect over 80 percent of the total recyclable waste, contributing significantly to savings for the government,<sup>4</sup> and to environmental health.

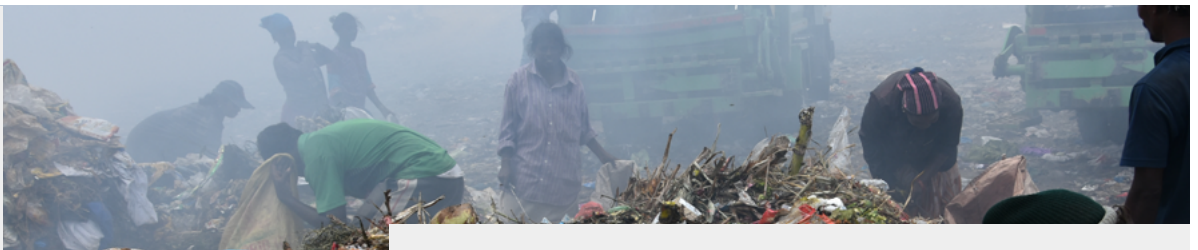
The goal of the National Health Policy 2017 is *“attainment of highest possible level of health and well-being for all, through a preventive and promotive health care and universal access to good quality health services without anyone having to face financial hardship<sup>5</sup> as a consequence.”*<sup>6</sup> However, access to health care and good quality health services is severely

“While we are walking and picking different things in dump yard, we are prone to many health risks like needles and glass pieces getting pierced and end up having many cuts and wounds in hands and legs. We don’t have quick access to hospitals as they are very far away. There isn’t any transportation available from dump yard to hospitals and we are afraid of walking as well as we encounter many snakes in the path.”

– Waste picker, informal sector

iniquitous, with marginalised and historically oppressed communities, such as waste pickers, facing numerous impediments to the attainment of health and well-being.

Their experiences of health inequity and precarity are shaped by intersectional vulnerabilities, stemming from caste, class, gender, region of origin, mother-tongue, religion, degree of formality of employment, nature of occupation (e.g., picking, sorting, or selling waste), and place and conditions of residence.



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Waste pickers are exposed to various occupational hazards, physical, chemical, and biological, and encounter numerous impediments to the attainment of optimal health and well-being, in access to information; strategies for disease prevention, management, and rehabilitation; economic and social security; and opportunities for health promotion and recreation.

Further, in health care seeking, they experience poor quality of clinical care at public health facilities; limited and expensive access to medicines and diagnostic tests; inefficiencies in the health system which require expensive out-of-pocket payments; poor coordination between health facilities; and a lack of adequate information and education about available health services.<sup>7</sup> Many waste pickers earn money on a day-to-day basis, and face income insecurity when they have to make the difficult choice between obtaining health care and earning wages on the days that they seek health care, particularly for chronic illnesses necessitating multiple consultations.<sup>7</sup>



“Where we live, there are mosquitoes, pigs. During rains and floods, there are no proper facilities here for us to live... we don’t even have a proper house. It’s very difficult to live here. It’s difficult even to get drinking water.”

– Waste picker, informal sector

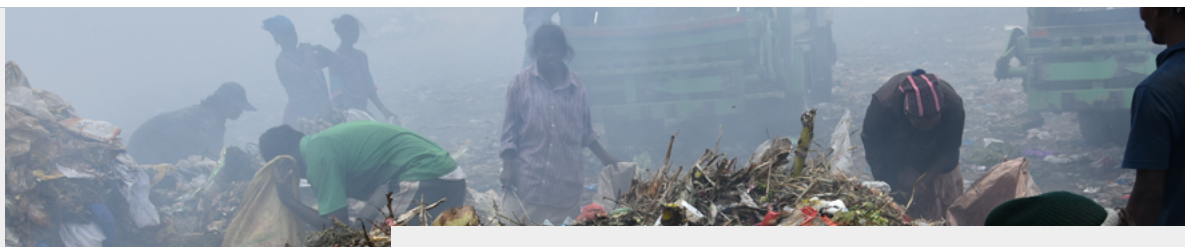
## Methodology

We reviewed the content of policies pertaining to waste workers before and during the COVID-19 pandemic.

### This review involved:

1. Identifying policy documents pertaining to waste workers, and classifying them as federal and state government policies in Andhra Pradesh, Himachal Pradesh and Karnataka, where the ARISE<sup>®</sup> project sites are located;





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2. Analysing the policies using Carol Bacchi's 'What's the problem represented to be?' approach.<sup>9</sup>

In addition to the policy content review, we conducted in-depth interviews, focus group discussions, observations, and community meetings with waste workers at the project sites

### Provisions and actual access to facilities

Policies at local, state, national, and global levels (see Box) have articulated the right to health of all persons, workers in general, and waste pickers in particular. However, the right to health is not recognised as a fundamental right. The State and the employer are tasked with ensuring that all workers have safe and decent conditions of work and life, including protective equipment and security measures appropriate to the occupation that people are engaged in, and access to affordable health care. Waste picker communities are denied these amenities for various reasons: informal employment that does not mandate any contribution from employers; own-account operation with no economic buffers; migrant status; and homelessness and lack of documentation, such as Aadhar card, essential to obtain certain services.

Besides occupational health and safety considerations that rank high for all waste pickers, are considerations of menstrual hygiene management, antenatal care and institutional delivery, immunisation and nutrition, and care for mental health and disability that need greater attention.

### Recommendations for policy

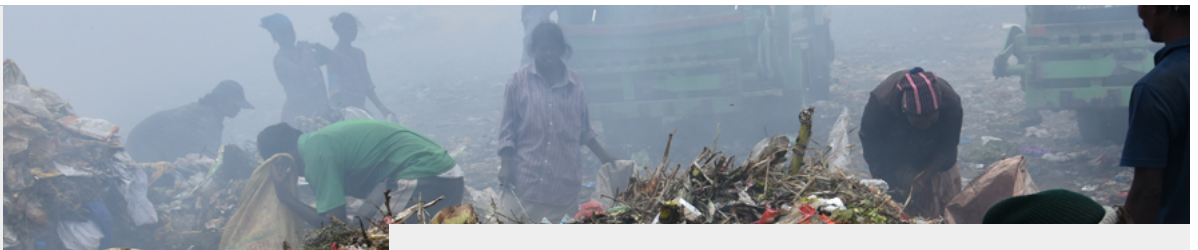
1. *Health and well-being interventions need to be tailored to the specific needs of waste pickers, particularly informal workers.*
  - i. Information provision to waste pickers, as well as orientation of health care providers to the conditions and constraints of waste pickers, are essential.
  - ii. Promote facilities and practitioners culturally acceptable to waste picker communities, e.g. traditional healers, dispensaries.



"We cannot find toilets to use when we are working. If we are at the Municipal Corporation office, we can use the toilet there. A female officer ensured that we could use the toilet in the office building. But when we are away from the office, most of the time we go outside. People do not allow us to use their bathrooms. If I happen to be working near my house, I can use my bathroom. But most of the time we have to use the bathroom before going to work."

**– Door-to-door garbage collector, on contract with the municipal corporation**

- iii. Health care facilities need to be accessible at timings convenient for waste pickers, e.g. evening clinics.
- iv. Workplace health and safety interventions need to be implemented, including urban design initiatives, mandating waste segregation at source, making provision for safe waste collection points, access to free and safe public utilities, and bringing health providers into the workplace.<sup>7</sup>
- v. Maternity entitlements need to be "universal, wage linked, unconditional and cover all women"<sup>10</sup>, and facilities for menstrual hygiene management made available to all women. This is crucial in view of the high proportion of women involved in waste work.<sup>11</sup>
- vi. Civic amenities to support health, including water supply, sanitation, and pest control, need to be provided to waste picker communities.
- vii. Waste workers in contractual and informal employment need to be enrolled in the Employee State Insurance Scheme.



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2. *Recognition of waste workers as an occupational community engaged in diverse activities related to cleaning, collection, sorting, processing, and sale of discarded materials.*
  - i. Sectoral laws that provide specific provisions for waste workers, e.g., plastics management, e-waste handling, PPE.
  - ii. A national ‘minimum benefit policy’ should be extended to all workers, as recommended by the Working Group on Labour Laws and Other Regulations.<sup>12</sup>
  - iii. Social security entitlements need to be applicable to all waste workers, including all contractual and own-account workers.



“We are Indians! I have all the documents like you have, to prove that I am an Indian: voter id, ration card, Aadhar card... But we do not get rations since the ration cards are based at our homes, which we moved from 6 years ago. I transferred my Aadhar card because we cannot get jobs here without Aadhar and PAN cards.”

– Waste picker, informal sector

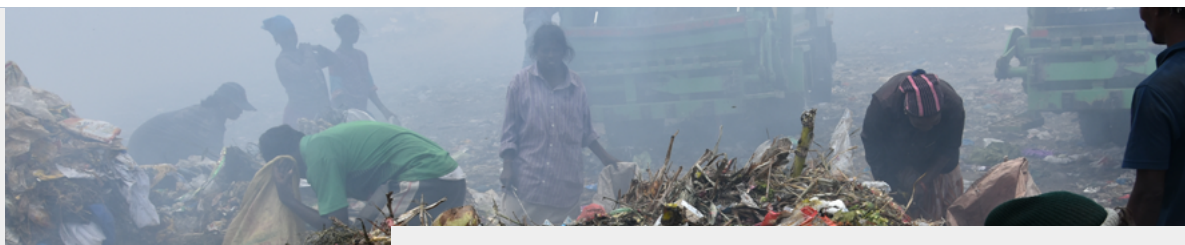
### 3. Documentation rules and assistance

- i. Delinking of specific documentation from the ability to access services, e.g., not making Aadhar cards compulsory for the receipt of public health care services, to overcome the exclusions and inequities caused by digitisation, and de-facto linking of Aadhar.
- i. Making ration cards valid for use across the country, to ensure that migrant workers are not denied access to the public distribution system when away from their home district.
- i. Providing assistance with applying for and obtaining documentation, such as Aadhar cards, PAN cards, ration cards, occupation certificates, caste certificates, and civil registration.

### Recommendations for research

1. The lives, livelihoods, occupational and social security of waste picker communities need to be explored, ideally through participatory research.
2. The health conditions, occupational hazards, practices for health promotion, disease prevention and management, recreation, and recourse to health care among waste picker communities need to be understood and documented, and effective interventions designed for improvements in their health and well-being.





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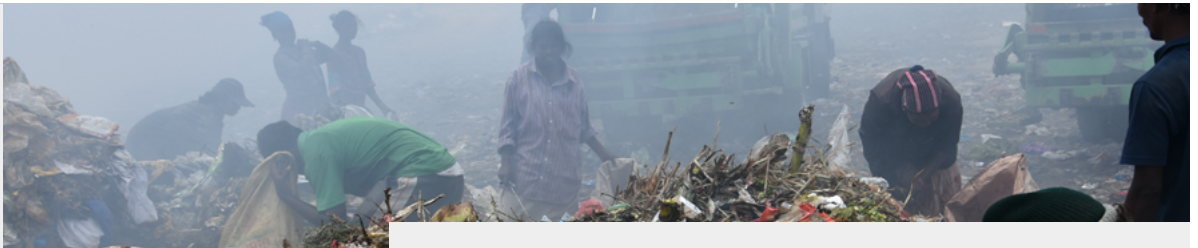
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