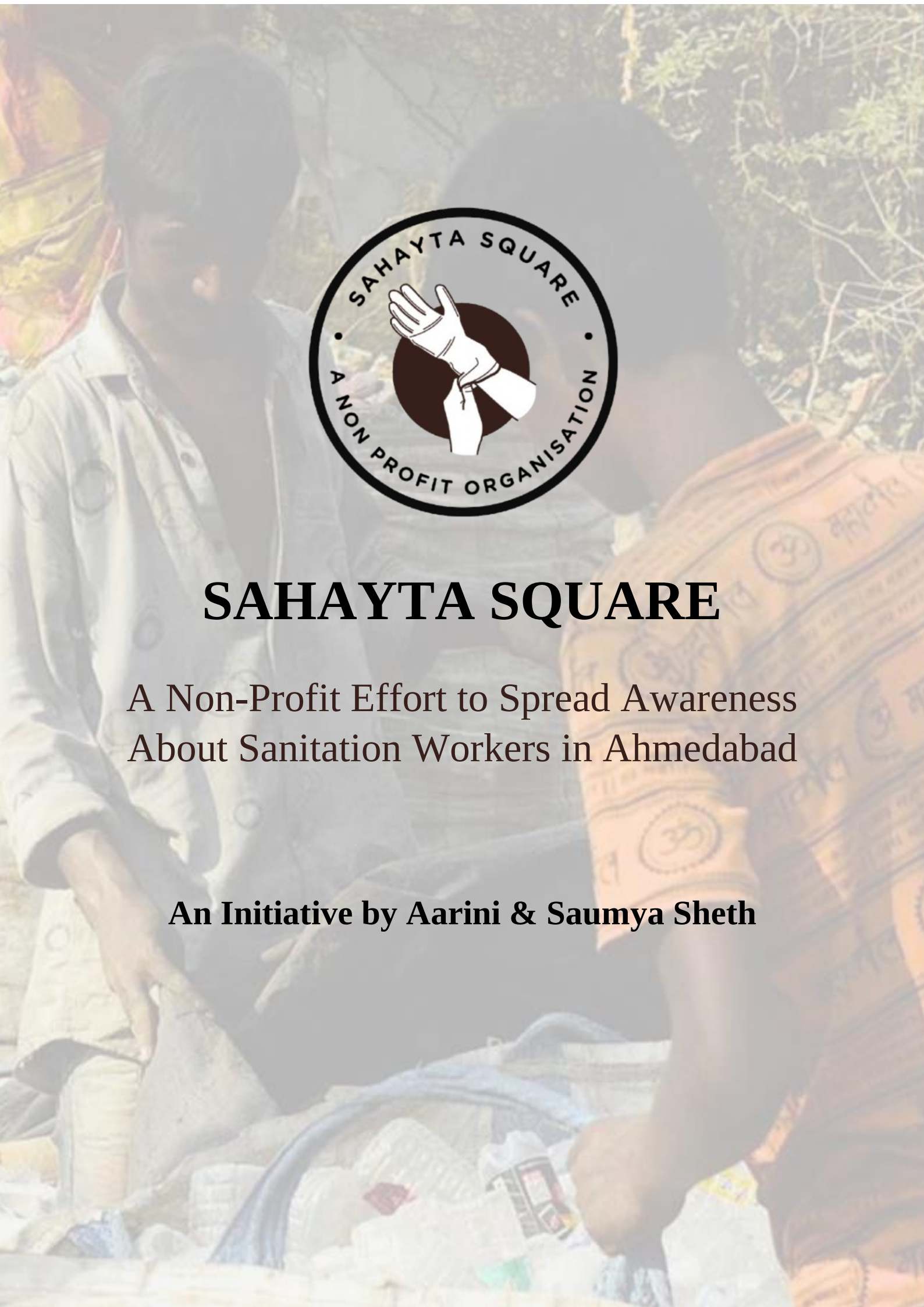

SAHAYTA SQUARE

A Non-Profit Effort to Spread Awareness About Sanitation Workers in Ahmedabad

An Initiative by Aarini & Saumya Sheth

CONTENTS

Acknowledgements

Our journey began when we noticed a gap in the support system for sanitation workers in India, leaving entire communities vulnerable. We faced many hurdles initially, but we improvised, sought guidance, and brushed off doubt. During moments of frustration, we reminded ourselves of the insight shared by one of the founders of the Raah Foundation, an organisation dedicated to helping manual scavengers in India. In an interview, we asked him, *Do you ever feel like giving up?* His response was, *Of course I do, but if I don't do this, who will?* And thus, we continue moving forward.

Firstly, we would like to thank all the organisations that have graciously extended their support to us, especially when we were just starting out. Raah Foundation, Paryavaran Mitra, Yuva Unstoppable, thank you. Ivyprep and Advait Infratech, thank you for your continued support during Awaaz, our fundraiser, and otherwise.

We would also like to extend our deepest gratitude to Travelling Tree and Lauren Schmidt for their invaluable help in creating the handbook. Your insights have shaped this guide, and your efforts in connecting us with organisations where we can distribute it will extend our reach, aiding our cause.

A heartfelt thank you goes to all the youth volunteers like us, who rallied together during Awaaz, our fundraiser, and initiatives such as ration distribution. Reading this handbook is your first step to joining us.

We also want to acknowledge JG International School and Ahmedabad International School, our schools, for their unwavering guidance and support. Thank you for your faith in us, and the resources you extended to us.

A special thank you to Sola Civil Hospital and the dedicated team of doctors who stood by us, offering their expertise and guidance during the health camps and demonstrating how fundamental doctors are to society.

And our parents, Rejal and Shalin Sheth, and Mukti and Priyang Sheth, who encouraged us every step of the way, helping us get over mistakes and better our functioning as an organisation.

And lastly, we thank you for reaching out and reading this handbook. We sincerely hope it aids you in creating genuine social impact, because we are the future of the world and it is up to us to decide how we must solve societal issues.

Preface

It is my pleasure to write this foreword for the Sahayta Square handbook, designed to guide and inspire young volunteers who are eager to contribute to the community but may feel unsure about how to begin. Aarini and Saumya Sheth have created an incredible platform that connects passionate individuals with the tools and support they need to create meaningful change.

The work of Sahayta Square is a testament to the power of collective action and the impact that even small acts of service can have. This handbook is not just a guide—it's a companion on your journey, filled with insights and practical advice from those who have walked this path before you. It will help you navigate the challenges, embrace the opportunities, and ultimately make a difference.

To all the volunteers who are about to embark on this journey, know that your efforts, no matter how modest they may seem, will contribute to something much larger than yourself. Through your dedication and passion, you have the potential to uplift communities and transform lives.

I hope this handbook serves as a valuable resource, and I wish you success and fulfilment as you take your first steps with Sahayta Square.

- Rutvi Sheth, Chief Advisor of Awaaz, 2024

Introduction

Sanitation workers are responsible for maintaining, operating, or emptying the equipment or technology at any step of the sanitation chain. They are involved in cleaning roads, septic tanks, etc. Cleaning can take the form of emptying out faecal matter or simply picking up trash from the streets.

Sanitation workers provide an essential public service that all too often comes at the cost of their health, safety, and dignity. Many lack legal recognition and essential documents, leading to constant displacement. In India, over 5 million sanitation workers confront these challenges daily. Sahayta Square is dedicated to addressing these issues in Ahmedabad.

In India, communities of manual scavengers and sanitation workers are marginalised regularly. Most workers are willing to work to break the cycle of discrimination for their children and themselves, but some have become complacent. However, providing opportunities and assistance to the latter in an empathetic and non-condescending manner can change their mind about receiving assistance. The communities may not be open to receiving help from 'outsiders', and require some level of trust with volunteers.

Additionally, we observed stratification within the communities based on gender, caste, and the kind of waste that they deal with. The sanitation workers who deal with plastic waste look down upon the workers who clean toilets and washrooms. Children are usually brought up with patriarchal ideals. Women are expected to work and also take care of household chores. Due to the pervasive nature of caste discrimination in India, it is important to recognise one's own privilege, especially if coming from an 'upper' caste, before engaging with the workers.

To truly understand the struggles faced by sanitation workers, we conducted surveys in communities in Ahmedabad where a majority of the adults work as sanitation workers. Over 3 months between May and July 2023, we spoke with 45 people. Our key findings include:

1. 77% of workers did not have any educational qualifications.
2. Most got into this line of work either due to their family or as they migrated to Ahmedabad in search of a better life.
3. All of them, barring very few, want their children to do some other work. The ones who do say their children should do this same work often say this due to lack of money to educate them.
4. The typical wage range: Rs. 100-500 rupees per day. Workers earning Rs. 400-500 work more than 9 hours per day.
5. Reasons for not finding another job: lack of money, educational qualifications or skills, or no willingness to learn.
6. Workers do not take security measures or use protective equipment while working. Only a select few use basic gloves.
7. Although they state that they do not suffer from mental illnesses, some report feeling anxious and depressed, and almost all live in a perpetual state of hopelessness.
8. The incidence of addiction is particularly high in sanitation workers.

Objectives of the Handbook

1. To provide a framework to guide volunteers interested in helping sanitation workers in their own regions
2. To compartmentalise the unorganised sector of sanitation workers in India so that solutions to common problems become easier to find, and social work in this area becomes less daunting to approach.

Methods

Conducting surveys:

1. Identify a community of sanitation workers.
2. Construct a questionnaire that aligns with what type of data you wish to collect. Ensure that the language is one that they are comfortable with[1]:
3. Enter the answers as they speak.
4. As workers will often answer as a group, record the number of people answering so as to avoid over or under-representing an answer.

In our research methodology, we identified a community of sanitation workers—a critical step to ensure a representative sample. Next, we constructed a questionnaire tailored to the data we intended to collect. Crucially, we used language that sanitation workers were comfortable with, as outlined in the questionnaire in Annexure I. During data collection, we recorded answers verbatim, capturing their authentic responses. Given that workers often answered as a group, we meticulously tracked the number of participants to avoid any bias in representation. These steps contributed to a comprehensive understanding of sanitation workers' experiences and needs.

Conducting health checkups:

To organise a community health initiative, first, survey the area to determine the number of people willing to attend a health checkup, the most common diseases the community faces, and their previous experiences with healthcare workers. Bring on board a team of doctors or medical students, with 3-4 doctors being sufficient for a community of fewer than 70 people. Purchase the necessary medicines, including Paracetamol, Albendazole, Amoxicillin, Azithromycin, Ciprofloxacin, Calcium Carbonate, Metronidazole, Dicyclomine, Domperidone, Levocetirizine, Diclofenac, Montelukast, Ibuprofen, Zinc Sulfate, Iron and Folic Acid, and Vitamin B Complex. Arrange for a long table to keep medical equipment, provide chairs as required, and ensure a supply of water. Medical equipment should include a weighing scale and blood pressure machine. Finally, set a date and time for the event and inform the residents.

[1] Please see Annexure I for the complete questionnaire.

Photographing:

In our experience, most people, especially children, are not averse to someone photographing them. Pictures are important to document one's work. They also aid in spreading awareness, eliciting empathy, and showing the true reality of the sanitation workers' lives. It is therefore crucial that the photographs are taken with utmost care and do not attempt to show something that does not exist. The following guidelines may help to achieve the same:

1. Ask whether everyone is comfortable with a camera present. If someone says they are not, respect their sentiments and do not photograph them.
2. When taking pictures of their homes or settlements, take care to seek permission so as to not invade their privacy.
3. [For high schoolers] As some of you may have asked someone to photograph you while working to build your college portfolios, ensure that your actions do not seem performative to the workers present there. As reflected throughout this handbook, at no point should anyone feel as if a volunteer is doing work for their own personal gain. Their trust is integral to the process.

Navigating Personal Biases:

Unconscious biases against traditionally outcast communities may be instilled as a result of growing up in Indian society, where seven decades after the abolishment of untouchability, 27 percent of the population still reports practising it. The number is likely higher in rural regions (Chisti). Our grandparents (and sometimes parents) still keep utensils apart for the servants and keep their distance from them.

This is absolutely not an excuse to remain complicit in the repulsive treatment of people considered to be lower caste. It is not that difficult to overcome years of conditioning against 'untouchables' if one is even a morally grey person, let alone a good person. Before venturing into this line of work, one should be able to separate their perceptions of the community from what they were taught to think about the community. It is possible to eradicate biases through the recognition of both the privileges that come with being a member of the 'upper caste' in India, and the fact that it is by pure chance, not due to any virtue, that you have them.

Gaining their trust and acceptance:

When interacting with the community, do not behave in a way that might make them feel dirty or inferior, such as avoiding touching them, tensing up when they get close, or staring at their homes. Use language they are comfortable with and remember that they have probably been through much worse than you. Show empathy and try to get them what they want or need, rather than what you think they should want or need. **Above all, listen.**

Solutions, Enablers and Barriers

1. Social Beliefs and Associated Behaviour

Issue: Internal discriminatory practices	Solution: Awareness
Stratification within the communities based on factors such as gender, caste, and the kind of waste that they deal with.	Carrying out awareness campaigns and educating the community about positive attitudes towards themselves, importance of treating each other equally and the negatives of bias and discrimination

Barriers

a. **Professional prejudice:** The sanitation workers who deal with plastic waste look down upon workers who clean toilets and washrooms. There is a clear distinction between groups based on the category of waste they deal with, which can be discouraging in fostering improved attitudes.
b. **Upbringing:** Children are usually brought up with the instillation of patriarchal ideals, leading to gender biases related to work. For example, women are not only expected to work, but also take care of household chores. This puts a significantly greater burden on them.
c. **Dispersed community:** Since non-contractual workers are part of the informal sector, it is difficult to discern and locate communities of sanitation workers that need to be made aware of discriminatory practices in the process of creating a significant impact.

Enablers

a. **Exhaustion and occupational hazards:** The community is much more willing to accept new ideas in order to move away from the work they engage in. This gives a wider space to create awareness and allows for a shift in attitude towards categorical biases.

Issue: Perception of stigma towards sanitation workers	Solution: Bridging the gap for society to aid
According to our surveys, respondents legitimately believe that society as a whole discriminates against them because of their profession and perceptions about "lower castes."	Devising frameworks where anybody can provide assistance and systemic promotion through education and awareness

Barriers

a. **Lack of commitment:** The people who are supporting their cause and recognize the importance of providing help fail to do so when the time arrives. Oftentimes, it is nothing more than empty promises.

b. **Lack of awareness:** Parts of society that are ready to help sanitation workers are not in touch with the right information and programmes, limiting their ability to aid.

Enablers

a. **Recognition of issue:** Because most people agree with the primary issue, the number of surveyees ready to spring to action is large. The absence of ignorance is a pivotal force of action.
b. **Minimal effort:** As frameworks would already be in place, more people in the community would wish to be a part of the helping force. It aligns with the human tendency to access what is easily available.

Issue: Mistrust towards outsiders (even those who genuinely want to help)	**Solution: Behaviour guidelines/ modifications of volunteers**
The community harbours a deep-seated mistrust towards outsiders, fearing they might be undercover government agents or insincere volunteers who do not genuinely care. This scepticism is further fueled by the history of broken promises from past volunteers, government officials, and politicians.	Volunteers should utilise supportive and positive language. They must not show any expressions of distaste or disgust while interacting with the residents.

Barriers

a. **Lack of commitment:** The people who are supporting their cause and recognize the importance of providing help fail to do so when the time arrives. Oftentimes, it is nothing more than empty promises.

Enablers

a. **Rise in empathy:** With increased exposure to the reality of the suffering of sanitation workers, people have become more empathetic to their problems and are therefore both more willing to and able to communicate with them effectively.

2. Health and Wellbeing

Issue: Caloric deficiency and nutrient diversity	Solution: Provision of weekly nutritious meals
Lack of access to nutritious and sufficient food results in caloric deficiency in the community from young ages	Government bodies and nonprofits should be more involved in ensuring that sufficient quantities and quality of nutritious food are accessible / provided.

Barriers

a. **Availability of junk:** People tend to spend their hard-earned money on easily accessible packaged junk food and addictive substances like tobacco-based products.
b. **Discordance:** The community is often unwilling to cooperate with bodies giving free help because of mistrust and discontinuity in such initiatives.

Enablers

a. **Grain availability:** Abundance of local and nutritional grains as staples in India is a huge helping hand in making meals, catering to the reduction of caloric deficiency.
b. **Donors and awareness:** As mentioned in Section 1, people are recognising the need to help and donating to the cause. It acts as a promoter for the provision of these healthy, nutritional meals in the health-conscious.

<table>
<tr><th>Issue: Diseases (infectious)</th><th>Solution: Establishment of medical health camps and regular voluntary check ups</th></tr>
<tr><td>Infectious diseases that sanitation workers face are a direct result of their daily dealings with domestic and urban waste/ sewage. Due to poor hygiene in their living quarters and reluctance to get treatment, communicable diseases such as [examples] are prevalent.</td><td>Local governmental authorities must establish norms for hospitals/ medical centres/ institutes to conduct medical camps on a regular basis for the communities.</td></tr>
<tr><th>Issue: Diseases (chronic)</th><th>Solution: Preventative Measures</th></tr>
<tr><td rowspan="3">Chronic diseases that sanitation workers face are also a direct result of their long term exposure to toxins in waste and sewage. They include hypertension, asthma, tuberculosis and hepatitis.</td><td>Provision of safety equipment such as masks and gloves, along with training for its usage</td></tr>
<tr><th>Solution: Encourage seeking professional medical help</th></tr>
<tr><td>Make consultations with doctors and visits to hospitals more accessible by providing information about nearest hospitals, general appropriate methods of treatment, and,</td></tr>
</table>

	almost most importantly, help them lose fear of medical professionals

Barriers

a. **Perception of good immunity:** The nature of their work may contribute to the heightened immunity; they claim that the Covid-19 did not affect their community at all (as per anecdotal information shared during interviews).
b. **Ingrained beliefs and misinformed pride:** Perceptions of better immunity, as stated above, result in their reluctance to seek medical treatment and tendency to believe nothing happens to them.
c. **Availability of junk:** The behaviour of people is to use their hard earned money to buy easily accessible packaged junk food and addictive substances like tobacco-based products.
d. **Situational issue:** Workers prefer buying packaged junk food because it is generally cheaper than healthy food, leaving them more money left over to pay for other utilities.

Issue: Addictions	**Solution: Provision of equipment and conditioning to utilise it**
The smell of the waste sanitation workers deal with is intense and often unbearable. In order to mask it, workers indulge in addictive substances to numb sensations.	The government and nonprofits need to provide the appropriate equipment and training for its use. Exposure to the horrors of addiction may incentivise them to quit. Deaddiction programs are especially important for certain populations, such as adolescents, young adults and those with terminal illnesses.

Barriers

a. **Withdrawal symptoms:** Tearing away from addictions results in effects like nausea and anxiety, which restricts their ability to quit.
b. **Habituation:** A change that affects the manner in which they work is often not welcome, especially one as drastic as quitting substances that improve their work potential.

Enablers

a. **Rising awareness:** Many workers now realise the harmful nature of their addictions. And this awareness is important in encouraging them to cease the consumption of addictive substances.
b. **Side effects:** Personal experiences of health issues arising from addictions, including severe stomach aches, infections and lowered immunity, open their eyes to the permanent damage addictions cause.

Issue: Beliefs about health	Solution: Health checkups
An attitude of 'nothing makes us sick' prevents the community from seeking healthcare even when they are visibly ill.	Health checkups and medicines can be provided to combat the illnesses themselves. Further, an awareness campaign could benefit by changing their beliefs.

Barriers

a. **Mistrust:** They are unable to trust that volunteers help without attempting to prescribe harmful substances. Because of repeated instances of bad faith, they cannot believe that good intentions for providing free necessities exist.
b. **Fear of doctors:** Communities without access to medicine tend to be afraid of doctors (and other professional jobs). The unfamiliar atmosphere, as well as a fear of injections, are not favourable to conducting health checkups.
c. **Resistance to change:** They are unlikely to believe strangers in awareness campaigns, even if they know they are speaking the truth. It is because altering a well-established mentality can be extremely difficult.

Enabler

a. **Free medical checkups:** Availing free medical help is beneficial, which some have agreed to after some resistance, and can help others overcome the reluctance.
b. **Inclusion and building a sense of trust:** A fear of doctors and mistrust can be ameliorated with regular visits and checkups, dedicated personnel with whom the community members can develop an enduring relationship.

Issue: Lack of awareness and resulting indifference to mental health	Solution: Providing awareness about mental health issues
Workers lack awareness related to mental health issues that may arise as a result of their tumultuous lives. While they admit feelings of depression and hopelessness, they have unfortunately accepted it as a fact of life and not something that can be changed.	Mental health awareness drives can be started, with techniques to help them manage anxiety and gain a more positive outlook on life, which will benefit them in the long run.

Barriers

a. **Situational issue:** While raising mental health awareness is necessary, it is important to realise that depression and anxiety are a natural consequence of the way the workers are forced to live and work, and the cycle they are trapped in. There is no way to eradicate such feelings entirely, since their situation itself is not completely changeable.

3. Occupational Hazards

Issue: Opposition to safety equipment and a consequent lack of precautions	Solution: Provision of *correct* equipment and conditioning to utilise it
Workers do not use masks, gloves, or safety vests. The issue persists even if the equipment is provided to them for free, since they claim that the equipment hinders their ability to work and efficiency.	Work with a few community members and understand how the equipment hinders their ability to work. Design and provide, or provide pre-existing equipment that is functional and usable. Alongside, provide training on how to use it.

Barriers

a. **Lack of finances:** There isn't sufficient capital to fund programmes that can develop the most efficient technology and equipment for workers.
b. **Resistance to change:** The know-how of their work has been passed down across generations. Therefore, it is difficult to adapt them to the sanitation equipment.

Enablers

a. **Increased desire for safety:** As people take into account the interests of coming generations, they place more emphasis on safety and longer lives. For this reason, they become more willing to use equipment.

Issue: External lack of support	Solution: Creation of more programmes in favour of sanitation workers
A persistent indifference by the society and government towards their community reduces them down to a state of utter demoralisation in their professions.	The implementation of a greater number of initiatives that support the work of sanitary workers can be highly motivating. It would exhibit society's increasing support and acceptance for them.

Barrier

a. **Lack of finances:** There isn't sufficient capital to launch new programs that can be supportive of their work on a nationwide scale at once.
b. **Weak faith in volunteers:** The community does not believe in the good intentions of the volunteers, often due to disappointing experiences with NGOs in the past. Hence, they are unlikely to think that their support and acceptance are increasing.

Enablers

a. **Increased promoters and donors:** More people are willing and able to provide financial as well as emotional solidarity with sanitation workers. This is a step forward in the right direction.
b. **Sanitation Workers Rehabilitation Scheme (SWRS):** This is a government scheme that issues term loans for sanitation workers through state channelising agencies and rural banks.

4. Education and Alternate Livelihood

Issue: Lack of alternative livelihoods/ skills	**Solution: Collaborating with NGOs for work opportunities and vocational training**
Workers who wish to escape this line of work are unable to do so due to a lack of other skills.	Work with NGOs that connect sanitation workers to job opportunities that they may be better suited for. Work with NGOs that have programmes that provide vocational and skill training for free.

Barriers

a. Workers do not have enough time or energy to expend on learning new skills.
b. Social norms caused by caste discrimination would not allow workers to leave their line of work even if they gained other skills.
c. Workers' own way of thinking often resigns them to their work, which they consider their fate, making it difficult for them to adapt to other work.

Enablers

a. Workers' situations are dire enough to try to overcome the above mentioned barriers.

5. Government Schemes and Benefits

Issue: Inability to avail ration cards for food	Solution: Changes in government functioning
Workers may not possess ration cards that they are eligible for due to a dearth of the required documentation.	No direct solution available other than changes in the functioning of the system (out of scope).

Barriers

a. It is difficult to arrange the required documentation as many workers have shifted away from their hometown for work, or cannot list an address as they are illegally occupying some land.

Issue: Inability to avail government schemes	Solution: Training to raise accessibility of these schemes
Workers are unable to avail themselves of the government welfare schemes that they are eligible for.	Training sessions and user-friendly apps can be created and taught to be used, which would hold a large database of government schemes and their eligibility criteria. When it is simplified, the potential to learn increases.

Barriers

a. **Technophobia:** Since they do not often come into contact with technology, they feel fearful of using it. Not being tech savvy becomes a hurdle in accessing the scheme information on the Internet.
b. **Knowledge of app creation:** We need more people who can create apps and raise awareness about them in rural communities so that the target market has easy and widespread access to them.

Enablers

a. **Technological revolution:** Most people now have phones with access to the internet so they can easily be made aware of new schemes in place with some guidance.
b. **Ease of teaching:** It is very easy for volunteers to teach how to use certain apps and online information because there are very few steps. There is no need for additional expertise, making this a sure shot solution to implement.

6. Children and Women

<table>
<tr><th>Issue: Children’s work involvement in place of education</th><th>Solution: Assistance with enrolment in government schools</th></tr>
<tr><td rowspan="3">Children fail to get enrolled in schools for months due to documentation and familial issues. This forces them into sanitation work when they are barely teenagers. It takes away the opportunity of education and higher-paying career prospects from them.</td><td>Attempting to understand the issue and solving the problems with government school enrollment is a key step in giving children the chance to be educated, for example, by procuring the right documents.</td></tr>
<tr><td>Solution: Education drives in communities</td></tr>
<tr><td>Education drives that teach children the basics of primary subjects—science, mathematics and languages—will substantially raise their education and literacy levels.</td></tr>
</table>

Barriers

a. **Unorganised documents:** Many people do not have governmental documents like Aadhar cards, migration certificate and birth certificates of parents. This prevents the ease of school admission and results in lower enrollment chances.
b. **Caste and profession bias:** Discrimination from the school’s admission committee towards sanitation workers may also be a reason for delays in admission.
c. **Time commitment:** Education drives only take place when time is committed to the children. Personal attention and self-made study plans will only be beneficial.

Enablers

a. **Government school flexibility:** Schools offer admission in initial grades even for older children so they have an opportunity to learn at the simplest level.
b. **Ease of teaching:** As volunteers, it is extremely motivating and easy to teach students who are willing to learn due to a lack of opportunity. There are unlikely to be many problems in the process of teaching.
c. **Willingness to learn:** Young and eager students most likely exist in communities of sanitation workers. Their curiosity ensures that teaching takes place smoothly.

ANNEXURE I

Survey questions:

1. What is your name?
2. How old are you (in age group)?
3. Gender
4. What caste do you belong to?
5. What is your educational qualification?
6. How long have you been living in the city?
7. What kind of sanitation work do you do?
8. How did you get involved in sanitation work?
9. Do you work formally or informally?
10. When working contractually, do your medical expenses get covered?
11. Is this your choice of profession or would you like to leave it?
12. What are the reasons holding you back from leaving?
13. On an average, how much do you earn in a month?
14. How many hours do you work in a day?
15. How did you learn the work involved in being a sanitation worker?
16. Would you prefer being a formal worker? Why?
17. Do you have any children?
18. Do they help you with sanitation work?
19. Do you want them to be in the same profession as yours when they grow up? Why or why not?
20. What are the kind of continued forms of discrimination you face by doing this job?
21. Are you provided with proper gears, training, or working amenities?
22. What are the kinds of safety measures used for the prevention of accidents?
23. What are the challenges you face in terms of your own hygiene? Eg: daily or seasonal occupation health problems attached to your work during rain or peak summer/winter?
24. Have you suffered/ are you suffering from any physical illnesses/symptoms of illnesses caused by the work you do?
25. If yes, did you consult a doctor? Which doctor/ hospital? If not, why?
26. Have you suffered/ are you suffering from any mental illnesses/symptoms of illnesses caused by the work you do?
27. Do you consume drugs/alcohol/tobacco? If yes, how often?
28. Would you say you're addicted?
29. Did your work/ working conditions have anything to do with it?
30. Have such addictions influenced your family and social life? Please elaborate.
31. Did you seek help for your addiction?
32. Has your employer or any government law/scheme been accountable to your physical and mental health?

ANNEXURE II (Photographs)