

THE UNTOLD STORIES OF SANITATION AND WASTE WORKERS

an initiative by **The Daily Star**  

Sanitation workers provide an invaluable service that many of us notice only when confronted with locked, blocked, or filthy toilets; overflowing septic tanks; or beaches contaminated with sewage. A service that is reliable, but too often comes at the cost of health, safety, and dignity of those workers. They remain invisible, unquantified, neglected, and ostracised – facing conditions that expose them to debilitating infections, injuries, social stigma and even death from toxic gases and pit collapses. In order to protect the sanitation and waste workers from occupational hazards through ensuring adequate health, hygiene, and safety measures, WaterAid, Embassy of Sweden and The Daily Star have jointly launched a campaign titled “The Untold Stories of Sanitation and Waste Workers”. The aim of the campaign is to highlight the realities of livelihood and occupational risks faced by sanitation and waste workers in their everyday life.

Lives buried under the weight of waste



MD SHAHNAWAZ KHAN CHANDAN

At around 9 AM, two massive excavators were moving wastes from a waste dumping platform at Matuail Sanitary Landfill. Deafening noise from the engines and their gigantic moving arms equipped with toothed steel bucket could not make any impression on 10-year-olds Shabuj and Shajib.

They were extremely busy looking for reusable materials such as plastic bottles, glass jars, electronics etc. Several metres away, atop a garbage mound, their mother Saleha Begum picks reusable wastes.

Every night, garbage trucks and vans of Dhaka South City Corporations dump more than 2500 tonnes of solid waste in the landfill.

As there is no waste segregation and recycling facility in the landfill, such huge amounts of daily waste collection have created massive mounds – some of which tower almost 70 feet (equivalent to a five-storey building) above the base of the landfill.

Waste pickers like Saleha, Shabuj and Shajib enter the landfill at around 5 AM and work up to 10-11 AM.

As we approached Shabuj and Shajib to ask questions, they ran, refusing to talk. Their mother Saleha came to us and said, “They are shy to talk in front of camera. They used to read at grade three. Since schools are closed, they came here to help me.”

When asked for how long they work here, she said, “We stay here until the last truck and van leaves the

site. Most of the trucks dump waste at night. Some trucks come here at 9 or 10 AM.”

Arrival of a dump truck cause a great stir among waste pickers. As soon as they see a truck coming, they run towards the dumping platform to get the first access to the waste.

“The competition among waste pickers is brutal as most of the waste are kitchen waste and polybags which are not sellable. We collect mostly hard plastics and objects made of glass and metal,” said Mamun Mia, another waste picker.

Besides competition, this job of finding recyclable waste is also extremely hazardous.

When we reached the landfill at around 9 AM, there were at least 20-30 waste pickers working in different parts of the site. Some of them were children and none of those waste pickers were wearing protective gear such as gloves, masks and protective clothing.

Due to ruined leachate collection drains, toxic liquids from the waste have spread all over the dumping sites and turned the solid wastes into stinking, goeey mud.

“We work in the dirt for five to six hours at a stretch. Then we have to sell the collections to scrap collector shops. That takes another two to three hours. Only then we can wash ourselves. This is why skin disease is very common among us. Also, we often get injured by blades, glass and sharp objects,” said Saleha.

“I bought my children a pair of boots and gloves but they do not

want to wear it as they feel hot and uncomfortable,” she adds.

There is also risk of falling from the towering waste mounds.

However, working so hard and taking such risk pays off when these waste pickers earn quick cash by selling their collections at the nearby recycling workshops.

According to Mamun, an intact glass jar can be sold up to 18 to 20 taka and plastic bottles can be sold up to five to six taka per piece.

Depending on the toil of these waste pickers, a thriving recycling business has sprung up near the landfill. Most of the tin-roofed huts adjacent to the landfill site are actually busy recycling workshops. Every day, they buy millions of takas worth of recyclable wastes.

A recent embargo on outsiders to enter the landfill site has severely affected the livelihood of the waste pickers and recyclers.

Shafiqullah Bhuiyan, project director of Matuail Sanitary Landfill said, “We have prohibited any outsider from entering the landfill premises for security reasons. Sometimes, people dump narcotics and other contraband materials into the landfill. We have told the waste pickers to collect wastes from garbage containers and transfer stations.”

“Before the embargo, we used to provide masks, gloves and boots to waste pickers. As we have officially prohibited them, we stopped providing those equipment to discourage them to come here. However, when some poor local residents, who have no other ways of livelihood request us, we allow them on humanitarian grounds,” he adds.



PHOTO: PALASH KHAN

They are called “untouchables”

SHAHEEN MOLLAH and NILIMA JAHAN

26 years ago, a young Md Rijajuddin came to Dhaka, from Mymensingh, to make a decent living.

After pulling rickshaws and selling vegetables, he then started working on excavating drains under a WASA contractor. Even then, nothing could bring any significant change to his life.

One time, the contractor asked him to clean clogged drains in exchange for a lucrative amount of money, which Rijajuddin couldn't resist. However, he never knew he was

going to make a career out of cleaning dirt and fecal waste.

“I agreed to do this because I could earn double the money by spending less time compared to my other jobs. Gradually, I got stuck into this, even though I knew I was heading towards an uncertain future, with health risks, vulnerabilities and shame,” he said.

Today, Rijajuddin lives in a rented room in a Dhaka suburb. He has two children and a wife. He is a member of a community group that provides support and advocacy for waste pickers. He is also a member of a union that represents waste pickers in Dhaka.

with his wife and two children at Dhalpur City Palli of the capital, which is home to more than 5,000 people like him. Currently, he cleans sewer lines, blocked toilets, and drains around six days a month and earns Tk 1000 per day, on average.

Compared to other conventional jobs, this has become a second job for many as the number of gigs has dropped.

Showing numerous wounds

and cuts all over his arms and legs, Rijajuddin said that they compromise their safety and risk their lives to ensure a clean city, even though they are shunned by society on a regular basis for what they do.

“During water logging in rain, we need to enter the manholes with sewage water up to our necks to unclog pipes, using sticks and often, bare hands, since the pipes inside are blocked with polythene, pieces of glasses, tins, wood, nails etc.

“We are not provided with any safety equipment or protective gear. Cuts, wounds, and the stink are regular things for us,” he said.

According to Rijajuddin, most of the time, the toxic gas inside the manholes and sewage water lead to breathing difficulties and chronic aches, for which, they need to take medicine.

“There have been numerous incidents where the sewer cleaners went inside the manhole and never returned. They died after inhaling the toxic gases inside,” he added.

The story of 33-year-old sewer cleaner Md Rubel, resident of Bashpotti area in Dhalpur, is similar. Former waste-picker Rubel joined in cleaning drains and manholes as a teen, and according to him, aches, pain, and fever were common at the start.

“I can still remember, in the beginning, I faced intolerable itching, irritations, and week-long fever after cleaning a manhole or septic tank and took medicine for those,” he said.

Showing a four-inch-long scar on his left leg, Rubel recalled, “One day, I developed this cut from a piece of brick, while cleaning a manhole. I remember it required 15 stitches and a week-long medical treatment, which cost around Tk 10,000.”

“The contractor who appointed me for the work didn't pay a single penny for my treatment. Rather, my family had to borrow the money from others, which took us a whole year to repay,” he added.

Rubel was so disappointed that he decided to leave the profession for good. “After a few days, however, I realised that if there is no food on the table, there is no point skipping work out of arrogance,” he shared.

55-year-old sewer cleaner Palash Mia, who works as a designated cleaner for the Dhaka South City Corporation, said he hides the matter from his family.

“If the sewer cleaners strike and stop working for a week, the city dwellers won't be able to come out of their house. Although we ensure the cleanliness of the city, there is no assurance of hygiene practices or wellbeing of the sewer cleaners.”

“Since society considers us ‘untouchable’, we are neglected everywhere, including in the hospitals and medicine stores,” he said.

“This is why, almost everyone in our profession depend on kabiraj or medicine from dispensaries. If anyone in the hospital realizes who we are, they yell at us to stand far away,” he said.

Renowned orthopedic surgeon Prof Dr Amjad Hossain stated sewer cleaners work in hazardous conditions as they come in contact with harmful objects while cleaning manholes or septic tanks, and that safety measures must be ensured.

Workers in such conditions can be subject to cuts, blood vessel injuries, nerve injuries, excessive bleeding, which can cause infections and lead to deformities, he said.

Prof Sultana Shahana Banu, head of the virology department at Dhaka Medical College, said, the dirt in manholes is filled with viruses and other microorganisms, posing severe health threats. This can cause itching, diarrhea, skin diseases, jaundice, and many other long-term health complications for the cleaners.

She also urged those who work in this sector to ensure proper protection from viruses and disinfect themselves while performing their duties.

EXPERT RECOMMENDATIONS

- Policy and practice need to be aligned to ensure safety of workers and to improve their working conditions.
- Massive awareness campaign initiative needed to sensitise people and the community. These campaigns should be led by the government and supported by the civil society organisations.
- Companies and agencies managing waste and sanitation workers need to be brought under regulation. Work ethics need to be maintained in accordance with the existing labor law.
- Life insurance for waste workers needs to be launched through a public-private partnership that can be led by city corporations.

Living on medical wastes

SHAHEEN MOLLAH and MD SHAHNAWAZ KHAN CHANDAN

Md Rasel, a 27-year-old peddler, regularly visits hospitals and diagnostic centres in Dhaka's Sher-e-Bangla Nagar area to collect recyclable medical wastes.

He collects syringes, test tubes, saline sets, and any objects made of metal, glass, rubber or plastic. In some hospitals, he has to pay a fee to collect these wastes, whereas, in other hospitals, he might collect the waste for free.

Rasel washes blood, pus and chemicals from these materials and then sells these to recyclers at the rate of around 100 taka per kilogram of medical waste.

“I also sell paper, plastic bottles and metal objects, but medical waste is more valuable,” says Rasel. “The price of normal wastes varies between five to 20 taka per kilogram, whereas in the case of medical waste, I can earn 50 to 60 taka per kilogram by just selling unwashed medical waste. If washed, then this price rises to 100 taka per kilogram,” he adds.

Due to such a lucrative business prospect, thousands of waste pickers and peddlers like Rasel have to resort to looking for a livelihood by regularly handling such toxic and hazardous medical waste.

According to a report titled “Biomedical Waste amid Covid-19: perspectives from Bangladesh” published in The Lancet on August 13, 2020, around 206 tonnes of medical waste are generated daily in Dhaka alone.

However, Prism Bangladesh Foundation, a development organisation that collects medical waste in Dhaka and a few other cities, only manages to collect six to seven tonnes of medical waste from Dhaka, Narayanganj City Corporation, and Savar municipality daily.

Before the pandemic, the organisation collected around 12 tonnes of medical waste daily from Dhaka, Narayanganj and Savar areas.



PHOTO: SHEKH NASIR

Furthermore, a study by BRAC revealed that last year, around 93 percent of medical waste in Bangladesh was unmanaged.

Such huge volumes of uncollected and unmanaged medical wastes end up in garbage containers and waste transfer stations all over the city, where waste pickers attempt to collect them.

In one such waste transfer station in Indira Road, we met Topon Kumar, a waste picker who was busy rummaging through vast piles of trash in search of medical waste he could resell.

Topon said, “We get huge amounts of waste from government hospitals. We communicate with the cleaners of the hospitals who sell this waste at around 1000 to 1500 taka per sack.”

Najmul, another waste picker, said, “A couple of days ago, I purchased a large sack full of medical waste from a government hospital for 1500 taka. I then sold the sack for 3000 taka. Had I washed it before selling it, I could have sold it at an even higher price.

Unfortunately, I did not have the time to clean such a large amount of waste.”

“However, we need to remove blood, pus or other fluids from the materials when cleaning, and this reduces the weight of our collected waste, resulting in us receiving a lower price,” adds Najmul.

After collecting wastes directly from the hospitals and diagnostic centres, the waste pickers also explore garbage containers near those establishments and nearby waste transfer stations.

“Patients and their relatives often dump the wastes in the garbage containers outside the hospitals. Many drug stores and dispensaries also dump their wastes in nearby containers. So, we explore these containers and the nearby transfer stations in hopes of chancing upon some unclaimed medical waste we can resell,” said Rasel.

29-year-old Heeron Haoladar has made garbage containers near Dhaka Medical College Hospital (DMCH) his permanent source of income.

“I regularly collect 400 to 500 taka worth of medical wastes from these containers. Since the COVID-19 pandemic broke out, the number of masks and hand gloves in these containers have increased significantly, and most of these items are not of any use to us,” said Heeron.

However, there is a competitive nature to collecting the waste, as there isn't enough waste readily available for everyone to collect.

“Waste pickers are often involved in fights with each other when trying to claim certain areas. Sometimes, we also have to bribe the security guards and senior cleaners at these transfer stations. That is why I prefer collecting wastes directly from the hospital. Sadly, I cannot always convince the hospital staff to allow me to do so,” said Heeron.

These waste pickers—many of whom are children—collect these toxic materials without any protective gear. They never wear gloves, shoes and face masks while processing and cleaning the medical waste. This constant exposure to highly hazardous medical waste can cause significant health issues and side effects to the already malnourished bodies of these people.

“A couple of weeks after I started working with medical wastes, I contracted chronic jaundice. I almost died,” says Topon. “However, a kabiraj (traditional healer) was able to save my life. Still, we frequently suffer from fever and skin disease, but by the grace of God, we recover automatically,” he continues.

According to Heeron, “We frequently find ourselves injured by used blades, needles and different types of surgical knives. If you look at my leg, you will find hundreds of scars and wounds. But we cannot afford to purchase the gloves and boots required to rummage through medical waste safely.”

According to experts, exposure to medical wastes may cause long term health complications to these people.

The Directorate General of Health Services (DGHS) and Dhaka's city corporations have provided clear instructions to hospitals regarding medical waste management to prevent such health hazards.

All the hospitals, clinics and diagnostic centres are legally bound to dispose of the medical wastes to designated waste collectors. Additionally, they are also required to sterilise and incinerate any waste that is too hazardous to dispose of themselves.

A large number of these facilities are failing to abide by these regulations.

When asked about the issue, Dr Farid Hossain Miah, Director (hospitals and clinics) of DGHS, said, “There are around 14,000 hospitals, clinics and diagnostic centres in Bangladesh. Among them, only 8,000 of these facilities are licensed. We issued licenses on the condition that they would follow the medical waste management guidelines.”

“We cannot monitor medical waste management in the unauthorised clinics and diagnostic centres. We also have a shortage of human resources, making it difficult for us to monitor even the large number of authorised facilities.”

Air Commodore Badrul Amin, Chief Waste Management Officer of Dhaka South City Corporation, said, “We are aware that all the medical waste is not being collected and managed properly. We have raised this issue to the health ministry. If necessary, we will engage more organisations to collect and manage medical wastes.”

Commodore M Saidur Rahman, Chief Waste Management Officer of Dhaka North City Corporation, said, “Without strong monitoring and enforcement from the health ministry, proper management of medical waste will be challenging. However, we are planning to install a modern medical waste management plant at Aminbazar landfill where all the wastes will be sterilised before eventually being destroyed.”