

Human Dignity

Social Justice

Social Democracy



*A STUDY on*

# **SOCIO-ECONOMIC STATUS** of **SANITARY WORKERS**

in the

## ***Municipal Corporations of*** **GUNTUR & VIJAYAWADA**



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# About us...

**D**alit Bahujan Resource Centre is a Non governmental Organisation (NGO) registered under Andhra Pradesh Public Societies Registration Act 1860. It is registered in 1992 as a movement for promotion of livelihood, dignity and self respect of Dalits, Adivasis, vulnerable and marginalized communities with special focus on women and children.

DBRC is working in 8 Districts of Andhra Pradesh and Telangana and facilitating the Dalit Bahujans, Informal Waste Pickers, Sanitary Workers and other marginalized communities for their empowerment.

## Objectives of DBRC

- To build, strengthen the marginalized and vulnerable communities to access, ascertain the human development components such as education, health, livelihoods and dignity with right centric approach.
- To take up social research, develop analytical reports on state policy to sensitize, empower marginalized communities.
- To support, strengthen efforts of the central and state, and local governments in empowering downtrodden, marginalized communities.
- To build and enhance capacities and skills of people's organizations, NGOs, institutions in implementation of health, education, livelihoods, cultural and social programmes for the betterment of the marginalised communities.
- To reach out, rescue, rehabilitate the vulnerable communities in terms of social, natural disasters with timely need-based relief.
- To publish books, periodicals, pamphlets, posters, make films, documentation to further strengthen the objectives of the society.

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*I measure the progress of a Community by the degree of progress which women have achieved.*

**- Dr. B.R. Ambedkar**

## INTRODUCTION

Sanitation, hygiene, and cleanliness are the characteristics of urbane society. Sanitation is critical for health and sustainable socio-economic development. Needless to highlight, the quality of human life, inter-alia rests upon better accessibility to sanitation. The agenda set for providing clean water and better sanitation facilities apply more for developing countries. Persons employed in all forms of collecting domestic / establishment waste, cleaning sewage pits and drains, sweeping roads and collecting and disposing of human and animal excreta, and animal corpses are called sanitation workers. The worst form of waste collection, open sewer drains, sewage pits, open public places using brooms, tin plates, baskets or buckets without any personal protection. Of all categories of occupations, the most invisible and least talked about work in our country is sanitation or management of human refuse, wastewater, effluents and solid waste. The Sanitation workers are at the lowest tier of the sanitation services. They maintain, inspect, clean and unclog sewers and, when needed, descend via manholes into fecal sludge, without protection equipment or tools.

These dehumanizing forms of waste management are done mostly by Dalit community groups. The ‘Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act’ was enacted in 1993 and enforced in 1997, over 40 years after India’s Independence. Several advocacy campaigns have attempted to abolish the practice of manual scavenging and government schemes have been launched to rehabilitate them and improve their living and working conditions. A new legislation called the ‘Prohibition of Employment as Manual Scavengers and their Rehabilitation Bill, 2012’ enacted by Parliament, despite its shortcomings, has encouraged widespread discussion to provide dignity to a community entrenched in exploitation. However, there has been little improvement in the social status of sanitation workers. Media reports and studies reveal the sad plight of sanitation workers with respect to the hazardous nature of their job leading to premature death, the serious nature of their health problems, lack of security in employment, low wages, and their continued social oppression. No official estimates are available for mortality or morbidity in sanitation workers. Little is known about sanitation workers’ access to healthcare in the context of their occupational hazards. DBRC used a participatory methodology to document the socio-economic status and problems of sanitation workers in Guntur and Vijayawada municipal corporations.

Sanitation is included in the Sustainable Development Goals (2016) and is a basis of the fight against poverty. Lack of basic sanitation puts millions of lives at risk; also severely limit the impact of other development interventions in education, health, rural and urban development. An enormous amount of resources has been expended on providing sanitation facilities, yet still over 2.5 billion people do not have access to basic sanitation services (WHO/UNICEF - JMP, 2008). In many instances, even though new toilets and washing facilities have been built, proper usage remains low and little or no benefit is derived. Indeed, awareness is growing amongst public that, until hygiene is properly practiced, both at home and in the community as a whole, the desired impact of improved water and sanitation services in terms of community health benefits cannot be accomplished.

An estimated 1.2 million sanitary workers in the country are involved in Sanitation Work. The working conditions of these sanitary workers have remained virtually unchanged for over a century. In the context

of Indian society, sanitary worker comes under the urban informal and occupational hierarchy. Apart from the social atrocities faced by these workers, they are exposed to certain health problems by virtue of their occupation.

## ABOUT THE STUDY

DBRC has conducted a study to understand the socio economic conditions of Sanitary workers in Guntur and Vijayawada Municipal Corporations. This study is an attempt to bring to light about the issues faced by sanitary workers and how it can be prevented through effective measures like regular motivation campaigns, creating awareness regarding safer work procedures, use of protective devices etc.

## METHODOLOGY

The methodology used for the study involved Baseline survey and Focus Group Discussions (FGDs) has been used to understand their status and issues, and both qualitative and quantitative study methods have been used to document, describe and analyze conditions among workers. Developed a questionnaire tool on the basis of the terms of reference supplied by DBRC for the Baseline survey and Focus Group Discussions (FGDs). Data from 484 respondents was analyzed. Also undertook 4 FGDs evenly divided across the 2 cities. A scoping study was carried out to test and refine all tools which were used with sample respondents from the project areas.



It is hoped that this effort will support the struggle for justice of the Sanitary Workers. Study setting the members of DBRC, in creating awareness on the nature of their job, the need to fight social ostracization and opportunities for social and economic development by accessing benefits of government schemes. The DBRC wanted to understand the range of issues due to sanitation work and explore how the community's capacities to access services be strengthened and improve living standards. Through the DBRC process, baseline conducted as a first step among 484 sanitary workers (men and women) living in a large urban neighborhoods in Guntur and Vijayawada, to understand their perceptions on sanitation work and issues. While men opined that drinking alcohol was necessary to work in the filth, women highlighted the physical and verbal abuse they faced because of alcoholism.

Reflecting on the group discussions, the DBRC team felt it was important to systematically document the issues related to the nature of work and how the workers tackled these issues. The team was trained to identify and record health issues of workers using a monitoring tool, adapted and translated into the local language, Telugu. The aim of monitoring the workers was to understand the nature of problems related to their work, and their accessing available services. The collective process of discussion with the DBRC team facilitated the planning and conduct of the study. The DBRC team visited workers residing

in urban neighborhoods areas in Guntur and Vijayawada. They contacted the workers at their houses and explained the purpose of the health-monitoring study during the first visit. Some of the workers were hesitant to answer questions on their health status as they feared this information may be used to remove them from their job by the contractors. This kind of study was new to them, and therefore the trust of the workers had to be slowly gained by making multiple visits to their houses.

In view of the concern of the workers, written consent was not taken, but the DBRC team assured the workers that the information would be confidential and not shared with contractors or government officials. The ongoing engagement by the DBRC team with the workers facilitated repeated visits every month to their houses for administering the Baseline over a 4–6-weeks period. During the monthly house visit, each worker was administered a tool that probed: their social status, family, children, education levels, health problems, economic conditions and availing Govt. schemes. Also 4 FGDs (2 in each city) conducted to capture the qualitative information like their problems at work and with contactors, to explore the living conditions and habits. Total 40 workers were participated in these FGDs.

A total of four visits, at least one visit per week per worker over a period of 4-6 weeks were done. The workers explained about content of tool and purpose of study. Every week, the completed questionnaires were reviewed for any incomplete information and further corrections were made during subsequent home visits. 484 workers who were available in the neighborhoods during the DBRC team visits and willing to participate were interviewed initially and followed up every week. Also conducted FGDs at the end of Base line. Descriptive analysis was done by the authors on the complete data available for 484 workers.

## **OBJECTIVE OF THE STUDY**

*“To understand the socio economic status of sanitary workers and to enhance living standards by developing strategies to be intervene by DBRC and to recommend Government for policy change and for new schemes.”*

The purpose of the study is to analyze in detail the socio-economic conditions of the Sanitary workers including conditions and situations prevailing at their work places / locations; analysis on the quantities and streams of the waste collection and their earnings; scenario of money lending and behaviour towards savings; analysis on the supply chain management; level of access to their entitlements and situation of children education and child labour.

### **Limitation of the Study**

Though the study was conducted in an orderly manner in Guntur and Vijayawada cities, Certain limitations were found during the study. Earlier, some of the sanitary workers were not willing to respond as they were afraid of their contractors, they might lose their job if they provide any further information about the contractor. Odd working hours and fear of loss of working time by sanitary workers. To reduce the fear, trust building among the Sanitary Workers was done through follow ups.

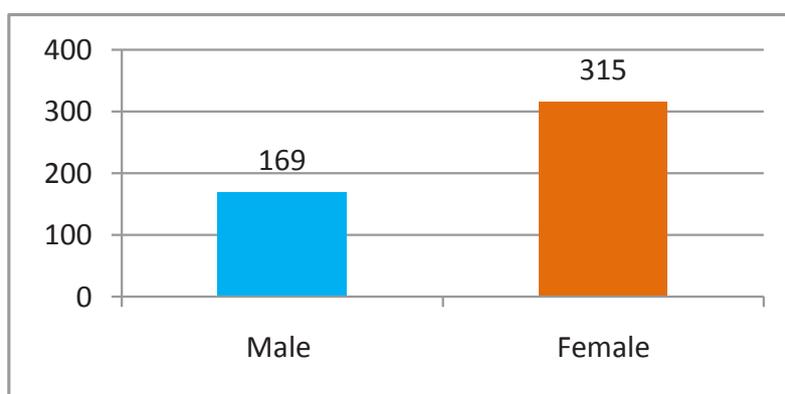
## FINDINGS

A Survey was conducted to capture the Socio-economic quantitative information of Sanitary Workers residing in Guntur and Vijayawada Municipal Corporations. The findings of the survey are as follows:

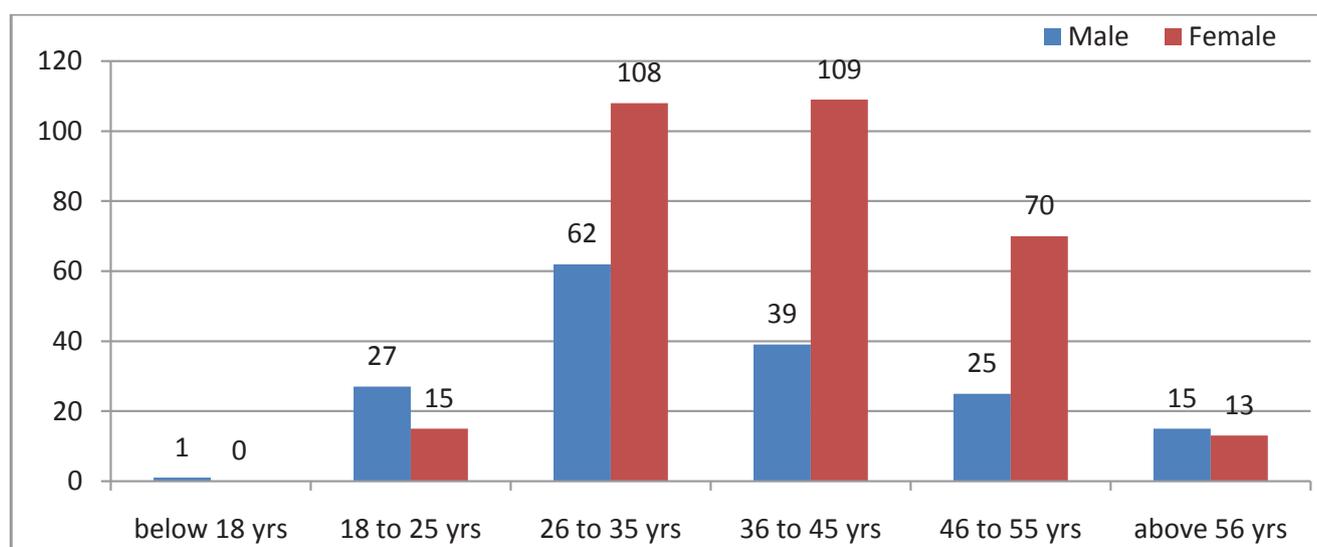
	Guntur (GMC)	Vijayawada (VMC)	Total
<b>% of Respondents</b>	50%	50%	100%
<b>No. of Respondents</b>	242	242	484

### Gender split among the respondents:

A total of 169 men and 315 women workers were interviewed. Women with 65% engaged in Sanitation work

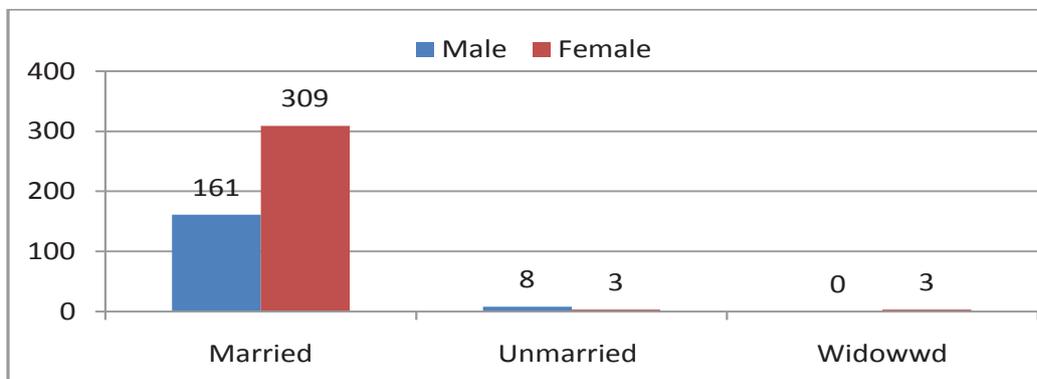


### Age Groups:



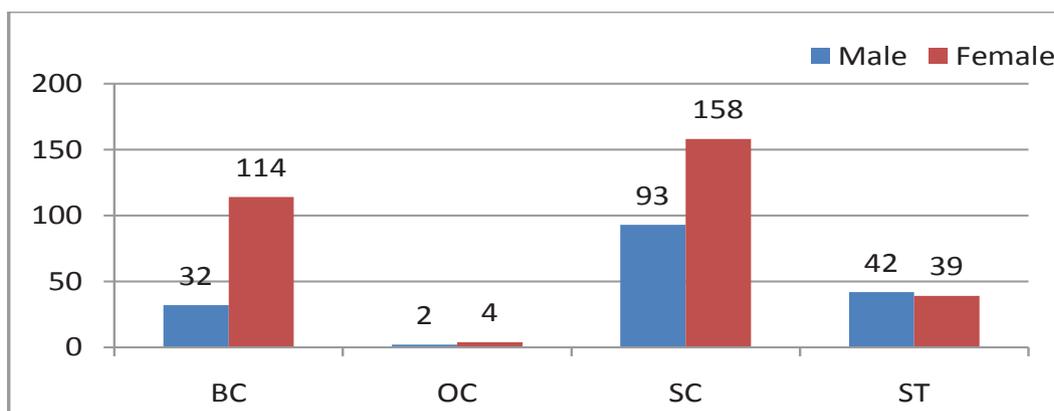
The average age for the both male and respondents is 43. Range of age for male respondent's starts from 17 years and upper age is 69 years whereas 20 years is starting and 66 years is upper for females. It is found that one boy is working under 18 years and also dropped out. Unofficially it is revealed that most of the children of Sanitation workers were engaged this work, when their parents are sick or attending other important works. This is due to deduction of monthly salary on leaves. Majority of the respondents belong to the age group of 25-45 years.

### Marital Status:



97% of respondents are married (309 female and 161 male). 2% of respondents are unmarried (8Male and 3 female) and 1% are widows (3 female)

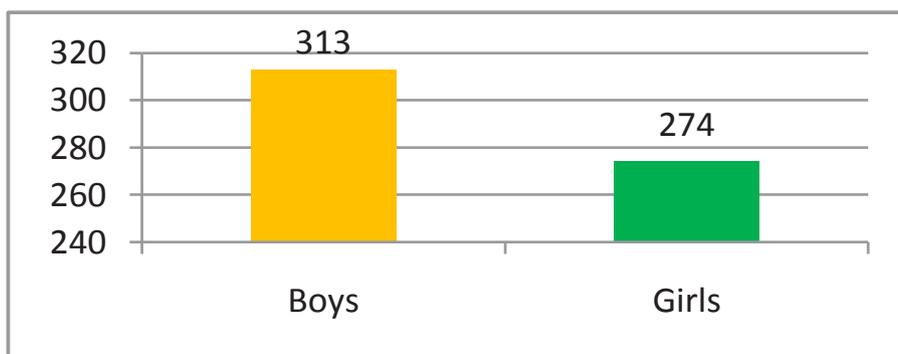
### Social categories:



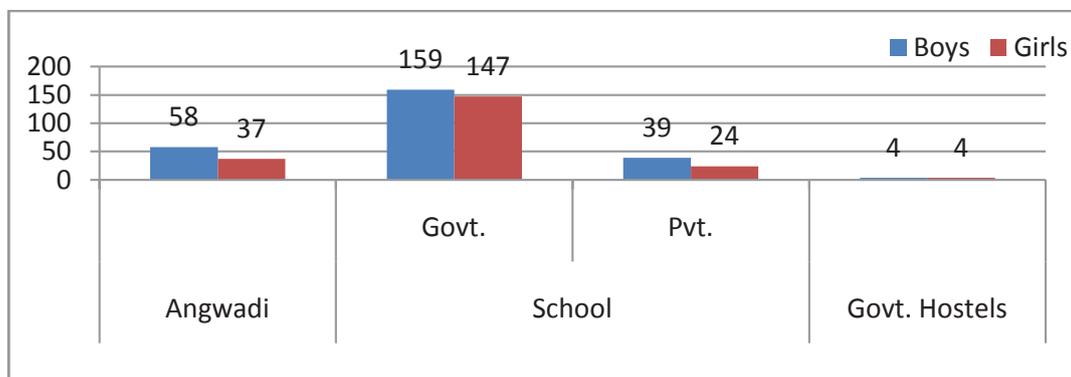
More than half of the sanitary work respondents are belongs to SC communities 52%. And 30% are from BC Communities, 17% from ST communities and 1% from OC community. As per the study, only backward and scheduled castes and tribes are engaged in the sanitation work. To support their families more women are engaged in this work.

### Children of Sanitary Workers:

There are 313 boys and 274 girls are there in the families of Sanitary workers of Guntur and Vijayawada Municipal corporations.

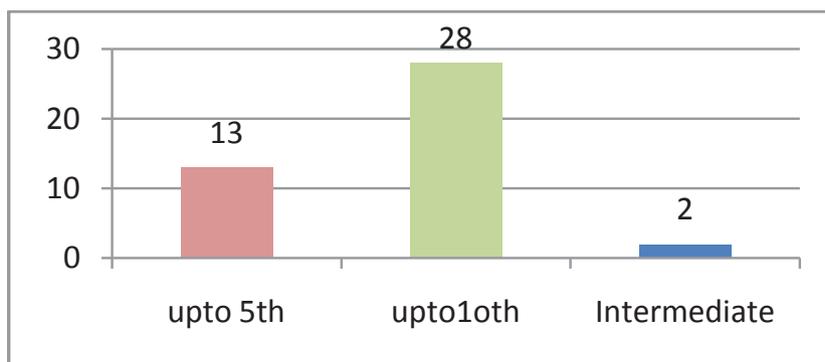


## Education Levels of Children of Sanitary Workers:



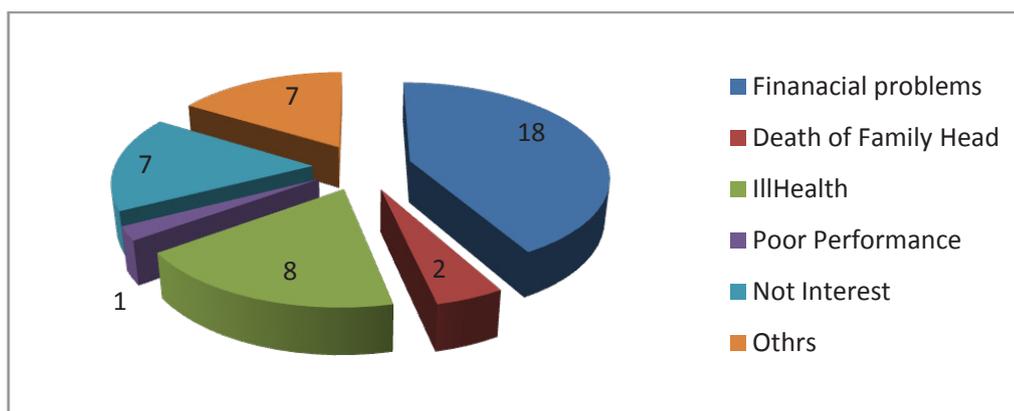
Total 472 children of respondents are attending school. Among them 95 are attending Anganwadi and Preschools (58 boys & 37 Girls). 369 children are attending Schools and among them 306 are going Government Schools (159 boys & 147 Girls) and 63 are attending Private schools (39 boys & 24 Girls). 8 children (4 boys & 4 Girls) are studying in Government Hostels.

## Dropouts from Education:



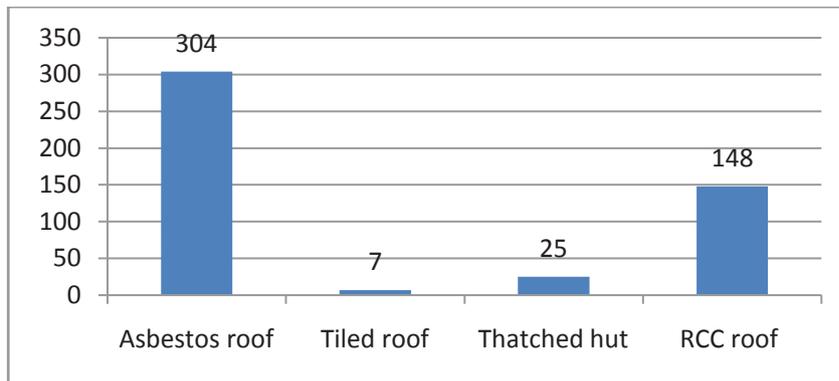
43 children were dropped out from their education. 13 children dropped out by 5<sup>th</sup> class, 28 by 6 to 10 classes and 2 at intermediate level.

## Reasons for Dropout:



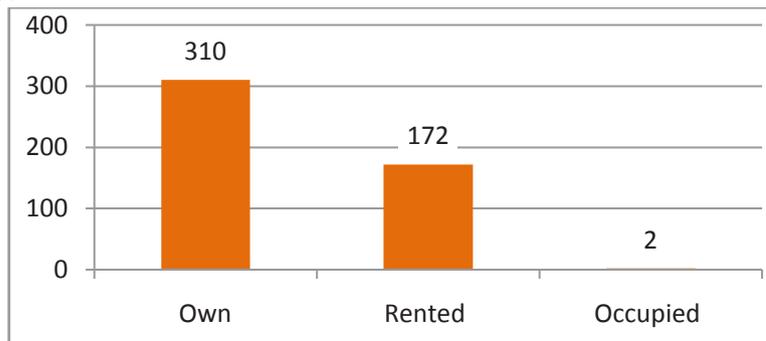
18 children due to Financial problems, 2 -Death of Family Head, 8 due to Ill Health, 1 due to Poor Performance, 1 for Not Interest and 7 with Other reasons.

## Type of Houses:



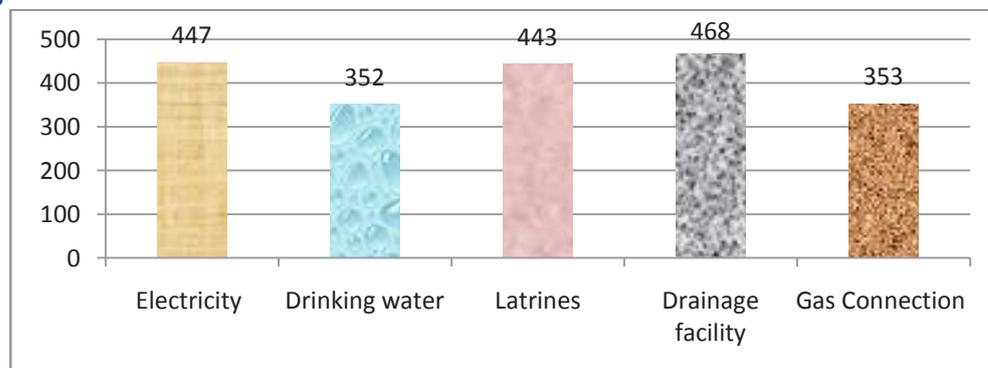
Housing is the basic need for human beings. The socio-economic conditions of any community can be assessed by the type of the shelter they live. As per this Baseline study, majority (63%) of Sanitary workers are living in Asbestos roofed houses and it indicates that they belong to BPL families. 31% are living in RCC (Pucca) houses. Majority of these 31% were availed Government Housing Schemes hence they have Pucca houses. 1% of sanitary workers are living in tiled roof houses. Remaining 5% sanitary workers are living in Thatched Huts and among them 2 families occupied the Government Land unofficially.

## Ownership of House:



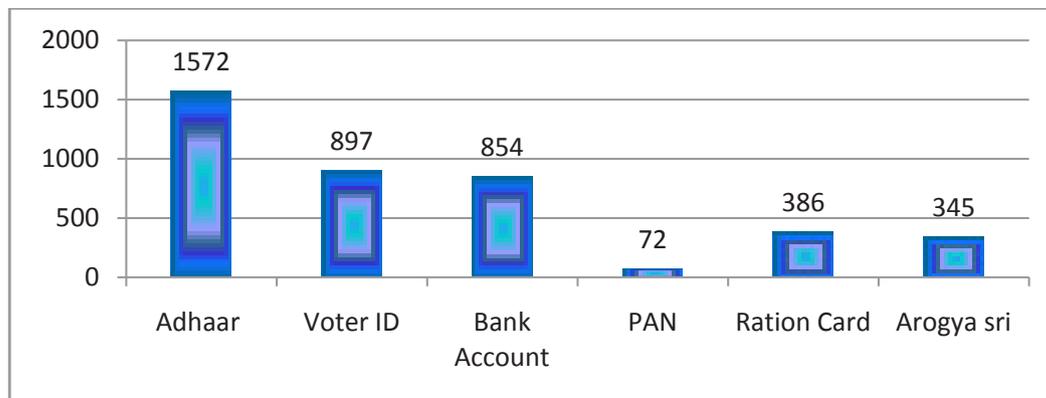
64% of Sanitary workers had own houses and 36% are living in rented houses, very minimal (2 families) are occupying the Government waste land constructed thatched huts.

## Facilities at Housing :



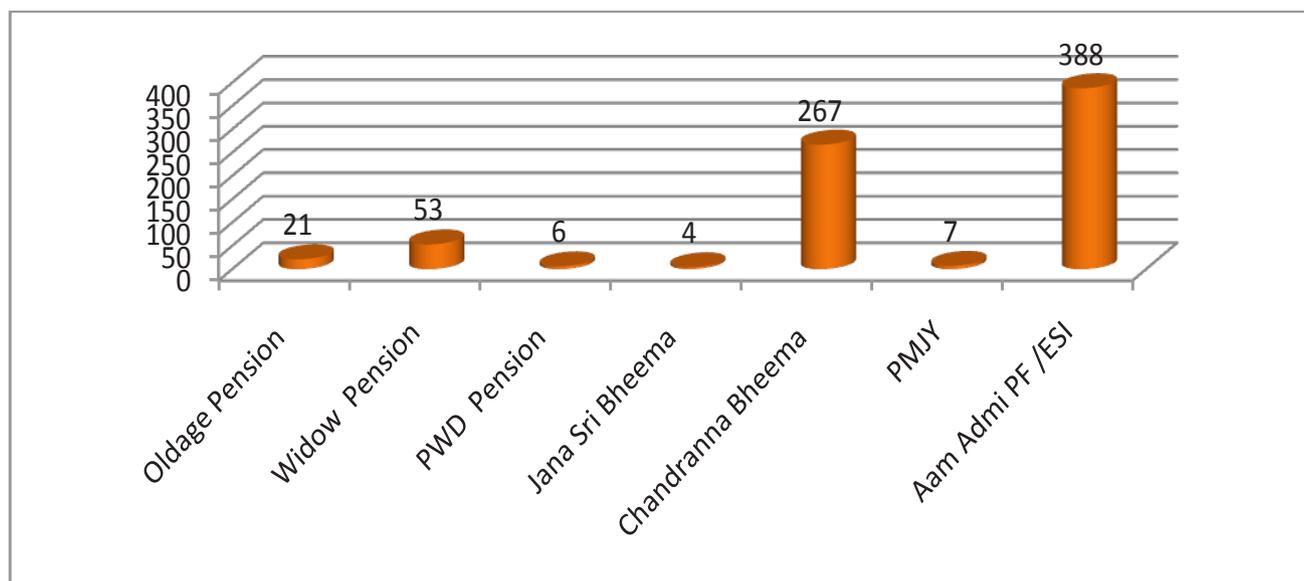
As per the baseline study, 8% of households of Sanitary Workers do not have power connection, 27% do not have proper drinking water facilities like tap connections and safe drinking water. 8% of houses do not have latrines, 3% of houses do not even have a drainage facility for waste water disposal and 27% of households do not have gas connections.

## Access Social Entitlements by Families of Sanitary workers:



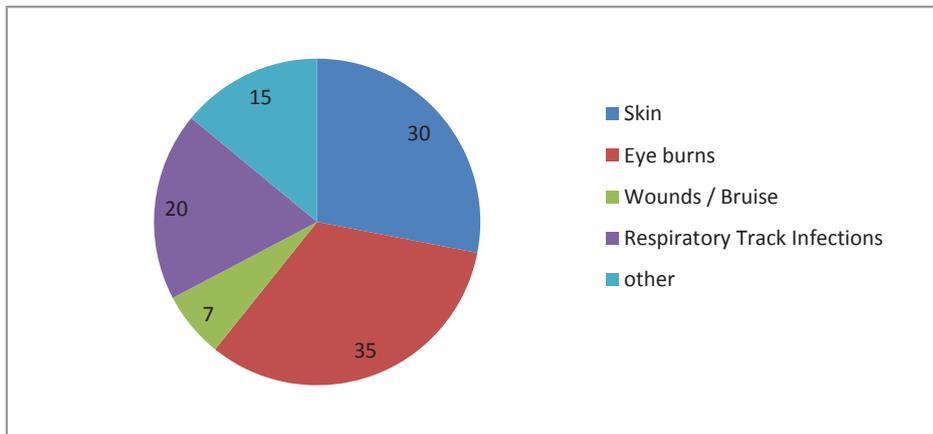
Now a day's Permanent Account Number (PAN) is mandatory for any financial transactions but only 72 sanitary workers possessed PAN cards. As the nature of the work by Sanitary Workers are hazardous and malicious they are vulnerable to different diseases for that they need to get treated with their minimum financial resources. But as per the expenditures of health facilities, they can't afford for treatment. For that they need to avail the Government Health Scheme called "Arogya Sri", which provided treatment cost in listed corporate hospitals. As per the data collected till 29% of Sanitary workers didn't had this Cards. 12% of households didn't have Ration cards for PDS. 897 voter IDs and 1572 Adhaar cards are availed by the respondents and their families.

## Availing Government Schemes:



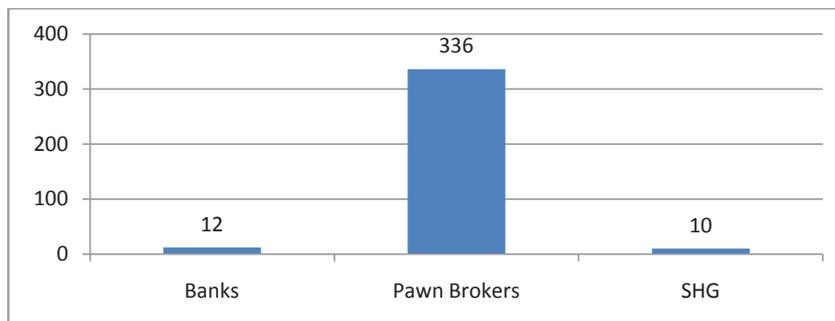
There is very low rate of availing Government schemes like Pensions, Insurance and social benefits. 21 old age pensions, 53 Widow Pensions and 6 PWD pensions are availed by the families of the Sanitary Workers. Majority of families availed 267 Chandranna Bheema (Insurance) schemes and 217 families need to avail this scheme. Very minimal families availed JanaSri Bheema (4) and PMJY (7). And whereas total respondents are 484 and only 388 Sanitary Workers availing social benefit schemes like PF and ESI.

## Health Issues:



The sanitation workers are more prone to get different diseases due their nature and place of work. Different diseases have been reported by the respondents Skin infections and eye problems are majorly face by the sanitary workers. Skin infections- 30, Eye burns- 35, Wounds / Bruise – 7, Respiratory Tract Infections – 20 and others diseases – 15 were reported. All these are due to lack safe equipments.

## Financial Debts:



Due to insufficient incomes of the Sanitary workers to meet their needs to run family, lending money from different sources. Majority of the respondents are approaching Pawn brokers / private money lenders for loans. And as there is no control over these lenders they are collecting more interests from the respondents. Only 12 respondents have approached Banks and 10 to SHGs for debts.

## Focus Group Discussions

DBRC conducted 4 Focus Group discussions 2 in each Guntur and Vijayawada Municipal Corporations to capture the qualitative information of Working conditions, Living conditions, incomes and spending patterns, debts, health issues and challenges of Sanitary Workers. This information can't capture through the Baseline questionnaire. Findings are as follow:

### Working Conditions and issues at Work Place:

The sanitary workers in both cities of Guntur and Vijayawada has explained their working conditions and issues during the group discussion. They were taken by Contractor and there is no direct contact with Corporations. They were neither contract workers nor outsourcing worker of Municipal corporations. They not even received any appointment letter for contractor or from Municipal corporations. 2 teams were placed in a ward. Each team consist 2 to 3 members. Each team will allocate 350 households or 450 families. Sanitary workers are engaged in all forms of collecting domestic / establishment waste,

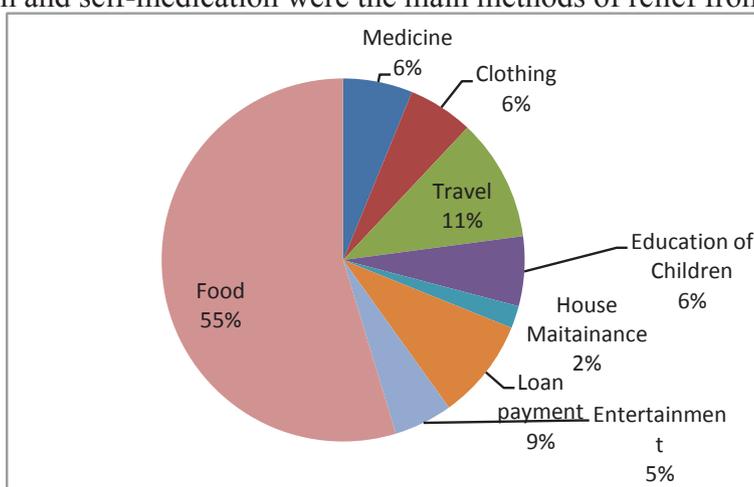
cleaning sewage pits and drains, sweeping roads and collecting and disposing of human and animal excreta, and animal corpses. Their timings are from 05.30 am to 10.30 am and 02.30pm to 05.30 pm in winter season whereas 05.00 am to 10.00am and 03.00 pm to 05.00 pm in summer. No Sanitary worker is allotted in their own ward and it leads to more travel expenses. They were predominantly contract workers. Most of them had been working for 2–10 years. They felt that there is no job security as they are working on the mercy of contractor / Sanitary inspector and have fear of remove from work any time by contractor.

### Earning and spending patterns:

They were paid Rs.11, 300/pm and their take home amount is Rs. 9,488/- after deductions. This amount is not sufficient to meet their needs as they have to travel daily two times to allotted wards. Men are mostly spending their earning on Alcohol and smoking. In general the incomes are spending on education of children, family running expenses. Treatment for diseases and travel to the allotted divisions from home. They did not take leave and continued to work in over three-quarter of the ill health episodes, because of fear of losing their job. Alcohol consumption and self-medication were the main methods of relief from their symptoms.

### Share of Expenditure

Category	Percentage
Medicine	6.2
Clothing	5.8
Travel	10.9
Education of Children	6.2
House Maintenance	2
Loan payment	9
Entertainment	5.2
Food	54.7



Findings from the FGDs suggest that respondents spent 54.7% of their yearly expenditure on food items. Other major expenditures are loan repayments (9.0%), medicine (6.2%), children’s education (6.2%), clothing (5.8%) and entertainment (5.2%). It should be noted that mostly (94%) respondents make loan repayments, so for these individuals the repayments represent much more than 9% of total expenditure. It also asked to make an estimate of what constitutes their expenditure. These results were very consistent with those of the study (albeit less precise) with estimates of food expenditure at 45%, and other factors such as clothing, health care, education, housing all around 5-10% each.

### Child issues :

**Early Marriages:** This could be explained from our findings from FGDs that, Sanitary workers to marry their daughter off under aged i.e. 15 to 18 years old. This tendency exists partly because as the girl grows up the dowry required by the groom’s family increases. And also if provided good education to girls they need to search the groom with same or more qualification. Security of Girls also one of the contributing factors to marry their daughter off early.

**Child labor:** to explore the issues of the children of the Sanitary workers were asked different question on education and work by children. It could be explained from our FGDs the children of sanitary workers

are engaged in sanitary work in the event of their parents unable to work due to ill health and other important domestic works. It is also due to fear of losing salary or even job also.

### **Reasons for Debts and issues with money lenders :**

From the FGDs conducted we found almost all of the respondents (81%) have access to loan and all of them have outstanding loan currently. About half (60%) of the respondents who have outstanding loan took the loan to meet the expenses for running family. Reasons for taking loan includes wedding cost or dowry for daughter's wedding, Travelling cost , medical expenditures etc. 67% of respondents out of 81% who lend money from Pawn brokers (67%), Banks (2%) and SHG(2%). Major respondents are lending form unauthorized pawn brokers who takes more interest ( 5% to 10%) as they are easily accessible near to their neighborhoods and stringent rules and regulation of bank for sanctioning loans.

Findings from the FGDs suggest that, people who have regular in-flow of income i.e. sanitary workers prefer micro-credit schemes which require weekly / monthly installments on the other hand people who cannot afford weekly installments go for bank loans or loan from MACS / thrift and credit societies formed by DBRC and repay.

### **Safety and health Care:**

As the hazardous nature of the work by sanitary workers, they are more vulnerable to different diseases. Mostly skin and eye problems were reported in the baseline study. This is due to lack of safety equipment and dress. If it is highway or main road sweepers case, without these protective equipments and dress even cost their life due to heavy vehicle with high speed. And this protective equipment has to be provide by the Municipal Corporations or by Contractors. But no one has been provided. Due to this workers are prone to diseases and their children were engaged in their place. It leads to loss of income through expenditure on health and children's school days are lost. The health and safety of sanitation workers is not explicitly guaranteed by legislation such as those for workers in plantations, factories, mines, dock and construction sector. Also, there is no legal mandate for reporting injuries, unlike in the Factories Act. Findings from the FGDs suggest that, Municipal Corporations / Contractors should provide Protective Equipments. DBRC can also advocate on behalf of Workers and facilitate. Also DBRC can train the Sanitary workers on WASH.

## **CONCLUSION**

The hazardous nature of sanitation work has been internalized as normative by majority workers of the Dalit community engaged in sanitation work. This has manifested in apathy of the political system by not addressing the larger issue of sanitation, worker safety and emancipation of a downtrodden caste. This study also revealed their perceptions of non accessibility to Social benefits, exploitation by contractors and health risks, moulded by their low social and economic status. Alcohol intake was perceived to help in tackling the hazardous work and reported as a method of treatment for all illnesses. This is perhaps the most important public health concern and any intervention to tackle alcoholism would have to also address the social ramifications of caste-based employment, the perpetration of such a hazardous job and the link between alcoholism and poverty. The social oppression of sanitation workers has been so overwhelming that the importance of their job in maintaining hygiene, preventing spread of communicable diseases and safeguarding health of the society has never been acknowledged. Efforts to realize the health rights of these marginalized workers should include implementation of safety practices at work, occupational health surveillance and research, and legislation that identifies hazardous work

practices and work-related health problems as notifiable and compensable. Provision of medical care to workers and their families by specific financial allocation and linking to healthcare delivery systems such as the Employees' State Insurance Scheme will lead to the long process of social justice which is their right.

## ACKNOWLEDGEMENTS

We would like to thank the participants of this study, the Sanitary workers of Guntur and Vijayawada who willingly shared their day-to-day turmoil while performing the task of cleaning waste. Without its interest, cooperation and passion to explore and understand the issues and status of sanitary workers, this study would not have been possible.

## RECOMMENDATIONS :

- Grievance redressal mechanism to be introduced to ensure safety and security of the Sanitation workers.
- To Regularise of the positions of contractual and outsourced Sanitation workers.
- To Scrap G.O No. 279 which is affecting the welfare of the Sanitation workers.
- To increase the No. of Sanitation workers in the Corporation as per the population.
- To Implement G.O No. 151 and hike the salaries of the Sanitation workers.
- Sanitary Workers to be enrolled into Rashtriya Swasthaya Bima Yojana and Chandranna Bima.
- To support the children of the Sanitation workers for their education.
- To provide the Sanitation workers with Safety equipments such as gloves, masks and shoes



## ANNEXURE

### Baseline questionnaire

Name of the Activist		
Municipal Corporation		
Place of Work		
Place of Residence		
name of the Sanitary worker		
name of the Father/Spouse		
SEX (M/F)		
Age		
Marital Status		
Caste		
Sub-Caste		
Caste certificate		
Residence certificate		
Income certificate		
Mobile Number		
Name of the Family Member 1		
Sex		
Age		
Relation with the Self		
Education		
Present Occupation		
Monthly Income		
Aadhar Card No.		
Voter Card No.		
Bank Account No.		
Do you have birth Certificate ?		
Total Number of children	Girl	
	Boy	
Name of the Child		
Age		
Sex		
No.of Children in Anganwadi	Girl	
	Boy	
No. of Children studying in Government Schools	Girl	
	Boy	
No. of Children Studying in Private Schools	Girl	
	Boy	

No. of Children studying in Govt. Welfare Hostels	Girl	
	Boy	
If School Drop Out	Studied upto which class	
	Reasons for School Drop out	
Type of House (Tiles, Hut, RCC roof, Asbestos)		
Rent / Own House/ other		
Facilities in the House	Electricity	
	Drinking Water	
	Latrine	
	Sanitation facility	
	Gas connection	
Social Benefits-Identity Card Details	Ration Card	
	Aarogya Sri Card	
	PAN Card	
Name of the Scheme / Insurance Schemes	Widow Pensions	
	Old age Pensions	
	PWD Pensions	
	Jana Sri Beema	
	ChandranNO Beema	
	PMJY	
Profession related Diseases and other issues	AAM AADMI PF, ESI	
	Skin Diseases	
	Eye Burns	
	Wounds/ Bruises	
	Respiratory Tract Diseases	
From where you take loans ?	Other Ailments	
	Banks	
	Pawn Brokers	
How much loan you received ?	SHG's	
	Received loan	
	Interest on Loan	

### Focus Group Discussion – Questions

1. Explain about your work and working conditions What are the timings of the job, Any contact

signed while taking job with contractor Weekend leaves and paid leave facilities, Type of work done and frequency of work done.

2. Salary (what is original salary and are there any cuttings and why). Equality while paying salaries. Any difference between signed salary and paid salary for contract workers. And explain about your expenditures in general or how you are spending your income. And what about your debts and related issue?
3. Any issues of your family and children, their education and issues in bringing up?
4. What are the Health related issues at work place? And what are the facilities your are availing?
5. Do you have any other issues want to mention. Based on this we will recommend to Government.

## REFERENCES :

### Legislature and Policies:

The Government of India (GOI) had been working on the development of the lives of the Sanitary Workers through formation of various committees, enactments of laws and programmes in the globalization era. The employment of Manual Scavengers and Construction of Dry Latrines ( Prohibition Act, 1993 is the major law that bans the employment of people in manual scavenging and also the law states that offenders are

liable to an imprisonment of 1 year or a fine of Rs. 2000. The offenders are liable to prosecution under the Prevention of Atrocities Act, 1989 that primarily was enacted to protect the rights of the SCs and STs in our country. Apart from the act, the Ministry of Rural Development came up in the year 2002 with the Rajiv Gandhi Mission for the sanitation and water supply scheme. It worked under the aims of constructing wet latrines, to rehabilitate the people employed in manual scavenging and to come up with alternative occupations for them. The other legislation that is relevant is the National Commission for Safai Karmacharis Act, 1993 under which a commission of seven people needs to be set up at the Central Level



## Welfare Schemes:

**Self Employment Scheme for Rehabilitation of Manual Scavengers (SERRMS):** the objectives of the scheme is to assist the scavengers and their dependents for rehabilitation irrespective of the income, who are yet to be provided assistance under any scheme of Government of India / State Government. The identified scavengers will be provided training, loan and subsidy. Credit will be provided by the banks, which will charge interest from the beneficiaries at the rates prescribes under the scheme.

**National Scheme of Liberation and Rehabilitation of Scavengers (NSLRS) :** this scheme was launched by the Government of India in March, 1992 to provide alternative employment to the scavengers and their dependents.

**Pre-Metric Scholarships for the Children of Those Engaged in Unclean Occupations :** In The Objective of this scheme is to provide financial assistance to enable the children of scavengers of Dry latrine, tanners, flayers and sweepers who have traditional links with scavenging to pursue pre-metric education.

**National Safai Karamcharis Finance and Development Corporation ( NSKFDC):** This corporation acts as an apex institution for all round socio-economic upliftment of the Safai Karamcharis and their dependents throughout India and to extend concessional financial Assistance to the Safai Karamchari beneficiaries for the establishment of Income generating projects.



GOVERNMENT OF ANDHRA PRADESH  
ABSTRACT

Minimum Wages Act, 1948 – Addition of employment in "CONTRACT LABOUR WHO ARE NOT COVERED UNDER ANY OF THE SCHEDULED EMPLOYMENTS IN SCHEDULE OF THE MINIMUM WAGES Act, 1948" to Part-I to the Schedule of the Minimum Wages Act, 1948 – Final Notification – Orders – Issued.

(LABOUR EMPLOYMENT TRAINING AND FACTORIES (LAB.II) DEPARTMENT

G.O.Ms.No. 27

Dated, 17.07.2013

Read the following:-

1. G.O.Rt.No.88, Labour Employment Training & Factories (Lab.II) Department, dt.17.01.2012.
2. From the Commissioner of Labour, Andhra Pradesh, Hyderabad, Lr.No.N1/5958/2011, dt.05.06.2013.

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ORDER:-

The following notification will be published in the Extraordinary issue of Andhra Pradesh Gazette dated.

NOTIFICATION

In exercise of the powers conferred under Section 27 of the Minimum Wages Act, 1948 (Act XI of 1948), the Governor of Andhra Pradesh hereby makes the following amendment to Part-I of the Schedule to the said Act, and the same having been previously published vide G.O.Rt.No.88, Labour Employment Training & Factories (Lab.II) Department, dated 17<sup>th</sup> January, 2012 in Andhra Pradesh Gazette No.283, dated 17<sup>th</sup> May, 2012 as required under Section 27 of the said Act.

AMENDMENT

In the said Act, in the schedule, in Part-I after the existing entry No.70, the following entry shall be added, namely:-

"71. Contract Labour who are not covered under any of the scheduled employments in the schedule of the Minimum Wages Act, 1948".

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

J.C.SHARMA  
PRINCIPAL SECRETARY TO GOVERNMENT

To  
The Commissioner, Printing, Stationery and Stores Purchase, Andhra Pradesh, Hyderabad for publication in the Extra-ordinary issue of Andhra Pradesh Gazette and supply 10 copies to Government and 500 copies to the Commissioner of Labour, Andhra Pradesh, Hyderabad.

The Commissioner of Labour, Andhra Pradesh, Hyderabad.

All Collectors, through the Commissioner of Labour, Andhra Pradesh, Hyderabad.

The Secretary to Government of India, Ministry of Labour, Employment, Shramshakti Bhavan, New Delhi.

The Secretary to Government, Labour and Employment Department, Government of Tamilnadu, Chennai.

The Commissioner, Information and Public Relations, Secretariat Buildings, Hyderabad for giving publicity in press.

Copy to:

The Law (B) Department.

The OSD to M (LETFB & ITIs).

The P.S. to Principal Secretary, LET & F Department.

The P.A. to Deputy Secretary, LET & F Department.

Sf/Sc.

// FORWARDED BY ORDER //

SECTION OFFICER

[http://www.business-standard.com/article/government-press-release/welfare-of-workers-of-unorganised-sector-116112100901\\_1.html](http://www.business-standard.com/article/government-press-release/welfare-of-workers-of-unorganised-sector-116112100901_1.html)

<http://online.fliphtml5.com/jdyl/ikku/index.html#p=33>



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