



HEALTH, HYGIENE, SAFETY, AND DIGNITY OF SANITATION AND WASTE WORKERS A TRAINING MANUAL

DECEMBER 2024



ADB

HEALTH, HYGIENE, SAFETY, AND DIGNITY OF SANITATION AND WASTE WORKERS A TRAINING MANUAL

DECEMBER 2024





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Abbreviations

ADB	Asian Development Bank
HHSD	health, hygiene, safety, and dignity
HSH	health, safety, and hygiene
IPC	infection prevention and control
ITN-BUET	International Training Network of Bangladesh University of Engineering and Technology
LGOA	Local Government Operation Act
NGO	nongovernment organization
OHS	occupational health and safety
PPE	personal protective equipment
Q&A	question and answer
SOP	standard operating procedure
SWM	solid waste management
TOT	training of trainers

Executive Summary

Safeguarding the health, hygiene, safety, and dignity of sanitation and waste workers is a crucial component of inclusive and sustainable development. Sanitation and waste workers in Nepal often have no option but to work in conditions that endanger their health, safety, and dignity. The need for a comprehensive training manual for sanitation and waste workers and their employers, covering all aspects of their work and their health, safety, well-being, and dignity—including protections afforded by law and the use of technology to dignify sanitation work—emerged during the implementation of the assignment, Safety and Dignity of Sanitation Workers in Nepal, supported by ADB's Technical Assistance 9897-REG: Accelerating Sanitation for All in Asia and the Pacific.

This assignment involved elements including a baseline study on sanitation workers; a hackathon to identify startup companies with innovative ideas to make sanitation work safe and dignified; capacity development of sanitation workers, municipal officials, and elected representatives on issues related to the safety and dignity of sanitation workers; public awareness campaigns; and the design of pilot demonstration models targeting the safety and dignity of sanitation workers in two Nepalese towns, Nepalgunj and Bharatpur.

This manual is one of the outcomes of the capacity development component of the initiative, which utilized the outputs and complemented the outcomes of the other components.

The findings of the baseline study underlined an urgent need for capacity-building initiatives to enhance the safety and dignity of sanitation workers. This manual is tailored to the unique context and needs of sanitation and waste workers in Nepal's cities. Field visits to Bharatpur and Nepalgunj provided firsthand exposure to the on-the-ground realities, informing the development of the training curriculum.

This manual aims to meet the diverse needs of sanitation and waste workers, supervisors, coordinators, and managers and accommodates varying levels of education and training. With clear guidance provided on facilitation techniques, supervisory staff trained using the manual can effectively conduct sessions and oversee the health, safety, and dignity of sanitation and waste workers performing their duties, as demonstrated in the pilot towns of Bharatpur and Nepalgunj. The delivery of training of trainers sessions in Bharatpur and Nepalgunj marked a key milestone in the manual preparation journey. These sessions, conducted in collaboration with local stakeholders, underscored the importance and role of city authorities and civil society organizations in fostering a culture of health, safety, and dignity among sanitation workers.

The training manual has four parts:

Part I (Chapter 1) provides the context and background in the development of the training manual, gives an overview of the field situation of sanitation and waste workers in Bharatpur and Nepalgunj cities, and presents the structure and contents of the manual.

Part II (Chapters 2–13) is the **trainers' guide**.

Part III includes tools and annexes to support effective and interactive training delivery at different sessions, the assessment of the improvement of knowledge levels of the participants, and the evaluation of the training delivery.

Part IV includes presentation slides that serve as handouts for the participants.

The manual prioritizes accessibility and ease of comprehension, catering to the diverse literacy levels among sanitation workers. Infographics, interactive discussions, audiovisual aids, group activities, and role-plays are employed to disseminate knowledge effectively, ensuring that the training is not merely informative but transformative. The manual lends itself to customization and can easily be contextualized for developing countries across South Asia, primarily with the updating of the relevant institutional, policy, and legislative framework. The manual is meant to guide stakeholders in their endeavor to safeguard the health, hygiene, safety, and dignity of sanitation and waste workers; foster collaboration; and pave the way toward a future where no worker will be left behind in the pursuit of a safer and more dignified livelihood.

PART I

INTRODUCTION AND OVERVIEW

Overview of Training

Introduction

Sanitation and waste workers provide essential services to urban societies. Despite being recognized as frontline workers, they are at the lowest tier of the sanitation value chain and usually comprise a neglected group. They face many challenges and risks, particularly in low-income countries, such as

- exposure to human waste, diseases, and toxic gases without proper equipment or protection;
- lack of legal rights, social protection, recognition, and dignity;
- low and/or irregular pay;
- social stigma and discrimination; and
- weak or absent policies, laws, and regulations to protect their health, safety, and dignity.

Sanitation and waste workers in Nepal require priority actions to improve their situation. The Government of Nepal has placed the responsibility of local sanitation management on local governments, which have legal authority to formulate acts and policies essential to regulate the services under their jurisdiction. The Local Government Operation Act (LGOA) 2074 (2017) is the main legislative framework for the operations of local government bodies. In addition, the Labour Act/Rule, Occupational Health and Safety Policy, and Social Security Act/Regulations, including the Scheme Operational Directives, are applicable to sanitation and waste workers.

The government outlined its strategy to bring laborers from the informal sector into the formal sector in its 15th periodic plan.¹ Although LGOA 2074 restricts the recruitment of permanent staff for sanitation work, the act specifies that service contracts must be used to hire sanitation and waste workers and such contracts must include their remuneration and describe their working conditions.²

State policies are beneficial to sanitation and waste workers if applied carefully. However, a study on informal waste workers in Kathmandu revealed that they face similar occupational health and safety (OHS) risks to those in other developing countries, including injuries, emotional vulnerabilities, and risk of infection.³ Another study concluded that the occupational risks experienced by informal waste workers are considerable, and partly worsened by a lack of safeguards, awareness, and means to protect themselves.⁴

¹ Government of Nepal, National Planning Commission. 2020. The Fifteenth Plan.

² Government of Nepal. 2017. Local Governance Operation Act (2074).

³ M. Black et al. 2019. *The Health Risks of Informal Waste Workers in the Kathmandu Valley: A Cross-Sectional Survey*. *Public Health*. 166. pp. 10–18.

⁴ S. Sapkota et al. 2020. Risks and Risk Mitigation in Waste-Work: A Qualitative Study of Informal Waste Workers in Nepal. *Public Health Pract (Oxf)*. 1. pp. 100028.

To contribute to this new research area, the Asian Development Bank (ADB) provided regional technical assistance that included an assignment focused on improving the safety and dignity of sanitation workers in Nepal.⁵ This assignment involved

- (i) a baseline study on sanitation workers, examining the policy and regulatory framework for their protection, their socioeconomic status and working conditions, their training needs, and awareness generation needs of the public and sanitation and waste workers;
- (ii) a hackathon to identify startup companies with innovative ideas to make sanitation work safe and dignified, and support for the development or transfer of appropriate technologies and innovative solutions that bring dignity and ensure the safety of sanitation workers;
- (iii) capacity development of sanitation workers (government and private sector), municipal officials, and elected representatives on issues related to the safety and dignity of sanitation workers;
- (iv) public awareness campaigns; and
- (v) design of pilot demonstration models targeting safety and dignity of sanitation workers in two Nepalese towns, Nepalgunj and Bharatpur.

Field Situation

The baseline study conducted under the assignment in 2022 revealed the appalling conditions that sanitation and waste workers in Bharatpur and Nepalgunj face, justifying the need for capacity development activities to improve their safety and dignity. The key findings of the study are summarized below.

Sanitation and Waste Workers by Category and Type

Sanitation and waste-related work in the pilot towns generally operates within a particular social framework that has strong linkages between caste and occupations, with most workers belonging to the informal sector. Over time, it was observed that other lower-income groups are gradually getting involved in sanitation and waste management work in cities in Nepal to meet the growing demand for such work. The baseline study identified categories of sanitation and waste workers in Bharatpur and Nepalgunj: mechanical pit-emptiers (by vacuum tanker), manual pit-emptiers, solid waste workers, drain cleaners, road sweepers, medical waste disposal workers, and toilet and floor cleaners. The same worker may often be engaged in different types of sanitation and waste management activities, based on the situation and demand. The baseline study involved 625 sanitation and waste workers in Bharatpur and 587 in Nepalgunj.⁶

Septic tank and sewerage cleaners and transporters, community toilet cleaners, solid waste workers, and street sweepers are categorized as primary level workers, as they are directly engaged in waste management and sanitation activities; toilet cleaners working in schools, hospitals, and hotels are categorized as secondary level workers. Except for the septic tank cleaners and transporters, other primary level workers are engaged by city authorities. The septic tank cleaners and transporters serve individual households on an on-call basis, and city authorities do not have any specific monitoring or oversight mechanism for their services.

⁵ This assignment was part of the overall regional technical assistance provided for Accelerating Sanitation for All in Asia and the Pacific.

⁶ ADB. 2023. Situation of Sanitation Workers in Bharatpur and Nepalgunj Cities: Baseline Study Report for the assignment on the Safety and Dignity of Sanitation Workers in Nepal. Unpublished.

Institutional Framework for Sanitation Management

Local sanitation management responsibility lies with local governments in Nepal. LGOA 2074 is the main framework legislation for the operation of local governments. The act provides authority to formulate other acts and regulations for regulating services that fall under the jurisdiction of local governments, creating a strong legal foundation for institutionalizing legislative, executive, and quasi-judiciary practices that ensure harmony among the central government and local governments. Significant progress has been made to date in the sanitation sector, including the formulation of the Solid Water Management Act (2011), Faecal Sludge Management and Regulatory Framework (2017), and a National Water Supply and Sanitation Policy (2014). These acts and regulations have been formulated by the central government and are for the most part implemented by local governments while being monitored by the central government. However, these policies do not extensively address the issues facing sanitation and waste workers.

LGOA 2074 (Section-11, Clause 83 [8]) places a restriction on the recruitment of permanent staff for sanitation work. The act specifies that service contracts must be used to hire sanitation and waste workers and such contracts must include their remuneration and describe their working conditions. Permanent staff members working at local government level at the time LGOA 2074 came into effect, however, continue to work as permanent staff (footnote 2).

A collaborative effort through service contracts with the private sector for solid waste management (SWM) has been observed in both Bharatpur and Nepalgunj by city authorities. A few nongovernment organizations (NGOs) work with sanitation and waste workers for awareness and capacity support in both cities. In addition, Nepalgunj Municipality has entered public–private partnerships with four NGOs for SWM, including screening and sale of recyclables and managing medical waste.

Bharatpur is home to a septic tank emptiers' association, comprising 19 members who own and operate vacuum truck services operating both inside and outside the city. At least 10 additional operators currently deliver the same service, mostly outside the city, but they are not association members. On the other hand, only informal septic tank emptiers provide services in Nepalgunj.

While city authorities do not guide or monitor the septic tank emptiers' association or informal emptiers, most other sanitation and waste management work are managed by them in urban areas. Relevant officials of the city authority lead the work, with sanitation and waste workers either directly engaged by the authority or through the contractors. In addition, city authorities often get support through government agencies and NGOs.

Employment and Benefits

Almost all sanitation and waste workers are directly employed by municipalities or through contractors. The baseline study revealed that all, except permanent staff, are excluded from the benefits and schemes promoted for the welfare of the workers through various government-sponsored programs. Workers are supposed to be provided with an appointment letter that includes their start date, monthly remuneration, and any other benefits provided, which provides security as well as offering an element of dignity to the workers. However, in most cases, workers were found to be working based on verbal agreements.

Sanitation and waste workers in both cities are not entitled to paid sick leave unless they are permanent government staff or staff deployed by the government to sanctioned positions. Most sanitation and waste workers are unaware of the provisions and facilities available through government-sponsored programs. In Nepalgunj, family-based insurance is provided by NGOs; workers understood that they had insurance but were

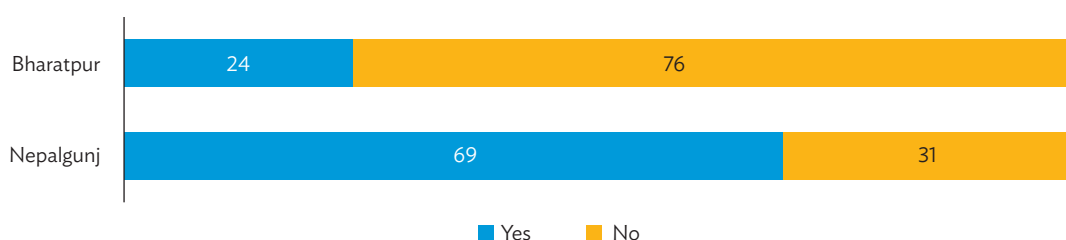
unable to explain the benefits associated with it. The health care facilities available for sanitation and waste workers are poor while facilities covered by health insurance have also been observed to be below satisfactory level (footnote 6).

Occupational Health and Safety

The baseline study found that Bharatpur and Nepalgunj city authorities do not have regular training programs and budgets to teach sanitation and waste workers about best practices and occupational health and accident risks. However, some resources are provided in the category of general training, with relevant events focused on training people on SWM such as household waste segregation, use, and reuse. Limited interventions by NGOs oriented some sanitation and waste workers on OHS. Figure 1 shows the percentage of sanitation and waste workers who received training on OHS.

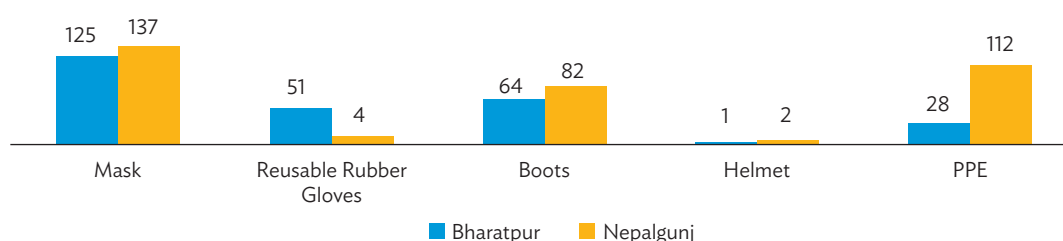
The baseline study further revealed that most sanitation and waste workers did not have access to personal protective equipment (PPE) other than masks and sanitizers (Figure 2).

Figure 1: Sanitation and Waste Workers Receiving Training in Occupational Health and Safety, 2022
(%)



Source: ADB. 2023. Situation of Sanitation Workers in Bharatpur and Nepalgunj Cities: Baseline Study Report for the Assignment on the Safety and Dignity of Sanitation Workers in Nepal. Unpublished.

Figure 2: Sanitation and Waste Workers with Access to Safety Equipment, 2022
(in number of respondents)



PPE = personal protective equipment.

Source: ADB. 2023. Situation of Sanitation Workers in Bharatpur and Nepalgunj Cities: Baseline Study Report for the Assignment on the Safety and Dignity of Sanitation Workers in Nepal. Unpublished.

During a visit to Nepalgunj by the International Training Network of Bangladesh University of Engineering and Technology (ITN-BUET) team (who were part of the technical team for the assignment) in March 2023, a street sweeper was hit and severely injured by a vehicle while at work. Street sweeping starts at 4:00 am in Nepalgunj and 6:00 am in Bharatpur; the use of proper PPE, including a reflective safety vest by the sweeper, may have helped avoid the accident.

The field situation revealed an acute gap in knowledge and understanding among sanitation and waste workers on health, safety, and hygiene (HSH) affecting their dignity and well-being. General orientation is not enough to teach the safety measures essential for performing specific types of work. To fill this gap, ADB assigned ITN-BUET to develop this training manual.

Training Manual

Aims of the Training Manual

This training manual is designed to improve the knowledge of sanitation among waste workers and their supervisors about disease prevention, basic hygiene practices, the use and disposal of PPE, and the proper management of sewage. It can be used to teach the implications of OHS and hygiene practices on infection prevention and control (IPC) and to enhance stronger, efficient, and dignified participation of the sanitation workforce in the service chain.

The manual provides a good foundation for city officials, professionals, and activists involved in addressing the health and well-being of sanitation and waste workers.

The manual describes sessions that may stand alone or be used in combination with others for different types of audiences.

PART II

TRAINERS' GUIDE

Instruction and Preparatory Measures

The training on health, hygiene, safety, and dignity (HHSD) for sanitation and waste workers focuses on capacity building of sanitation and waste workers to safeguard them against occupational risks, such as injuries and health hazards, and ensure healthy and dignified living.

The training manual should be utilized in two stages. The first stage aims to build the capacity of trainers by conducting a training of trainers (TOT) course. Initially, the International Training Network of Bangladesh University of Engineering and Technology (ITN-BUET) team and a civil society organization team engaged by ADB jointly conducted the TOT courses. For future scaling-up, master trainers will be drawn from a roster comprising National Water Supply and Sanitation Training Center officials. They will provide TOT to municipal officials and officials from the Department of Water Supply and Sewerage Management, representatives of nongovernment organizations (NGOs) and private companies engaged in sanitation work, and selected sanitation workers.

This manual is designed to cover both the TOT course and regular training course for sanitation and waste workers. The TOT participants will receive this manual as training material, and the participants of the regular training course will receive Part IV of this manual as training material.

Training Outcome

This training manual aims to assist the sanitation and waste workers of metropolitan cities, sub-metropolitan cities, and municipalities in understanding the importance of maintaining proper hygiene and using personal protective equipment (PPE) to limit occupational risks and prevent infectious diseases. This will help sanitation and waste workers to create a safe working environment for themselves at work and at home. At the end of the training, the participants are expected to

- know about infectious diseases and associated preventive measures,
- be aware of proper hygiene practices during work,
- understand the importance of using PPE and know how to use it, and
- know what actions to follow if they have any signs or symptoms of infection.

Desired Participants

The TOT recipients should be those who have been closely working with the sanitation and waste workers of their city for at least 2–3 years and supervising them in delivering their services effectively. Potential participants include

- municipal officers and senior or supervisory sanitation staff,
- senior sanitation and waste workers and their leaders,
- consultants and contract staff,

- civil society organization personnel engaged in behavior-change communication,
- NGO personnel,
- private company personnel,
- owners/managers of sanitation/waste management service delivery cooperatives, and
- *tole* (neighborhood) committee members.

These types of trainees not only play supervisory roles, but also have access to financial resources for the implementation of sanitation and waste management activities. This training will broaden their knowledge on the importance of the use of PPE during sanitation and waste management work. The training will encourage them to comply with the regular provision and replacement of PPE and the monitoring of health, safety, and hygiene (HSH), as well as infection prevention and control (IPC) at workplaces.

The following groups of frontline sanitation and waste workers meanwhile are the potential primary target audience for the scaled-up training:

- mechanical pit-emptiers (by vacuum tanker),
- manual pit-emptiers,
- solid waste workers (i.e., waste collectors from households, workers involved in secondary storage, waste collection/disposal trucks, dumpsites/landfills; as well as waste screening workers engaged in reuse/recycling work),
- road sweepers,
- drain cleaners,
- medical waste disposal workers,
- toilet and floor cleaners (e.g., public/community toilets, schools, hospitals, and hotels) as well as their supervisors,
- other private sector workers such as those in waste recycling businesses, and
- informal waste pickers.

Employers for these types of sanitation and waste workers include both public and private bodies such as the government, metropolitan and sub-metropolitan cities and municipalities, schools, hospitals, hotels, sanitation and waste management contractors and suppliers, and private enterprises.

Combining similar categories of sanitation and waste workers together in a training will create a harmonious environment and allow focused delivery and save training time.

Training Duration

A TOT course should be run over 2 days, for 7 hours each day. The course for sanitation and waste workers should be a single 8-hour day. The session plan provided here, however, can be adjusted as per requirements. Organizers should allow adequate time for the delivery of the specific training that include

- participants' introduction exercises,
- group exercises,
- presentation and poster sessions,
- reflection and action planning exercises,
- pre- and post-training assessments,
- course evaluation,

- health break time,
- further discussions, and
- provision for unforeseen situations.

Outline of the Training Course

Both the TOT and the scaled-up frontline worker training include 10 sessions along with inaugural and closing sessions. However, the TOT should be delivered in such a manner that the trainees act as the real-life sanitation and waste workers, and the TOT trainees engage in the role of workers during the discussion, question and answer (Q&A) session, and role-playing. However, these training participants will have to provide training to their subordinate sanitation and waste workers and will have to answer their questions. While imagining the real-life training delivery situation, the TOT recipients may have a lot of questions. Each session of this training has been structured with several steps combining slideware presentations, questions and answers, group work, activities, and video presentations, which are required to be understood by the TOT recipients. Therefore, more time is needed for TOT than frontline worker training. The table below presents the contents of the training sessions and allocated times for the TOT and frontline worker training.

Session	Scope/Discussion Points	Worker Training	TOT
Registration of Training Course and Inauguration	<ul style="list-style-type: none"> • Inauguration speech • Introduction of the participants and ice-breaking activity • Pre-training assessment • Current situation of sanitation and waste workers • Training objectives, schedule, and training materials • Ground rules 	90 minutes	120 minutes
Session 1: Waste, Hygiene, and Occupational Health	<ul style="list-style-type: none"> • Definition of sanitation and waste workers • Contribution and importance of sanitation and waste workers • Categories of sanitation and waste workers • Definition of waste and hygiene • What is occupational health? • How to ensure workplace occupational health 	30 minutes	50 minutes
Session 2: Disease Transmission and Occupational Health Risks	<ul style="list-style-type: none"> • Common diseases and physical problems of sanitation and waste workers • Infectious diseases and how they spread • Preventive and precautionary measures against infectious diseases 	40 minutes	60 minutes
Session 3: Importance of Handwashing	<ul style="list-style-type: none"> • Importance of handwashing in the prevention of infectious diseases • When hands should be disinfected • Rules of handwashing • Guidelines for using hand sanitizer 	40 minutes	60 minutes
Session 4: Proper Use of PPE	<ul style="list-style-type: none"> • What is PPE? • List of PPE and the terms used for each component of PPE • The sequence of putting on and taking off PPE • Practicing how to put on and take off PPE by maintaining the sequence 	70 minutes	90 minutes
Session 5: Importance of Using PPE	<ul style="list-style-type: none"> • Why using PPE is important • Realization of the importance of PPE through group work 	30 minutes	50 minutes

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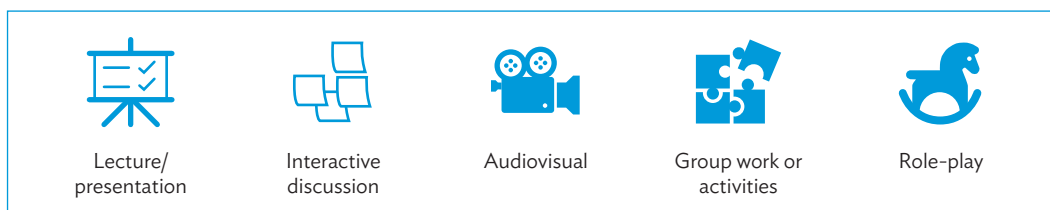
Session	Scope/Discussion Points	Worker Training	TOT
Session 6: Self-Grooming and Clean-Up Procedures	<ul style="list-style-type: none"> • Self-grooming and dignity • Procedure for cleaning tools/equipment after work • Procedure of cleaning vehicles after work • Rules of washing PPE • Standard operating procedures for sanitation and waste workers 	40 minutes	60 minutes
Session 7: Response to Infection and Actions During Emergency	<ul style="list-style-type: none"> • What to do if you have an infectious disease or symptoms of infection • What to do when a person is in quarantine • What to do when a person is in isolation • Emergency contact information 	30 minutes	50 minutes
Session 8: Relevant Laws, Rules, and Other Provisions	<ul style="list-style-type: none"> • The Labour Act, 2074 (2017) <ul style="list-style-type: none"> – Working hours and overtime – Leave provisions – OHS provisions • Social Security Scheme Operating Procedure, 2075 (2018) <ul style="list-style-type: none"> – Medical Treatment, Health, and Maternity Protection Scheme – Accident and Disability Protection Scheme – Dependent Family Protection Scheme • OHS Guidelines 	30 minutes	180 minutes
Session 9: Equipment Contributing to Work Efficiency and Safety	<ul style="list-style-type: none"> • Equipment contributing to the service and safety of sanitation and fecal sludge management workers. • Equipment contributing to the service and safety of solid waste management workers 	30 minutes	30 minutes
Session 10: Training Delivery and Presentation Skills of the Trainer	<ul style="list-style-type: none"> • Training schedule • Desired participants • Training duration • Training steps and symbols • Training support materials • Training venue • Training conduction • Gender equality and social inclusion • Body language of the trainer • Undesirable situation during training • Managing undesirable situations 	Not applicable	45 minutes
Closing Session	<ul style="list-style-type: none"> • Overall discussion on the sessions • Post-training assessment • Q&A session • Declare the end of the training 	60 minutes	70 minutes

OHS = occupational health and safety, PPE = personal protective equipment, Q&A = question and answer, TOT = training of trainers.

Session 7 can be skipped for both TOT and frontline worker training, as the coronavirus disease (COVID-19) emergency is now under reasonable control globally, and there is no other epidemic or pandemic emergency in Nepal. Session 8 should be delivered in detail only in the TOT; the sanitation and waste workers will receive a briefer version.

After the delivery of the first two sessions, the master trainers will discuss step-by-step how those sessions have been delivered. For each remaining session, the TOT trainees will explain how those sessions were planned to be delivered through a review of the steps of those sessions. After the delivery of each TOT session, both the master trainers and the TOT trainees will provide feedback on that session, especially regarding which steps were not followed properly and how the training delivery can be further improved. Mock practice sessions, where future trainers deliver sample sessions, are also an option.

The delivery of the sessions has been planned in steps marked as either essential (E) or good to have (G). If the delivery time needs to be reduced, the trainer may skip a step or portion of a step marked (G) (also highlighted). The training sessions include various learning techniques including lectures and presentations, interactive discussions, audiovisual demonstrations, participatory group activities, and role-play. The following symbols are used in the document to represent these techniques:



Training Package

The training package for trainers to be delivered at the TOT should include the trainer's guide, participants' handout, presentation slides, and video files to be used during the training.

The regular delivery of the training to frontline workers should include the handout for participants and PPE.

Other Training Support Materials

The following materials are required for those delivering training sessions to frontline workers:

- laptop/computer;
- multimedia projector with screen, pointer, and sound system;
- camera;
- registration sheet, pre- and post-training questionnaires, and training summary sheet;
- pens, marker pens, and masking tape;
- flip chart with board, stand, and pins;
- candy and/or chocolates;
- pictures of sanitation and waste workers, color cartridge papers, scissors, small green and red colored round stickers or *tika/bindi* packs, and sanitizer; and
- completion certificates and gifts.

Training Venue

The training venue should support interactive teaching and learning methods, flexible delivery, and maintenance of participants' energy levels and concentration for long periods. It should also be suitable for group discussions and activities using the training materials.

Trainers should ensure that the venue offers a continuous supply of electricity, adequate ventilation, suitable space to use props and multimedia, handwashing facilities with soap or liquid handwash, safe drinking water, separate washrooms for male and female participants, and other useful facilities where feasible (e.g., breastfeeding room, sound systems).

Guide for the Conduct of Training

Trainers of frontline workers should focus on the following points to ensure a successful training:

- Prepare with a second trainer and plan to take turns to deliver sessions by backing each other up if anything is missed out.
- Undergo comprehensive preparation on the topics and training methods of each session.
- Ensure that all required training and support materials (Annexes 1–10) are ready before the session.
- Practice multimedia presentations and discussions.
- Ensure that discussions correspond with the multimedia presentations created for every session (other than the practical and Q&A sessions).
- Ensure that all sessions are participatory in order to promote learning, e.g., a piece of candy may be given to participants for active participation such as asking questions, contributing to a discussion, or answering a question.
- Create a training environment that is positive and lively.
- Mention discussion points at the beginning of each session so participants can easily understand the topic and continuity of the discussion.
- Summarize every session at its conclusion.
- Teach with confidence so that the participants trust the content of the training.
- Encourage the active and lively participation of all participants, and provide them with the chance to express their experiences and opinions.
- Give everyone equal attention, and treat all opinions equally.
- Attract the attention of anyone who appears to be inattentive by asking their opinion on a relevant topic.
- Clap your hands to attract the attention of all participants, e.g., the trainer can ask participants to clap once if they can hear them, then twice if they can hear them, then thrice if they can hear them.
- Avoid making remarks or using any examples that may affect participants' dignity or make them uncomfortable.
- Keep the discussion relevant by tactfully bringing any out-of-context discussion back to the topic at hand.⁷

⁷ ITN-BUET. 2021. *Specialized Training Course on Fecal Sludge Management in Cities: An Element of Citywide Inclusive Sanitation—Trainer's Guide*.

Focus on Gender Equality and Social Inclusion

Gender equality and social inclusion must be duly addressed during planning and delivery of the training events. This may involve undertaking the following during training planning, delivery, and post-delivery:

- ensuring that the venue and timetable accommodate female and any disadvantaged participants;
- addressing the different roles, responsibilities, and challenges faced by women sanitation workers;
- encouraging female trainees to participate effectively during the training;
- providing adequate emphasis on the challenges and social taboos related to the use of PPE by female sanitation and waste workers, e.g., gum boots or helmets, and motivating the female workers to use them by focusing on their importance; and
- emphasizing equal rights for all, including women and marginalized workers.

Quality and Skill of the Trainer

A trainer should be an excellent communicator, i.e., use simple language and lead discussions in the right direction. They should be confident, reliable, and trustworthy. They should ensure the participation of all trainees and give equal attention to all, while also effectively managing time so that discussions can be deftly shortened if necessary. They should also be friendly, tactful, encouraging, and responsive to participant needs.⁸

Body Language

Trainers should dress casually, aligning with the audience's attire to encourage participant engagement.

Beyond clothes, the body language of the trainer is also important. The trainer should:

- walk around, maintaining good posture;
- make eye contact with participants and use hands to keep their attention;
- avoid keeping hands in pockets, which may make participants uncomfortable;
- offer encouragement by showing them a thumbs up;
- demonstrate active listening by keep a hand on chin before providing solutions to problems;
- move between participants where appropriate, helping to establish rapport with them; and
- speak with a smiling face.⁹

⁸ Center for Affordable Water and Sanitation Technology-Eawag (Swiss Federal Institute of Aquatic Science and Technology). 2016. *Trainer Manual: Introduction to Faecal Sludge Management*. Unpublished; and ITN-BUET. 2021. *Training Manual (Bangla) on Sanitation and Waste Workers' Occupational Health and Safety (OHS) and Infection Prevention and Control (IPC)*.

⁹ Center for Water and Sanitation and CEPT University. 2020. *Improving Safety of Sanitation Workers in Wai Municipal Council*; and ITN-BUET. 2021. *Training Manual (Bangla) on Sanitation and Waste Workers' Occupational Health and Safety (OHS) and Infection Prevention and Control (IPC)*.

Unexpected Events During Training

Trainers should be as prepared as possible for any unforeseen developments during their sessions. For instance, any of the following may occur:

- The number of participants is significantly higher or lower than expected.
- The training or sessions start late.
- The co-trainer does not show up on time.
- The training or sessions during the training finish late.
- The power fails.
- The multimedia stops working.
- Someone gets sick.
- An accident occurs.¹⁰

Managing Undesirable Situations

The trainer can take the following steps ensure the smooth flow of the training even when unforeseen circumstances arise:

- Be prepared with extra materials and PPE in case more participants than expected show up.
- Reduce the inauguration and/or break time if the training starts late. Then, if any session takes more time to conclude, the discussion times of the next sessions can be made shorter.
- Ensure before training that the electrical switches are safe to use.
- Have alternative arrangements for electricity (i.e., a generator) in place in case of power failure.
- Even without power, the trainer can continue using the handouts/booklet, flip charts, and other equipment that do not rely on electricity, so trainers should ensure that these are on hand.
- Ensure that a first aid kit is at the venue.
- Keep emergency numbers handy, e.g., for fire services and ambulance, and mark exit paths in case evacuation is required (footnote 10).

¹⁰ ITN-BUET. 2021. *Training Manual (Bangla) on Sanitation and Waste Workers' Occupational Health and Safety (OHS) and Infection Prevention and Control (IPC)*.



Course Registration and Training Inauguration

Session Overview

Objective	The participants will be introduced to one another and will understand the training objectives and schedule.
Discussion points	<ul style="list-style-type: none"> • Inauguration speech • Introduction of the participants and ice-breaking • Pre-training assessment • Training objectives, schedule, and training materials • Ground rules
Method	Speech, introduction of the participants in an interactive way, discussion, presentation, demonstration, pre-training assessment
Materials/essentials	Training schedule, training materials, laptop/projector slideware presentation, pre-training assessment questionnaire (Annex 1), pen, flip chart, flip chart board and stand, marker pen, and candies
Time*	90 minutes






* This timing is for the frontline workers' training. The training of trainers (TOT) will take longer due to thorough discussion and mock practice. This is typical for all the sessions of this training, as shown in Section 2.4.

Session Structure

Step	Time	Slides	Activity/Process
Step 1: Opening session (E) 	10 minutes (5 minutes if no guest is present)		<ul style="list-style-type: none"> • The trainer will welcome the participants with a short speech that includes mentioning the contribution and importance of sanitation and waste workers to society. • If a guest from the city authority is present, request that they deliver a speech. • The guest will inaugurate the training, or if no guest is present, the trainer will do so.
Step 2: Participants' introduction and ice-breaking (G) 	30 minutes	S0: 2	<ul style="list-style-type: none"> • Before the training, please write numbers on small pieces of paper going up to half the number of participants, e.g., 1 to 15 if there are 30 participants. Write each number twice on separate pieces of paper. Fold each piece of paper and place in an uninflated balloon. In our example, there would be 30 balloons. • Keep the balloons on a table in front. • Ask the participants to come forward and take a balloon randomly. Then ask them to blow up their balloon and burst it to retrieve the piece of paper with their number.

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Table continued

Step	Time	Slides	Activity/Process
			<ul style="list-style-type: none"> Instruct the participants to find the other person with their matching number. Help any participants with limited literacy skills find their partners. After participants have found their partners, ask them to find out their partner's name, the type of work they do, whether they are married or unmarried, if they have children, what their hobbies are, and/or to recount a funny and/or enjoyable incident in their life. Call the two people with number 1 to the front and ask them to introduce each other to everybody. Continue with all the participants in the same manner [slide 2].
Step 3: Pre-training assessment (E) 	20 minutes	S0: 3–8	<ul style="list-style-type: none"> Ask each question and provide the probable answers in the pre-training assessment form (Annex 1). Let the trainer read aloud the answer options one after the other. For each option, ask the participants to raise their hands if this is relevant to them. Participants can only raise their hand once per question. [slide 3–8]. Note the number of participants responding to each answer option against each question (if possible, write it down on a flip chart). Tell the participants that they will be asked the same questions at the end of the training, so answers will not be provided now. Rather, if they remain attentive throughout the training, they will find out the correct answers.
Step 4: Current situation of sanitation and waste workers (E) 	20 minutes		<ul style="list-style-type: none"> Ask the participants which of the following aspects regarding working environment, health, safety, and dignity have been ensured by their employer/superiors: <ul style="list-style-type: none"> Working environment: Regular salary, festival bonus, working hours, overtime payment, paid leave. Health and safety: Policy, committee, training, PPE, giving pregnant workers easier work, monitoring, treatment for occupational injuries, social security schemes. Dignity: appointment letter, permanent job, identity card, uniform/dress, good behavior, reward as recognition of efficient work. While one trainer asks these questions, the other should develop a table on the flip chart. Now ask the participants how the desired situation compares to their current situation for each aspect discussed. The other trainer should continue developing the table on the flip chart. An example of the developed flip chart is shown in Annex 2.
Step 5: Objectives, schedule, and training materials (E) 	4 minutes	S0: 9–11	<ul style="list-style-type: none"> Present the objectives, outcomes, and schedule of the training [slide 9–11]. Give the participants an idea about training materials. Point out the “Handout on Health, Hygiene, Safety, and Dignity of Sanitation and Waste Workers.” Ask them to check if all the materials are included in their supplied training kit.
Step 6: Setting up training ground rules (E) 	4 minutes	S0: 12	<ul style="list-style-type: none"> Ask the participants what ground rules they believe will make the training successful. If any participant responds inappropriately, correct them politely. Give a piece of candy to each participant who describes a ground rule that can be used. Mention any rules that are not identified by the participants through the presentation [slide 12].
Step 7: Q&A and closing session (E) 	2 minutes		<ul style="list-style-type: none"> Answer any questions from participants and conclude the session by thanking everyone.

E = Essential, G = Good to have, PPE = personal protective equipment, S0 = session zero, Q&A = question and answer.

Session Flow

Course Registration

- Registration should start at least 15 minutes before the training starts.
- Participants should wash their hands before entering the venue and wear masks throughout the training session.
- Participants should register their names on the registration sheet; if anyone is unable to write, the trainer should help them.
- Each participant should receive their handout and PPE during the registration, while taking their details and signature or thumb print. Clarify that details are collected simply to keep a record that the training occurred, and they will not be used for any other purpose.
- If any infectious disease is spreading in the locality, encourage social distancing during registration, ask them to wear safety goggles in addition to masks, and request that they sit at safe distances from each another.

Training Inauguration

Training can be inaugurated either formally or more informally. Elected representatives, officials, or councilors can be invited to inaugurate the training. Alternatively, the trainer can do so.

Pre-Training Assessment

The pre-training assessment is in Part III of this manual.

Training Materials

The frontline trainees will get the following training materials:

- (i) Handout on Health, Hygiene, Safety, and Dignity of Sanitation and Waste Workers.
- (ii) Necessary PPE (if provided).

SESSION 1



Waste, Hygiene, and Occupational Health

Session Overview

Objective	The participants will be introduced to basic ideas related to occupational health and safety.
Discussion points	<ul style="list-style-type: none">• Definition of sanitation and waste workers• Contribution and importance of sanitation and waste workers• Categories of sanitation and waste workers• Definition of waste and hygiene• What is occupational health?• How to ensure occupational health in the workplace
Method	Sharing experiences and discussion, presentation, and group activities
Materials/Essentials	Handout on HHSD, laptop, multimedia, slideware presentation, flip chart board and stand, pictures of different types of sanitation and waste workers (Annex 3), and board pin or masking tape.
Time	30 minutes






HHSD = health, hygiene, safety, and dignity.

Session Structure

Step	Time	Slides	Activity/ Process
Step 1: Sanitation and waste workers (E) 	3 minutes	S1: 2–4	<ul style="list-style-type: none">• Show pictures of dirty and clean toilets, drains, and roads [slide 2].• Show pictures of individuals from different occupations [slide 3] and ask the participants which worker is engaged in waste/sanitation work: police, doctor, actor, or singer? Get everyone's opinion. Their answer is likely to be "none." Ask participants to briefly introduce their own occupations, e.g., road sweepers, pit-emptiers.• Explain the definition of sanitation/waste workers [slide 4].• Tell participants that people who keep the environment clean are called sanitation or waste workers.
Step 2: Importance of sanitation and waste workers (E) 	6 minutes	S1: 5–6	<ul style="list-style-type: none">• To understand the importance of the service of the sanitation/waste workers, ask participants about the benefits the community and environment get from their work. What are the adverse effects on the environment and society if they do not work properly?• Give pieces of candy to participants who provide the right answers.• Explain the contribution and importance of sanitation and waste workers in society. Also discuss the consequences of poor service by sanitation and waste workers. Explain any points missed by participants through the slideware presentation [slides 5–6].

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Table continued

Step	Time	Slides	Activity/ Process
Step 3: Categories of sanitation and waste workers (G) 	10 minutes	S1: 7–11	<ul style="list-style-type: none"> Distribute the envelopes of pictures (Annex 3) depicting different categories of sanitation and waste workers to participants and instruct them to select the pictures that correspond to their field of work. Keep one set of pictures. Affix each picture to boards or walls around different areas of the training room using masking tape or pins. Now, ask participants to move and stand around their selected picture. Then ask one group to talk about their type of work, and how they benefit society through their service. One by one, ask other participant groups to introduce their work category and their beneficial role to society. Describe the different categories of sanitation/waste workers [slides 7–11].
Step 4: Waste and hygiene (E) 	3 minutes	S1: 12–13	<ul style="list-style-type: none"> Explain what we understand by waste and hygiene [slides 12–13].
Step 5: Occupational health (E) 	3 minutes	S1: 14	<ul style="list-style-type: none"> Explain that the work of sanitation and waste workers can affect their physical and mental health. They risk being infected by various diseases and could suffer from physiological problems. Recognition and validation of their work can encourage them to continue the job well. Explain the basic idea of occupational health [slide 14].
Step 6: Ensuring occupational health (E) 	3 minutes	S1: 15	<ul style="list-style-type: none"> Explain how occupational health can be ensured during work [slide 15].
Step 7: Q&A and session closure (E) 	2 minutes		<ul style="list-style-type: none"> If any participant has any questions, answer them and conclude the session by thanking everyone.

E = Essential, G = Good to have, S1 = Session 1, Q&A = question and answer.

Key Content of the Steps

Sanitation and Waste Workers

Men and women who are responsible for cleaning any kind of waste are called sanitation and waste workers. They hold the responsibility of keeping society's environment clean.

Types of sanitation and waste workers include

- household waste collectors,
- secondary station waste collectors,
- road sweepers,
- drain cleaners,
- public and/or community toilet cleaners,

- medical waste disposal workers,
- manual pit-emptiers, and
- mechanical pit-emptiers.

Contribution and Importance of Sanitation and Waste Workers to Society and the Environment

The benefits to society and the environment that accrue due to the work of sanitation and waste workers include

- neat and clean household premises and surrounding,
- no or fewer mosquitoes and flies,
- reduced diseases and health burden,
- reduced suffering and reduced burden on caregivers,
- satisfied and happy citizens, and
- a better environment.

If the sanitation and waste workers are not hired or do not carry out their work properly, the following consequences may be observed:

- spreading of pathogens and infectious diseases;
- environmental pollution, including air and water pollution;
- flaring of dust mite allergies;
- increased prevalence of mosquitoes and flies;
- dirty roads, premises, and surroundings;
- emergence of a poor country image; and
- increased suffering and care giving burden on the people.¹¹

Definition of Waste and Hygiene

Waste

Waste may be defined as any trash, leftovers, feces, animal carcasses, sewage sediment, solid waste, and other contaminants.

Hygiene

Hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases.

Occupational health is the effect of work on a worker's body, health, mood, and behavior. Occupational health affects members of a worker's family as well as all of society.

¹¹ Practical Action Bangladesh. 2018. Training Module on Occupational Health and Safety for Members of Waste and Sanitation Workers Cooperative Societies. Unpublished; and ITN-BUET. 2021. *Training Manual (Bangla) on Sanitation and Waste Workers' Occupational Health and Safety (OHS) and Infection Prevention and Control (IPC)*.

To ensure occupational health, the following must occur:

- proper use of PPE,
- maintenance of health and hygiene, and
- receiving training and practicing skills learned in the workplace.¹²

¹² Practical Action Bangladesh. 2018. *Training Module on Occupational Health and Safety for Members of Waste and Sanitation Workers Cooperative Societies*. Unpublished; and ITN-BUET. 2021. *Handbook (Bangla) on IPC and Health Hygiene for Sanitation and Waste Worker*.

SESSION 2



Disease Transmission and Occupational Health Risks

Session Overview

Objective	The participants will learn about pathogens and infectious disease.
Discussion points	Common diseases and physical problems affecting sanitation and waste workers What an infectious disease is and how it spreads Preventive and precautionary measures against infectious diseases
Method	Presentation, discussion, questions and answers, and group work
Materials/ Essentials	Handout on HHSD, laptop, multimedia, slideware presentation, color cartridge papers, scissor, and masking tape or board pins.
Time	40 minutes







HHSD = health, hygiene, safety, and dignity.

Session Structure

Step	Time	Slides	Activity/Process
Step 1: Health problems of sanitation and waste workers (G) 	2 minutes		<ul style="list-style-type: none"> Place the previously prepared A4 size bond papers (red triangle, orange circle, and green rectangle, found in Annex 4) at three corners of the training room using either board pins or masking tape. Ask the participants to share their experiences on the following: <ul style="list-style-type: none"> Have they ever experienced skin problems due to contact with waste? Have they ever experienced breathing problems or contracted a respiratory disease while working in a dusty environment? Have they ever experienced stomachaches or related illnesses from working in an unhygienic environment?
Step 2: Impact of health problems (G) 	8 minutes		<ul style="list-style-type: none"> Ask the participants to stand near the red triangle if they have been sick or suffered from any of the abovementioned work-related health issues three times or more in the past year. Ask the participants to stand near the orange circle if they have been sick or suffered from any of the abovementioned work-related health issues once or twice in the past year. Ask the participants to stand near the green rectangle if they have not been sick or suffered from the abovementioned work-related health issues in the past year.

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Table continued

Step	Time	Slides	Activity/Process
			<ul style="list-style-type: none"> Ask the red triangle and orange circle groups whether they were absent from work due to these problems. If yes, were they given paid sick leave? Who had to pay any treatment costs? What were the other losses for them (e.g., family members got infected, so someone had to care for them, too)? Explain to the participants that the causes of these problems are a lack of occupational health and hygiene practices. Ask participants to go back to their seats.
Step 3: Short-term and long-term diseases (E) 	5 minutes	S2: 2–6	<ul style="list-style-type: none"> Explain short-term and long-term diseases and health problems that arise due to not abiding by the rules and regulations of occupational health and safety [slides 2–6]. Ask the participants, especially those who were in the red or orange groups, what short-term and long-term diseases and health problems they suffered over the past year. Note down the list for use during Session 5.
Step 4: Infectious disease (E) 	5 minutes	S2: 7–8	<ul style="list-style-type: none"> Tell the participants that most of the diseases discussed above are infectious diseases. Give them a general idea about infectious/contagious diseases [slide 7]. Ask participants how they think infectious diseases spread. If anyone makes any mistakes, politely correct them, and give pieces of candy to those providing right answers. Present how infectious diseases spread [slide 8].
Step 5: Coronavirus disease (COVID-19) (E) 	5 minutes	S2: 9–10	<ul style="list-style-type: none"> Ask participants the name of the infectious disease that recently caused a pandemic. If anybody answers “coronavirus” or “COVID-19,” direct the discussion toward it. Discuss what coronavirus is and how it spreads [slides 9–10].
Step 6: How do germs cause infection (E) 	6 minutes	S2:11–12	<ul style="list-style-type: none"> Ask participants if they know how germs cause infection. Explain how the germs of infectious/contagious diseases can enter the body, e.g., through the nose, mouth, or eyes, mosquito bites, and with food. Explain how germs can enter bodies due to some of our bad habits [slides 11–12].
Step 7: How to avoid infectious diseases (E) 	7 minutes	S2:14–17	<ul style="list-style-type: none"> Tell the participants that hygiene practice is one of the most important ways to ensure health and safety. Explain to them what they should do to prevent infectious diseases [slides 13–17].
Step 8: Q&A and session closure (E) 	2 minutes		<ul style="list-style-type: none"> Answer any questions then conclude the session by thanking everyone.

E = Essential, G = Good to have, S2 = Session 2, Q&A = question and answer.

Key Contents of the Steps

Common Diseases and Health Issues of Sanitation and Waste Workers

Common diseases and health issues facing sanitation and waste workers include:

Short-term Health Problems	Long-term Health Problems
<ul style="list-style-type: none"> • cold, cough, and fever • sneezing • diarrhea, dysentery, stomachache • jaundice • typhoid • dengue, chikungunya • back pain • burning and redness of the eyes • mouth ulcer • scabies, hardening of the skin on the hands or feet • abnormal voice • COVID-19 	<ul style="list-style-type: none"> • stomach diseases, gastric ulcers • dermatitis, itching • cancer • cough, tuberculosis • shortness of breath • decreased feeling of tongue and skin • non-healing wounds • decreased stamina • mutilation • sexual diseases, which may be transmitted from exposure to needles and syringes etc.^a

^a UNICEF. 2020. WASH and Infection Prevention and Control in Households and Public Spaces. *Technical Note*.

Definition of Infectious Disease

A disease that spreads, directly or indirectly, from one person to another is known as an infectious or contagious disease (footnote 12).

How Infectious Diseases Spread

Infectious diseases may spread through various means, including:

- **Air:** e.g., measles, smallpox, tuberculosis.
- **Water:** e.g., diarrhea, cholera, dysentery.
- **Touch:** e.g., ebola.
- **Insects such as mosquitoes:** e.g., dengue, malaria (footnote 12).

Definition of Coronavirus Disease

Coronavirus disease (COVID-19) is caused by the SARS-CoV-2 virus, which spreads mainly between people who are in close contact with each other. The disease caused a global pandemic in 2020.¹³

¹³ UNICEF Bangladesh. Coronavirus Disease (COVID-19) Information Center; and Centre for Disease Control and Prevention. COVID-19.

Process of Spreading of COVID-19

COVID-19 spreads in the following ways:

- Direct or indirect contact with infected people. Indirect contact means that people may become infected when touching their eyes, nose, or mouth after touching surfaces or objects that have been contaminated by the virus.
- Through the sneeze, cough, spit, or breath of an infected person at a conversational distance.
- In poorly ventilated and/or crowded indoor settings, aerosols can remain suspended in the air or travel farther than conversational distance.¹⁴

How Do Germs Spread?

Germs may infect people via the following ways:

- putting hands on the face, nose, or eyes, e.g., wiping off a runny nose with a hand;
- taking care of a patient without maintaining necessary precautions;
- failing to wash hands after using the toilet;
- leaving a wound on the body uncovered;
- getting bitten by a germ-carrying insect;
- drinking contaminated water;
- failing to wash hands well before eating;
- eating rotten food or eating in a dirty environment; and
- failing to maintain general hygiene, e.g., having dirty fingernails (footnote 12).

How to Avoid Infectious Diseases

Infectious diseases can be avoided by following these precautions:

- developing the habit of cleanliness;
- regularly washing both hands thoroughly with soap and water for at least 20 seconds;
- wearing a mask outside the home;
- not spitting anywhere;
- maintaining social distancing;
- covering nose and mouth with elbows or tissues when sneezing or coughing;
- covering food, drinking water, and fruits;
- drinking pure water;
- regularly cleaning and disinfecting homes and toilets;
- getting necessary vaccinations; and
- staying safe from disease-carrying insects (footnote 12).

¹⁴ World Health Organization. 2021. *Coronavirus Disease (COVID-19): How is it Transmitted?*

SESSION 3



Importance of Handwashing

Session Overview

Objective	The participants will learn the importance of handwashing and/or disinfection as a preventive measure against catching infectious diseases.
Discussion points	<ul style="list-style-type: none"> • Importance of handwashing for the prevention of infectious disease • When the hands should be disinfected • Rules of handwashing • Guidelines for using hand sanitizer
Method	Presentation, video presentation, discussion, Q&A session, and group work/activities
Materials/Essentials	Handout on HHSD, laptop, multimedia, slideware presentation, video, hand sanitizer, if possible, arrangement of water, and soap and tap (handwashing station)
Time	40 minutes







HHSD = health, hygiene, safety, and dignity.

Session Structure

Step	Time	Slides	Activity/Process
Step 1: Pathogen destruction using soap and water (E) 	3 minutes	S3: 2	<ul style="list-style-type: none"> • Show the video by clicking the link given in the slideware presentation [slide 2]. The video shows how pathogens are destroyed by using soap and water. The video is also available (file name: of Meena_Unicef Vedio_Trim.mp4) via the following link: https://itnbuetac-my.sharepoint.com/:f/g/personal/imtiaz_itnbuet_org/EjpA3p9MtSVNkC18QHHSsBm59nCmMc-ioqpd2g4ArxA?e=4WoyBY • Tell participants this is a scene from Meena Carton created by UNICEF. Ask them what they understand from watching the video. • Explain to the participants that an easy way to remain safe against many infectious diseases is by regularly washing hands with soap and water.
Step 2: Importance of hand hygiene (E) 	2 minutes		<ul style="list-style-type: none"> • Explain the importance of hand disinfection as a preventive measure against infectious disease.

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Table continued

Step	Time	Slides	Activity/Process
Step 3: When to disinfect hands (E) 	5 minutes	S3:3–5	<ul style="list-style-type: none"> Ask each participant to tell of a particular situation when handwashing is necessary. Give pieces of candy to participants who answer correctly. Check whether all the points are covered. Present the slides, explaining when we should wash/disinfect our hands [slides 3–5].
Step 4: Video on handwashing (E) 	3 minutes	S3: 6	<ul style="list-style-type: none"> Mention that washing hands with soap and water is not enough for sound health; proper handwashing rules should be followed. Show them the video on “Rules of Handwashing” created by Save the Children [slide 6]. The video is available (file name: Handwashing Video.mp4) via the following link: https://itnbuetac-my.sharepoint.com/:f/g/personal/imitiaz_itnbuet_org/EjpA3p9MtSVNkC18QHHSsBm59nCmMc-ioqpd2g4ArqxA?e=4WoyBY The video is also available on YouTube via the following link: https://www.youtube.com/watch?v=sVyMRpL7W58
Step 5: Procedure of handwashing (E) 	3 minutes	S3:7–11	<ul style="list-style-type: none"> Now ask the participants to go through the rules of handwashing with soap and water presented in the handout. At the same time, show them the rules in the slideware presentation [slides 7–11].
Step 6: Practicing proper handwashing and demonstration of handwashing (E) 	17 minutes		<ul style="list-style-type: none"> Divide the participants into three groups. Tell everyone to practice acting as if they are washing their hands. Carefully observe if anybody is making any mistakes and correct them. Identify the group representative who can demonstrate handwashing most perfectly. Ask all participants to go to the handwashing station. Then, one group representative will demonstrate handwashing while the other group members will cross-check whether they are using the correct technique and will talk about any mistakes after the demonstration. Ask participants to return to the training room. If a handwashing station is not available at the training venue, a representative from each group will demonstrate the handwashing rules while keeping their eyes closed. The other two members will cross-check whether they are using the correct technique and will discuss any mistakes after the demonstration. Explain that it may seem like washing hands is very easy, but most of the time we do it ineffectively.
Step 7: Guidelines for hand disinfection with sanitizer (E) 	5 minutes	S3:12–15	<ul style="list-style-type: none"> Tell the participants that when handwashing facilities are unavailable, hand sanitizer can be used for hand disinfection. Keep in mind that sanitizer is a combustible material, so it should be carefully handled. Sanitizer should be kept far from fire and there should be no contact with fire after use. Discuss the rules of using hand sanitizer and show the steps in the slideware presentation [slides 12–15]. Ask everyone to practice disinfecting their hands by using sanitizer, following the rules. Carefully observe if anybody is making any mistakes and correct them.
Step 8: Q&A and closing session (E) 	2 minutes		<ul style="list-style-type: none"> Answer any questions and conclude the session by thanking everyone.

E = Essential, S3 = Session 3, Q&A = question and answer.

Key Contents of the Steps

Importance of Handwashing to Prevent Infectious Diseases

Pathogens responsible for infectious diseases spread from person to person when they enter the body through the eyes, nose, or mouth, primarily through touching these parts by hand. Frequent handwashing is a convenient, affordable, and viable way to prevent the spread of pathogens. The best way to disinfect hands is to wash them for 20 seconds. If soap and water is not available, hands can be disinfected with hand sanitizers.

Timing of Handwashing in Preventing Infectious Diseases

To prevent infectious diseases, hands should be washed

- after sneezing or coughing;
- after returning home from outside;
- if the nose, mouth, or eyes need to be touched;
- before and after tending to a patient;
- before and after eating;
- after using the toilet;
- after working with any type of waste;
- if hands look dirty;
- before and after wearing PPE; and
- after caring for animals.

Process of Washing Hands with Soap and Water

The proper process of washing hands with soap and water is as follows:

- (i) Open the tap and wet both hands with water.
- (ii) Place soap on the palm of the hand.
- (iii) Make foam by rubbing soap with both hands.
- (iv) Rub the palm of one hand well on the back of the other, and in between the fingers. Switch hands.
- (v) For both hands, the backs of the fingers of one hand should be rubbed with the palm of the other.
- (vi) The thumb of one hand should be rubbed against the knuckles of the other. Switch hands.
- (vii) The tips of the fingers of one hand should be rubbed in a circle on the palm of the other. Switch hands.
- (viii) Rub the wrist of one hand well with the knuckles of the other. Switch hands.
- (ix) Rinse both hands well with water.
- (x) Finally, wipe both hands with a clean tissue or cloth.¹⁵

¹⁵ UNICEF Bangladesh. Coronavirus Disease (COVID-19) Information Center; and ITN-BUET. 2021. *Training Manual (Bangla) on Sanitation and Waste Workers' Occupational Health and Safety (OHS) and Infection Prevention and Control (IPC)*.

Process of Disinfecting Hands with Hand Sanitizer

The proper process of disinfecting hands with hand sanitizer is as follows:

- (i) Pour enough sanitizer into one hand.
- (ii) Rub both hands.
- (iii) Rub the backs of the fingers of both hands with the palms of the other hands.
- (iv) Rub the thumb of one hand with the knuckle of the other. Switch hands.
- (v) Rub the backs of the fingers of one hand with the palm of the other. Switch hands.
- (vi) Rub the tips of the fingers of one hand in a circle on the palm of the other. Switch hands.
- (vii) Rub the wrist of one hand well with the knuckle of the other hand. Switch hands.
- (viii) Rub both hands well with sanitizer until the hands are dry (footnote 15).

SESSION 4



Proper Use of Personal Protective Equipment

Session Overview

Objective	The participants will learn about PPE and their use.
Discussion points	<ul style="list-style-type: none"> • What is PPE? • List of PPE and usage of PPE • The sequence of putting on and taking off PPE • Practicing how to put on/take off PPE
Method	Presentation, video presentation, discussion, practicing how to put on/take off PPE and Q&A session
Materials/Essentials	Handout on HHSD, laptop, multimedia, slideware presentation, board with stand, flip chart, marker, PPE, video, printed pictures of various PPE, and green and red round stickers.
Time	70 minutes







HHSD = health, hygiene, safety, and dignity; PPE = personal protective equipment; Q&A = question and answer.

Session Structure

Step	Time	Slides	Activity/Process
Step 1: Importance of PPE (E) 	7 minutes	S4: 2	<ul style="list-style-type: none"> • Ask the participants if any accidents have happened to them during work and what injuries they suffered as a result. Note down the list of accidents and injuries for the next session. • Tell the participants that they have already learned about infectious diseases. While working, they may be exposed to germs or contaminated objects. • Ask the participants whether they know any measures that would help them to work safely and prevent accidents, injuries, and infectious diseases. Give pieces of candy to those with right answers. • Explain to participants about the need to use PPE and why sanitation and waste workers should wear PPE [slide 2].
Step 2: Different types of PPEs and their significance in ensuring safety (G) 	13 minutes	S4: 3–8	<ul style="list-style-type: none"> • Ask participants what their opinions about PPE are. Are they familiar with PPE? Have they ever used any PPE while working? • Affix the printed pictures of various PPE (Annex 5) on walls or the board with masking tape or board pins. • Distribute the green and red round stickers or <i>tika/bindi</i>/tip packs to the participants. • Instruct the participants to apply green stickers/<i>tikas</i> to the pictures of the PPE that they currently use or feel comfortable using, and red stickers/<i>tikas</i> to pictures of the PPE that they do not use or find challenging to use.

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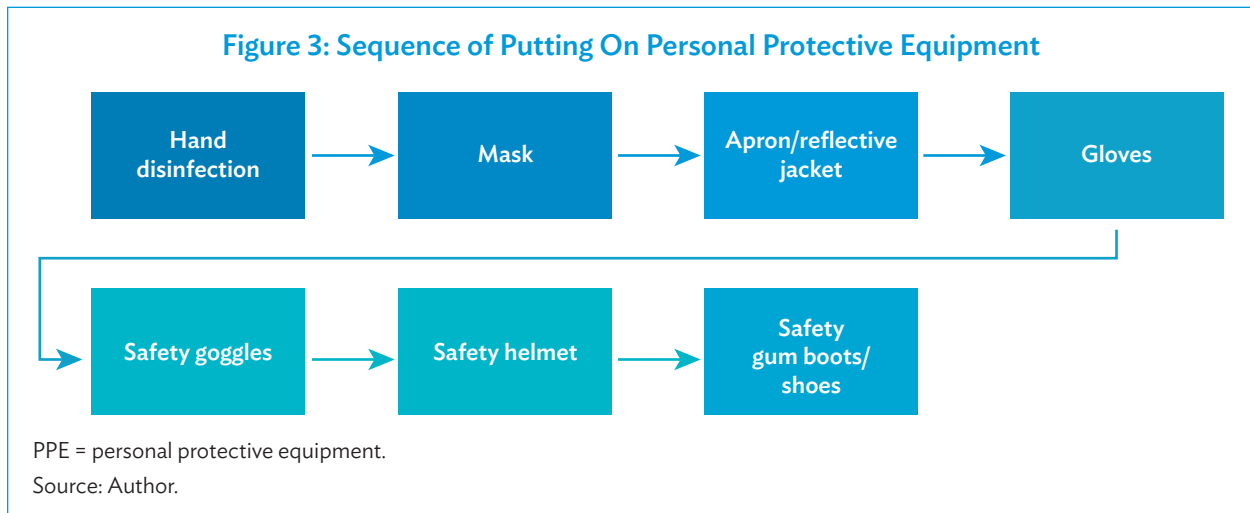
Step	Time	Slides	Activity/Process
			<ul style="list-style-type: none"> Mention that it is very common for sanitation and waste workers to be seen without PPE while working. Ask them why workers do not wear PPE. Write down the reasons in a flip chart and keep for next session. Present the slides and explain who needs PPE [slide 3]. Introduce participants to different types of PPE and their importance for safety [slides 4–8].
Step 3: Video on PPE use and maintenance (E) 	6 minutes	S4: 9–10	<ul style="list-style-type: none"> The type of PPE used will depend on the work being carried out. Four videos have therefore been developed by ITN-BUET, each applicable to different types of sanitation and waste workers. Please show only the most relevant video. All are available at the following link: https://itnbuetac-my.sharepoint.com/:f/g/personal/imitiaz_itnbuet_org/EjpA3p9MtSVNkC18QHFFSssBm59nCmMc-ioqpd2g4ArqxA?e=4WoyBY If it is not possible to show the video for some reason, demonstrate how to put on and take off the PPE in person.
Step 4: Identify PPE (E) 	5 minutes	S4: 11–17	<ul style="list-style-type: none"> Present the slides and explain which sanitation and waste workers need which PPE [slides 11–17]. Tell the participants to look at the PPE and ask them to name each piece of PPE.
Step 5: Procedures for using different types of PPE (E) 	15 minutes	S4: 18–32	<ul style="list-style-type: none"> Discuss the procedures for using different types of PPE [slides 18–32].
Step 6: Sequences of putting on and taking off PPE (E) 	7 minutes	S4: 33–36	<ul style="list-style-type: none"> Ask the participants to think about what they have seen in the video. Then ask two participants about the order of putting on and taking off PPE. They may make mistakes. In that case, show the presentation slides [slides 33–36]. Mention that before putting on and after taking off PPE, hands should be thoroughly washed or sanitized. When taking off PPE, hands should be disinfected with the gloves on. The mask should be taken off at the very end; otherwise, pathogens from other equipment can enter the body through the nose or mouth.
Step 7: Practicing putting on and taking off PPE safely (E) 	15 minutes	S4: 33–36	<ul style="list-style-type: none"> Ask one participant representing each type of sanitation/waste work to practice putting on and taking off PPE in the correct sequence. Ask the other participants to correct them if they make any mistake. Please guide participants if they fail to identify mistakes [slides 33–36].
Step 8: Q&A and closing session (E) 	2 minutes		<ul style="list-style-type: none"> Answer any questions from participants. Take more time for open discussion in this session and conclude the session by thanking everyone.

E = Essential, G = Good to have, PPE = personal protective equipment, S4 = Session 4, Q&A = question and answer.

Key Contents of the Steps

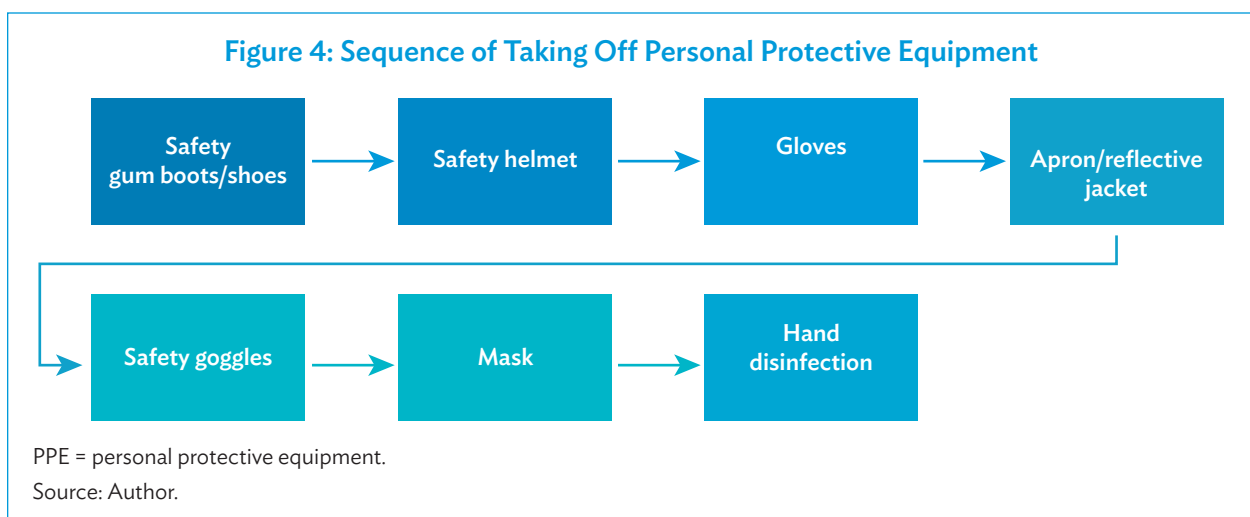
The Sequence of Putting on Personal Protective Equipment

The sequence of putting on PPE is as follows:



The Sequence of Taking Off Personal Protective Equipment

The sequence of taking off PPE is as follows:



Practicing Putting On and Taking Off Personal Protective Equipment

Ask two participants to come forward and demonstrate how to put on different PPE in the proper sequence. Ask other participants to point out if they make any mistakes. The trainer should observe, too. Then ask them to take off the PPE in the correct order, with participants and trainer again noting any mistakes in the sequence.

SESSION 5



Importance of Using Personal Protective Equipment

Session Overview

Objective	The participants will learn about the importance of using PPE for the prevention of infectious diseases
Discussion points	<ul style="list-style-type: none">• Importance of using PPE• Understanding the importance of PPE through group work• Open discussion
Method	Presentation, discussion, group work/game, and Q&A session
Materials/Essentials	Handout on HHSD, laptop, multimedia, and slideware presentation.
Time	30 minutes





HHSD = health, hygiene, safety, and dignity; PPE = personal protective equipment; Q&A = question and answer.

Session Structure

Step	Time	Slides	Activity/Process
Step 1: Evaluate learning progress (E) 	4 minutes		<ul style="list-style-type: none">• Ask participants a few questions about the previous session, e.g., Why should we use masks? What is the function of safety goggles? When should we wear a reflective jacket? What is the sequence of putting on and taking off PPE?
Step 2: Interactive game showing the significance of using PPE (E) 	12 minutes	S5:2	<ul style="list-style-type: none">• Ask for one volunteer participant to come forward. They will play the role of a sanitation/waste worker.• Ask the other participants to divide into two groups. One group will play the role of PPE. The other group will play the role of different types of infectious diseases (see Step 2 of Session 2) and occupational risks (see Step 1 of Session 4). Ensure the number of members of the PPE group is even [slide 2].• Ask the infectious diseases and occupational risks group to touch the sanitation/waste worker, who is exposed without PPE and at risk of infectious diseases and occupational hazards.

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Table continued

Step	Time	Slides	Activity/Process
			<ul style="list-style-type: none"> Now, ask the PPE group to surround the sanitation/waste worker by holding hands with one another—the circle will be large if all sorts of PPE representing participants surround the sanitation/waste worker. At the same time, ask the PPE group to spread their hands as much as possible and hold tight to one another's hands. Also, ask the sanitation/waste worker to stay in the middle of the PPE circle. Then ask the infectious diseases and occupational risks group to touch the sanitation/waste worker—they are not allowed to break the PPE group circle. It is quite clear that the infectious diseases and occupational risks group will not be able to touch the sanitation worker as they are safely surrounded by the PPE group.
Step 3: Lesson learning from the game (E) 	4 minutes		<ul style="list-style-type: none"> Ask the participants what they understood from the game. Help them to answer. Explain again the importance of PPE. After the game, ask the participants to take their respective seats.
Step 4: PPE usage provides more benefits compared to not using it (E) 	4 minutes		<ul style="list-style-type: none"> Show them the flip chart used in the previous session. Ask them how significant their reasons were for not using PPE. Ask them if anybody is ready to pay the necessary medical costs if they get infected due to not using PPE.
Step 5: Slogans on PPE usage (E) 	4 minutes	S5:3	<ul style="list-style-type: none"> Chant the slogans about the usage of PPE a few times. Ask the participants to join you in chanting the slogans [slide 3].
Step 6: Q&A and session closure (E) 	2 minutes		<ul style="list-style-type: none"> If any participant has any questions, answer them then conclude the session by thanking everyone.

E = Essential, PPE = personal protective equipment, Q&A = question and answer.

Key Contents of the Session

Importance of Using Personal Protective Equipment

The use of PPE is important because

- it protects the body from germs and from getting wounded,
- it will greatly reduce the severity of any injury or trauma, and
- the risk of contracting an infectious disease is higher if PPE is not used (footnote 10).

SESSION 6



Self-Grooming and Cleanup Procedure

Session Overview

Objective	The participants will learn about cleanup procedures after service delivery.
Discussion points	<ul style="list-style-type: none"> • Self-grooming and dignity • The procedure of cleaning tools/equipment after work • The procedure of vehicle cleaning after work • Rules of washing PPE
Method	Presentation, discussion, and Q&A session
Materials/Essentials	Handout on HHSD, laptop, multimedia, slideware presentation, board with stand, flip chart, and marker.
Time	40 minutes




HHSD = health, hygiene, safety, and dignity; PPE = personal protective equipment; Q&A = question and answer.

Session Structure

Step	Time	Slides	Activity/Process
Step 1: Self-grooming and dignity (E) 	5 minutes	S6: 2–3	<ul style="list-style-type: none"> • Display slide 2 with the following pictures: <ul style="list-style-type: none"> – workers in dirty clothing, – workers in clean attire, – workers with incomplete and unclean PPE; – workers with complete and clean PPE. • Ask participants which type of attire they prefer most and why? • Discuss the positive aspects of proper attire contributing to dignity [slide 3].
Step 2: Cleaning procedure of tools, equipment, and vehicles (E) 	6 minutes	S6: 4–7	<ul style="list-style-type: none"> • Ask participants if their respective city authority has any washing facilities. • Ask them whether they clean up their tools, equipment, and vehicles after work or not. Ask the reasons for both positive and negative answers. • Explain the cleaning process of tools and equipment to be done after daily work [slides 4–5]. • Explain to truck and vacuum tanker drivers and other relevant workers on how to wash vehicles after daily work [slides 6–7].

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Step	Time	Slides	Activity/Process
Step 3: Rules of PPE cleaning (E) 	12 minutes	S6: 8–15	<ul style="list-style-type: none"> Tell participants that before putting on and after taking off PPE, hands should be well washed with soap and water for 20 seconds and dried, or be sanitized, and durable and reusable safety equipment should be used or worn [slides 8–9]. Tell them that after work, their PPE should be disinfected after use and that they should abstain from coming into contact with family members until after they have taken a shower using soap [slides 10–11]. Describe the rules of cleaning PPE [slides 12–15].
Step 4: Standard operating procedures for sanitation and waste workers (E) 	15 minutes	S6: 16–55	<ul style="list-style-type: none"> As mentioned in “Part II – Trainer’s Guide,” it is expected that the group of participants will do similar work. If workers engage in different categories of work, however, ask each category of worker to gather at different corners of the room. Otherwise, the participants may remain seated. Ask the participants what activities they should do as standard before work, during work, and after work. List the activities separately on flip charts. Describe the standard operating procedures (SOPs) for the participating category/categories of workers as depicted in the presentation slides below (see also Annex 6): <ul style="list-style-type: none"> SOP Checklist for Supervisors [slides 16–18] SOP Checklist for Manual Pit Emptiers [slides 19–24] SOP Checklist for Mechanical Pit Emptiers [slides 25–29] SOP Checklist for Solid Waste Workers [slides 30–35] SOP Checklist for Road Sweepers [slides 36–39] SOP Checklist for Drain Cleaners [slides 40–45] SOP Checklist for Medical Waste Disposal Workers [slides 46–50] SOP Checklist for Toilet and Floor Cleaners [slides 51–55] While presenting the SOPs, acknowledge the activities already identified by the participants and written on the flip charts.
Step 5: Q&A and closing session (E) 	2 minutes		<ul style="list-style-type: none"> If any participant has any questions, answer those and conclude the session by thanking everyone.

Note: Manual pit emptying is to be avoided and strictly discouraged. In case of unavoidable circumstances where manual pit emptying is temporarily required, the necessary SOP must be followed and ensured.

E = Essential, PPE = personal protective equipment, S6 = Session 6, Q&A = question and answer.

Key Contents

Rules of Washing Personal Protective Equipment

The required materials for washing PPE include

- soap or detergent,
- a bucket for washing shoes or safety gum boots,
- a separate bucket for washing the rest of the PPE, and
- preferably lukewarm water.

The procedure of washing is as follows:

- Safety gum boots/shoes should be taken off and kept in a bucket.
- With gloves on, both hands should be washed thoroughly with soapy water.
- Used clothes and washable PPE should be removed and placed in a separate bucket.
- PPE should be soaked for a while by making foam with an adequate amount of detergent/soap-water/antiseptic liquid in the bucket and then washing thoroughly.
- PPE should be dried well in the sun.

How to Clean Equipment and Tools

The following should be noted about cleaning equipment and tools:

- Equipment should be disinfected every day while wearing PPEs.
- Used equipment should be washed properly with a disinfectant solution.
- After cleaning, equipment should be well dried.
- Equipment should be stored in a clean area.

How to Clean Vehicles After Work

The following should be noted about cleaning vehicles:

- Vehicles should be disinfected every day while wearing PPE.
- Washable items such as carpet/floor mats should be washed using soap and water and left out to dry.
- Clean non-washable items with a disinfectant using a cloth or sponge.
- The exterior items of the vehicle should be cleaned well with soap and water (footnote 10).

SESSION 7




Response to Infection and Actions During Emergency

Session Overview

Objective	The participants will learn about the measures to be taken if they get infected or show symptoms of infection.
Discussion points	<ul style="list-style-type: none">• What to do if you get infected or show symptoms of infection• What to do when a person is in quarantine• What to do when a person is in isolation• Emergency contact information
Method	Presentation, discussion, and Q&A session
Materials/Essentials	Handout on HHSD, laptop, multimedia, and slideware presentation
Time	30 minutes



HHSD = health, hygiene, safety, and dignity; Q&A = question and answer.

Session Structure

Step	Time	Slides	Activity/ Process
Step 1: What to do if there are symptoms of an infectious disease (G) 	5 minutes	S7: 2–3	<ul style="list-style-type: none">• Discuss measures that should be taken when infected or signs of infectious disease are showing by presenting slides [slides 2–3].
Step 2: Social distance, quarantine, and isolation (G) 	10 minutes	S7: 4–7	<ul style="list-style-type: none">• Explain social distancing, quarantine, and isolation [slides 4–7].• Explain the difference between isolation and quarantine.
Step 3: Guidelines on actions to take during quarantine and isolation (G) 	10 minutes	S7: 8–12	<ul style="list-style-type: none">• Explain what to do while in quarantine and isolation [slides 8–12].

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Table continued

Step	Time	Slides	Activity/ Process
Step 4: Emergency contact number (G) 	3 minutes		<ul style="list-style-type: none"> Give the participants emergency contact numbers, such as those for medical personnel or relevant officials of the metropolitan city/sub-metropolitan city/municipality or others. If participants want to write the information down or save it on their mobile, give them sufficient time and help if required.
Step 5: Q&A and closing session (G) 	2 minutes		<ul style="list-style-type: none"> If any participant has any questions, answer those and conclude the session by thanking everyone.

G = Good to have, Q&A = question and answer.

Key Contents

What to Do if Infected or Symptoms of Infection Appear

After an infectious disease is confirmed or if symptoms of an infection appear, the following steps should be taken by the concerned person:

- Stay clean and follow hygiene rules.
- Eat enough nutritious food.
- If feeling sick, consult a doctor and follow their directions.
- In case of an epidemic of an infectious disease, social distancing and other rules and regulations should be followed as per government instructions.
- Adhere to quarantine or isolation rules if you or someone in your family has any contagious infection.

Social Distancing

Social distancing is consciously avoiding contact with others. To socially distance,

- do not shake hands;
- avoid crowds;
- do not hug;
- stay at least 1 meter away from each other; and
- most importantly, stay at home when feeling sick.

Quarantine

Quarantine refers to separating healthy people who have come into contact with an infected person from other healthy people and controlling their movements to see if they have contracted an infectious disease or not.

Isolation

When someone has an infectious disease or symptoms, they should be kept separate from others, or isolated, so that no healthy person can be infected by them. Their treatment and any services they need should then be arranged while keeping them in isolation.

Difference Between Isolation and Quarantine

Quarantine keeps a healthy person who has come into contact with a patient separate, while isolation keeps the infected person separate from others.

Rules to Be Followed in Quarantine

If a person comes into close contact with someone carrying an infectious disease, they should stay in quarantine and abide by the following rules:

- Stay at home for the period of time recommended by the doctor.
- Only leave home for hospital if symptoms of infection emerge.
- Avoid contact with other household members.
- Try to be mentally strong.

Rules to Be Followed in Isolation

If someone has symptoms of an infectious disease or is infected with an infectious disease, they should stay in isolation and abide by the following rules:

- Consult a doctor immediately and follow their directions and hygiene rules.
- Avoid contact with others.
- Stay in a room separate from others; the room should be open and airy.
- Do not go outside the home.
- Should use separate dishes, spoons, towels, and sheets.
- Items such as dishes, spoons, towels, and sheets used by the patients should be washed separately, with soapy water.
- Keep a positive outlook.

Emergency Contact Information

If emergency hotline numbers at the national, subnational, and city levels are available, they should be listed and provided to the sanitation and waste workers.

SESSION 8



Relevant Laws, Rules, and Other Provisions

Session Overview

Objective	The participants will learn about relevant laws, rules, and other provisions for ensuring health, safety, and hygiene and infection prevention and control for themselves.
Discussion points	<ul style="list-style-type: none">• The Labour Act, 2074 (2017)<ul style="list-style-type: none">– Working hours and overtime– Leave provisions– Occupational health and safety provisions• Social Security Scheme Operating Procedure, 2075 (2018)<ul style="list-style-type: none">– Medical Treatment, Health, and Maternity Protection Scheme– Accident and Disability Protection Scheme– Dependent Family Protection Scheme
Method	Presentation, discussion, and Q&A session
Materials/Essentials	Handout on health, hygiene, safety, and dignity; laptop; multimedia; and slideware presentation
Time	60 minutes







Q&A = question and answer.

Session Structure

Step	Time	Slides	Activity/Process
Step 1: Key points for discussion of the session (E) 	3 minutes	S8: 2–3	<ul style="list-style-type: none">• Please ask the participants whether they know any laws, rules, or other provisions for ensuring HSH or IPC for themselves.• Lead the discussion toward the laws, rules, and other provisions relevant to workers, their OHS, and the social security schemes applicable to them.• Discuss the Labour Act, 2074 (2017) and Social Security Scheme Operating Procedure 2075 (2018), which can safeguard them in regard to HSH and IPC [slide 3].
Step 2: Labour Act, 2074 (2017): Working hours and overtime (G) 	3 minutes	S8: 4–5	<ul style="list-style-type: none">• Ask the participants how many hours they work daily and weekly. Also, ask them about their understanding of overtime and whether they work overtime.• Explain the working hours and overtime provisions specified in the Labour Act, 2074 [slide 5].

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Table continued

Step	Time	Slides	Activity/Process
Step 3: Provisions related to leave (G) 	4 minutes	S8: 6–7	<ul style="list-style-type: none"> Ask the participants what leave provisions they enjoy currently and which are paid and unpaid. Explain the leave provisions for workers specified in the Labour Act, 2074 [slides 6–7].
Step 4: Occupational safety and health provisions (G) 	20 minutes	S8: 8–15	<ul style="list-style-type: none"> Ask the participants how employers and workers should ensure OHS for sanitation and waste workers. Please also ask them whether they know anything about Nepal's legal provisions to ensure OHS for sanitation and waste workers. If yes, what are they? Lead the discussion towards the provisions mentioned in the Labour Act, 2074. Please explain more fully the OHS provisions for workers specified in the Labour Act, 2074 [slides 8–15].
Step 5: Social security scheme operating procedure (G) 	5 minutes	S8: 16–17	<ul style="list-style-type: none"> Ask the participants what they know about Nepal's social security schemes. Briefly discuss the Social Security Scheme Operating Procedure 2075 [slides 16–17].
Step 6: Medical treatment, health, and maternity protection scheme (G) 	10 minutes	S8: 18–21	<ul style="list-style-type: none"> Ask the participants whether they have enrolled in the Medical Treatment, Health, and Maternity Protection Scheme. If anyone says yes, please ask them about the details of the scheme (contribution amount, benefits, limitations, etc.). Briefly discuss the Medical Treatment, Health, and Maternity Protection Scheme [slides 18–21].
Step 7: Accident and disability protection scheme (G) 	13 minutes	S8: 22–26	<ul style="list-style-type: none"> Ask the participants whether they have enrolled in the Accident and Disability Protection Scheme. If anyone says yes, please ask them about the details of the scheme (contribution amount, benefits, limitations, etc.). Briefly discuss the Accident and Disability Protection Scheme [slides 22–26].
Step 8: Q&A and closing session (E) 	2 minutes		<ul style="list-style-type: none"> If any participant has any questions, answer those and conclude the session by thanking everyone.

E = Essential; G = Good to have; HSH = health, safety, and hygiene; IPC = infection prevention and control; OHS = occupational health and safety; S8 = Session 8; Q&A = question and answer.

Note: There are two sets of slides for this session. The trainer will follow the first set with the heading “Session 8: Handouts for Regular Training Participants.” The second set with the heading “Session 8: Handouts TOT Participants” is only for use in the training of trainers. This will enrich participants’ knowledge on relevant laws, as they will have monitoring and decision-making roles at various levels of the administrative tier of their organizations.

Key Contents

Relevant Laws and Rules

Despite the various laws and regulations related to sanitation management, Nepal has no exclusive law on safeguarding sanitation and waste workers. The Government of Nepal, however, has made significant strides in enhancing workers' rights and providing legal clarity for both employers and employees through several legislative measures. These include the Labour Act, 2074 (2017); the Labor Rules of 2018; the National Policy on Occupational Health and Safety 2076; the Social Security Act, 2075 (2018); and the Social Security Scheme Operating Procedure, 2075 (2018). These policy provisions ensure fundamental labor rights, such as equal pay for work of equal value, freedom of association, reasonable working hours, a living wage, work–life balance, and social protection. The following two are the most relevant and are discussed here:

- The Labour Act, 2074 (2017); and
- Social Security Scheme Operating Procedure, 2075 (2018).

The Labour Act, 2074 has 24 chapters with 183 sections. Focusing on health, safety, and hygiene (HSH) and infection prevention and control (IPC) for sanitation and waste workers, the following components are discussed here:

- working hours and overtime;
- leave provisions; and
- Occupational Safety and Health Provisions, 2017.¹⁶

Four schemes are covered in the Social Security Scheme Operating Procedure, 2075. After a brief discussion of this, the following three schemes are further discussed:

- Medical Treatment, Health, and Maternity Protection Scheme;
- Accident and Disability Protection Scheme; and
- Dependent Family Protection Scheme.¹⁷

The Labour Act: Working Hours and Overtime

The relevant sections of the act are described here.

Working hours

- (1) No employer shall employ laborers to work more than 8 hours a day or 48 hours a week.
- (2) Laborers shall be provided with half an hour's rest after 5 hours of continuous work.
- (3) In the cases of work that is not to be stopped and carried out continuously, laborers shall be provided with such a rest time turn by turn.

Not to compel to work overtime: No employer shall compel a laborer to work more than the hours set forth above.

¹⁶ Government of Nepal. 2017. Labour Act, 2074 (2017) (Nepali version.)

¹⁷ Government of Nepal. 2018. The Social Security Act, 2075 (2018).

Provisions relating to overtime

- (1) Where an employer needs to cause any laborer to work for more than the working hours as specified above, a laborer may be caused to work overtime not exceeding 4 hours a day and 24 hours a week.
- (2) The work that any laborer has been caused by the employer to perform without giving substitute leave pursuant to “Substitute leave” (discussed later in the leave provisions) shall be deemed to be overtime work.

Additional remuneration to be paid. While employing any laborer to work overtime as discussed above under “Provisions relating to overtime,” the employer shall pay the laborer remuneration at a rate of 1.5 times the basic remuneration receivable during regular hours of work.

The Labour Act: Leave Provisions

Weekly leave. A laborer shall get a weekly leave of 1 day.

Public leave

- (1) A male laborer shall get each year paid public leave of 13 days, including May Day, and a female laborer shall get 14 days, including May Day and International Women’s Labor Day.
- (2) Notwithstanding anything contained in Subsection (1), the public holidays in the case of an enterprise shall be as determined by the regulatory authority, if any, that regulates such an enterprise and as determined by the employer in the other situations.

Substitute leave

- (1) A laborer involved in work that must not be stopped or done continuously shall get substitute leave in consideration for having worked on any day of weekly holidays or public holidays.
- (2) Any laborer who has been engaged in work on a day of weekly or public leave shall be provided with substitute leave within 21 days of the date of engagement in work.

Home leave

- (1) Every laborer shall get paid for a home leave at the rate of 1 day for 20 days of the period they have worked.

Sick leave

- (1) A laborer shall get paid sick leave of 12 days a year; a laborer who works for a period of 1 year or less than 1 year shall get sick leave proportionately.
- (2) A laborer who avails of sick leave for more than 3 consecutive days shall submit a certificate provided by a recognized doctor after a medical checkup.
- (3) Where a laborer has to take leave because of sudden illness, the laborer shall inform the employer or the person specified by the employer through the fastest means to the extent available.

Maternity leave

- (1) A pregnant laborer shall get a maternity leave total of 14 weeks, before or after delivery.
- (2) A pregnant laborer shall compulsorily take leave from at least 2 weeks before the expected date of delivery to at least 6 weeks after the date of delivery.
- (3) A laborer who takes the maternity leave referred to in Subsection (1) shall get full remuneration for 60 days and shall not get remuneration for the remaining period.
- (4) Where a recognized medical doctor recommends that the laborer who has delivered a baby needs further rest for her or her baby's health, the employer shall approve unpaid leave of up to 1 month in addition to the period referred to in Subsection (1) or sanction such leave to be adjusted with other leave, in continuity with the maternity leave.
- (5) Where a laborer in a state of 7 months' pregnancy or more than 7 months gives birth to a deceased child or suffers a miscarriage, she shall get leave as if she had a normal delivery.
- (6) Where the mother dies before the completion of 60 days after the birth of her child, a laborer whose wife has died may take paid leave for the remaining period for the care of the child from the employer for whom he is working.
- (7) If a male laborer's wife is having a baby, he shall get paid for a paternity care leave for a period of 15 days.

Remuneration need not be paid for maternity leave. If a female laborer is to receive remuneration for the period of maternity leave from the Social Security Fund, the employer shall not be required to pay, to that extent, the remuneration to the laborer for such a period of leave.

Mourning leave

- (1) Where a laborer has to mourn according to their religion, because her husband or his wife dies, or a married female worker has to mourn the death of a parent or parent-in-law, such a laborer shall get mourning leave of 13 days.
- (2) A laborer who goes on mourning leave shall get full remuneration.

Accumulation of leave

- (1) A laborer is entitled to accumulate home leave for up to 90 days and sick leave for up to 45 days.
- (2) Where a laborer is relieved of service for any reason or dies, or a family member as prescribed by the law shall get a lump sum amount to be computed based on the last basic remuneration of the laborer for their accumulated home leave and sick leave.
- (3) A laborer whose accumulated leave exceeds the period specified in Subsection (1) shall, at the end of each year, get the amount to be set by their basic remuneration for the leave of such excess period.

Leave not as a matter of right

- (1) All leave except sick leave, mourning leave, and maternity leave, which the laborer is entitled to pursuant to Chapter 9 of the Labour Act, 2074, may be availed at the discretion of the employer and cannot be claimed as a matter of right.
- (2) In the case of leave other than the kinds mentioned in Subsection (1), the employer may, for a reason that needs to be specified (e.g., unavailability of labor, high seasonal labor wages, increased workload), refuse, withhold, deduct, or alter the time of the approved leave, based on workplace needs.

The Labour Act: Occupational Safety and Health Provisions

Duties of an employer to the laborer

- (1) The responsibilities of the employer toward the laborer in respect of occupational health and safety (OSH) shall be as follows:
 - (a) To provide a safe environment for work by making appropriate safety and health arrangements at the workplace;
 - (b) To make provision for the use, operation, storing, and transport of chemical, physical, or biological materials or equipment so as to not adversely affect safety and health;
 - (c) To provide necessary information, notice, and training relating to the safety and health of the laborer, as required;
 - (d) To provide necessary training and information in an appropriate language to the laborer about the use and operation of equipment or chemical, physical, or biological materials related to work;
 - (e) To make proper arrangements for safe entry and exit from the workplace;
 - (f) To provide personal protective equipment (PPE) and first aid kits, information on first aid providers, and hospital emergency access details to the laborer, as required; and
 - (g) To make other provisions as prescribed.
- (2) The employer shall not collect any fee or charge from a laborer for the provision of any safety-related facility or equipment to the laborer.

Formulation of safety and health policy. The employer shall formulate and implement a policy on the safety and health of the laborers and other persons at the workplace, which shall be registered with the Labor Office. The Labor Office shall regularly monitor accordingly.

To form a safety and health committee. The employer shall form a safety and health committee with representation of the laborers in enterprises where 20 or more laborers are employed.

Saving from action. No employer shall take disciplinary action against any laborer for the sole reason that they have committed the following acts:

- (a) To give information, notice, or make or assist in the making of a complaint against the employer for their failure to make arrangements on safety and health;
- (b) To conduct any act in the capacity of a member of the safety and health committee; or
- (c) To stop work because of an immediate danger to safety and health.

To stop work in case of immediate danger. Where it is likely to cause bodily injury or risk to, or serious effect on the health of, a laborer or other person or cause unexpected loss or damage to any equipment, product, or material if any work is not stopped immediately, the laborer involved in such a task shall give information thereof to the employer or responsible person.

To give information. Where any accident occurs or any person is injured or dies in an accident or suffers from any occupational disease in the workplace, the employer shall give information thereof to the Labor Office immediately.

Arrangements for control of infectious diseases

- (1) The employer shall make necessary arrangements for the prevention and control of infectious diseases in the workplace.
- (2) If any laborer is suffering from any infectious disease and needs to undergo treatment, they may be prevented from attending the work during the treatment period.
- (3) Where the sick leave of such a laborer is not sufficient for treatment, the employer may give direction to that laborer to make adjustments with any other leave or take special unpaid leave.
- (4) It shall be the duty of the concerned laborer to abide by the directions given above.

To engage pregnant female laborers in easier work

- (1) Where a laborer is pregnant, she shall give information about this, accompanied by proof via her health checkup, to the employer.
- (2) If the information referred to above is received, the employer shall generally so engage such a laborer in work that does not cause any adverse effect on her or her baby's health.

Special provisions relating to treatment of occupational disease

- (1) Where any laborer suffers from any such occupational disease as prescribed while doing work of any enterprise, the enterprise shall provide the laborer with such treatment expense as prescribed for the treatment of such a disease and such amount of compensation as prescribed, if such a disease is incurable.
- (2) However, the enterprise shall not be required to provide the amount of treatment expense or compensation, if the laborer is entitled to the amount of expense for the treatment of the occupational disease or compensation from the Social Security Fund.

Duties of a laborer

- (1) The duties of the laborer in relation to occupational safety and health shall be as follows:
 - (a) Not to perform any such act in the workplace intentionally or recklessly that may cause adverse effects or risk the safety and health of themselves or of others;
 - (b) To provide necessary assistance to the employer and concerned person in the fulfillment of any duties mentioned in Chapter 12 of the Labour Act, 2074;
 - (c) To obtain information about the manuals, instructions, and other matters prepared for the operation and use of the equipment, product, or material to be operated and used in the workplace safely and cautiously;
 - (d) To operate and use the workplace, equipment, products, or materials safely and cautiously in accordance with the manuals, information, and instructions prepared for the operation and use of such a workplace, equipment, products, or materials; and
 - (e) To compulsorily use the PPE provided by the employer.

Social Security Scheme Operating Procedure, 2075 (2018)

Provisions relating to the establishment of the Social Security Fund were first introduced in the Labour Act, 2074. Subsequently, the Social Security Act, 2017 and Social Security Regulations, 2075 were enacted for the establishment and operation of the Social Security Fund. Later, Social Security Scheme Operational Directives,

2018 were endorsed, defining the detailed process for the implementation and management of various social security schemes. The major provisions of the Social Security Act, Social Security Regulations, and Social Security Scheme Operational Directives include:

- mandatory enrollment of employers and employees in the Social Security Fund;
- a total rate of contribution to the Social Security Fund of 31%, of which 11% is deducted from the basic salary of the employee and 20% is contributed by the employer; and
- the introduction of social security schemes including the Medical Treatment, Health, and Maternity Protection Scheme, Accident and Disability Protection Scheme, Dependent Family Protection Scheme, and Old Age Protection Scheme for employees.

Medical Treatment, Health, and Maternity Protection Scheme

Contribution and duration of benefit

- (1) The contributor who has made at least three continuous contributions to the Social Security Fund shall be entitled to the benefits as per the scheme outlined above. Such a benefit shall remain in effect until 3 months after the contributor has stopped making the contribution.
- (2) For the purpose of Subsection (1), the duration of 3 months shall be counted from the first day of the month when the contribution of the contributor has been deposited in the fund. In case of a situation where a contributor has stopped making contributions after the completion of the 3 months, if the contributor resumes contribution for 3 continuous months, then they will be entitled to the benefit.

Benefits under the scheme. Under this scheme, the contributor shall be entitled to

- (a) physician consultation fee;
- (b) fee charged for hospital admission and surgery;
- (c) expenses of diagnosis and treatment of disease;
- (d) expenses as per bill of medicines;
- (e) expenses of regular pregnancy test of a male contributor's wife or female contributor, expenses of surgery related to maternity or treatment following admission to a hospital, expenses for baby delivery in a hospital, expenses related to maternity for up to 6 weeks after delivery, and expenses of treatment of newborn aged up to 3 months old; and
- (f) consultation fee for home service in case of inability to visit hospital for treatment.

Limitation of benefits. The contributor shall be entitled to health benefits under the following circumstances:

- (1) If the contributor is admitted to a hospital for treatment, the contributor shall be entitled to a benefit amount not exceeding NRs100,000 annually, which will be paid directly to the hospital of admission.
- (2) In case of the situation under Subsection (e) of "Benefits under the scheme," claims can be made without exceeding the ceiling of the aforementioned amount by including the expenses for treatment of the contributor or the contributor's wife and the newborn.
- (3) In situations other than those requiring treatment after being admitted to a hospital, the contributor shall be entitled to benefits pursuant to "Benefits under the scheme" in accordance with medical prescriptions to a maximum of NRs25,000 annually.
 - (3a) In case a contributor who has utilized the amount of the benefit pursuant to Subsection (3) undergoes treatment following admission in a hospital, they shall be entitled to the benefit pursuant to Subsection (1) to the limit of NRs100,000 annually.

- (4) A contributor who claims the benefits pursuant to subsections (1), (2), and (3) must bear 20% of the total amount claimed.
- (4a) The total amount to be provided from the fund as treatment benefit to the contributor pursuant to subsections (1), (2), and (3) shall not exceed NRs 100,000 in each fiscal year.
- (5) In case of delivery by a female contributor or the wife of a contributor, an amount equivalent to one month's basic salary per child shall be provided for maternity care and the amount shall also be provided in the event of abortion of the fetus of more than 24 weeks or in case of stillbirth. In cases where both the spouses are contributors, only one person should claim for such benefit.
- (6) If the contributor who receives benefits pursuant to this section is entitled to any health benefit as per the Government of Nepal or another insurance scheme, then anything mentioned in this procedure shall not obstruct them from receiving such benefit.

After getting paid by submitting a bill of expenditure for any treatment from one provider, claims cannot be made before the fund by submitting the same bill.

- (7) Payment for benefits pursuant to this section shall be made as per the rates pursuant to the fund's Health Service Provider Selection and Scheme Payment Procedure, 2076 (2019). If the rate mentioned in the claims for payment is found to be less than the rate mentioned in the procedure, the payment shall be made as per the amount mentioned in the bill, after verifying such bill.

Payment in lieu of leave

- (1) A contributor, who has to undergo treatment in a hospital or at home following recommendation by a physician for a period exceeding the paid sick leave provided by the employer as per the Labour Act, 2074 (at least 12 days in a year) or prevailing law or collective agreement, shall be entitled to 60% of basic salary as sickness benefit for such duration.

If the duration of such leave exceeds 13 weeks in a year, remuneration of such period shall not be paid.

- (2) A contributor, who needs to take additional maternity leave in addition to the paid maternity leave (at least 60 days) provided by the employer pursuant to the Labour Act, 2074 or prevailing law of Nepal or collective agreement, shall be paid an amount equivalent to 60% of her basic salary as maternity leave benefits for such period.

Such amount shall not exceed payment for 98 days, including the 60 days of paid maternity leave as per Section 45(3) of Labour Act, 2074 or other prevailing laws of Nepal.

- (3) The amount of the leave mentioned in subsections (1) and (2) shall not be included within the limitation of the amount pursuant to "Limitation of benefits."
- (4) In case a contributor is unable to get sick leave or maternity leave due to closure of the employer's business or termination of employment, then the fund shall pay the concerned contributor 60% of their basic salary for the duration of leave provided by the employer.
- (5) Other related provisions shall be determined from time to time by the fund.

Conditions where the benefit cannot be received. Notwithstanding whatsoever is mentioned elsewhere in Social Security Scheme Operating Procedure, 2075, a contributor shall not receive benefits under the Medical Treatment, Health, and Maternity Protection Scheme for the following conditions:

- (a) expenses of plastic surgery and dental treatment except where required as treatment following an accident;
- (b) expenses of bariatric surgery;
- (c) in the event where the scheme has been suspended due to the inability of the fund to meet expenses following the outbreak of an epidemic in the country;
- (d) expenses of abortion carried out under conditions other than as per the prevailing law; and
- (e) in the event where the same benefit mentioned in Medical Treatment, Health, and Maternity Protection Scheme has been received under the Accident and Disability Protection Scheme.

Benefits to be received with contributions during the period of retirement

- (1) The contributor receiving a monthly pension as per Social Security Scheme Operating Procedure, 2075 (2018) may continue the scheme by contributing an amount to the fund as determined by the fund from their pension.
- (2) The contributor who ensures continuity to the scheme by making contributions pursuant to Subsection (1) shall be provided benefits as per the scheme by the fund.

Accident and Disability Protection Scheme

Benefits to be received under the Accident and Disability Protection Scheme. Under this scheme, the contributor shall be entitled to benefits against accidents and disabilities.

Situation for an entitlement to benefits

- (1) In case a contributor requires treatment after an accident, then they may receive benefits pursuant to this scheme.
- (2) The benefits to be received pursuant to Subsection (1) shall come into force from the date of the Social Security Fund receiving a contribution following enrollment into the fund. This benefit shall not be provided after the contribution is discontinued.
- (3) Notwithstanding whatsoever is mentioned in Subsection (2), treatment of occupational disease and other related benefits shall be received only after making contributions for at least 2 years. The contributor shall be entitled to benefits until 2 years after discontinuing contributions.

Limitation of benefits

- (1) All expenses of treatment for a work injury or occupational disease will be paid.
 - (1a) In case of treatment to be made following a work injury pursuant to Subsection (1), the concerned employer or contributor or their family member must inform the fund within 7 days. Information can be communicated through a system or phone number (call or SMS) or email made available by the fund, by mentioning the social security number of the contributor.
 - (1b) Notwithstanding whatsoever is mentioned in Subsection (1), if the fund is not informed pursuant to Subsection (1a) and the treatment for a work injury is carried out in a hospital other than the empaneled hospital, then the fund shall not bear the treatment expenses exceeding NRs700,000.
- (2) Although the fund shall bear all expenses of treatment for work injury, it will bear treatment expenses of up to NRs700,000 in case of accidents other than employment-related accidents.

Provided that in case a benefit of NRs700,000 or more is to be received from other insurance, then the fund shall not bear any expenses and if it is less than that then the fund shall bear only the unmet amount.

- (3) A contributor who has suffered temporary total disability due to work injury or occupational disease will be entitled to an amount equivalent to 60% of their basic salary on a monthly basis until they return to work.
- (4) A contributor who has suffered permanent disability due to work injury or occupational disease will be entitled to a lifetime monthly pension based on the incidence of their disability by considering 60% of their basic remuneration as 100% in proportion to their disability.
- (5) For a contributor who has suffered permanent full disability due to work injury or occupational disease, the arrangement shall be made to provide an amount equivalent to 60% of their basic salary every month throughout their life or if they are immobile and cannot walk on their own, arrangement shall be made to make such payment to the family member, or other individual, or institute taking care of them.
- (6) Payment to the caretaker or institute shall be made on the recommendation of the concerned rural municipality or municipality.
- (7) The incidence of disability shall be determined by the Health Assessment Committee pursuant to Chapter 7 of the Social Security Scheme Operating Procedure, 2075 (2018).
- (8) Notwithstanding whatsoever is mentioned above, if the review of the status of disability held periodically pursuant to the section “Determination of incidence of disability and review” (below) finds any alteration in the status of disability, then benefits may be altered accordingly.
- (9) The pension amount shall be adjusted for inflation at a rate determined by the Board of Directors on the basis of the report of the actuary.

Limitation of pension benefit. The monthly pension amount provided by the fund based on incidence of disability pursuant to Chapter 7 of the Social Security Scheme Operating Procedure, 2075 (2018) shall not be less than 60% of the minimum basic salary prescribed for the concerned sector by the Government of Nepal.

If the incidence of disability is 20% or less, the fund may make the payment based on the calculation of the period of compulsory retirement and the incidence of disability pursuant to the section “Determination of Incidence of Disability and Review” (below) and the commutation factors pursuant to Annex 17 of the Social Security Scheme Operating Procedure, 2075 (2018).

Determination of incidence of disability and review

- (1) The Health Assessment Committee shall determine the incidence of disability pursuant to Chapter 7 of the Social Security Scheme Operating Procedure, 2075 (2018).
- (2) The incidence of disability shall be reviewed every 5 years by the Health Assessment Committee pursuant to Chapter 7 of the Social Security Scheme Operating Procedure, 2075 (2018).
- (3) The final review of incidence of disability of the contributor shall be carried out in their 58th year of age and the pension amount to be provided pursuant to the section “Limitation of pension benefit” (above) may be altered based on any alteration in the incidence of disability.

Rate of payment. Payment for treatment expenses shall be made according to the rate pursuant to the fund’s Health Service Provider Selection and Scheme Payment Procedure, 2076 (2019). If the rate of the amount claimed for payment is less than the rate mentioned in the procedure, then the payment shall be made as mentioned in the bill after verifying such bill.

Dependent Family Protection Scheme

Under this scheme, if a contributor passes away, then

- (a) a pension is to be received by the spouse,
- (b) an educational allowance is to be received by the children,
- (c) benefits will be received by dependent parents, and
- (d) funeral expenses will go to the dependent family.

Commencement of the Dependent Family Protection Scheme. Eligibility to receive benefits under the scheme pursuant to Section 14 shall commence from the date of the enrollment and upon start of payments of contributions to the fund and shall end when the contributor stops contributing to the fund.

Contributor's spouse to receive pension

- (1) Notwithstanding the reason of the death of the contributor, their spouse shall be entitled to a lifetime pension equivalent to 60% of last basic salary of the contributor.
- (2) Notwithstanding whatsoever is mentioned in Subsection (1), if the contributor's spouse remarries or obtains alternative employment, they will not be eligible for the benefit. However, if the spouse completes their job and is unable to receive the old-age pension, they can apply to the fund for pension benefits under this chapter.
- (3) The pension amount shall be adjusted for inflation as per the rate determined by the Board of Directors on the basis of the report of the actuary.

Children of the contributor to receive scholarship

- (1) In case of death of the contributor, if they have a child who has not completed 18 years of age, that child shall be entitled to a monthly education allowance equivalent to 40% of the last basic salary of the contributor until they complete the age of 18. Provided that there is more than one child entitled to the benefit, then a maximum of 2 children shall be provided an amount equivalent to 40% of the basic salary, proportionally.
- (2) If any child is involved in studies without discontinuation, such benefit may be provided until such child reaches the age of 21 years but will be discontinued if the individual gets married or if their education is completed.
- (3) Notwithstanding whatsoever is mentioned in subsections (1) and (2), if any child is physically or mentally incapacitated, the age limitation shall not be applicable.

Parents to get benefits

- (1) If the contributor does not have a spouse or child but has parents dependent on them, they shall be provided an amount equivalent to 60% of the basic remuneration of the contributor on a monthly basis for their lifetime. If both parents are alive, the benefit shall be shared to them equally.
- (2) Notwithstanding whatsoever is mentioned in Subsection (1), if they have alternative employment or if they are drawing benefits from elsewhere equal to more than what is provided under this scheme then they shall not receive this benefit.

Final rites expenses

If the contributor dies for any reason or if a contributor dies after drawing benefits under permanent or temporary disability for a long period, a lump sum of NRs25,000 shall be provided for performing their final rites to the closest dependent family member or legal heir.

Special Provisions for Prohibiting Child Labor

Nepal has taken significant steps to protect children from exploitation, with various conventions being signed to safeguard their rights. Notably, Nepal ratified the International Labour Organization (ILO) Conventions on Minimum Age (No. 138) in 2003 and the Worst Forms of Child Labor Convention (No. 182) in 2004. These conventions explicitly prohibit child labor.¹⁸

The Child Labor (Prohibition and Regulation) Act, 2056 (2000) plays a crucial role in addressing child labor issues within the country.¹⁹ In addition, Nepal also recognizes child labor as a human rights violation through other legislation such as the Labour Act, 2074; the Act Relating to Children, 2075 (2018); and the Muluki Civil Code (2017). According to the Act Relating to Children, 2075 (2018), “child” refers to a minor who has not yet reached the age of 18 years and engagement of such labor is a punishable offense.²⁰

The Constitution of Nepal has established that no child shall be employed to work in any factory, mine, or engaged in similar other hazardous work. The Act Relating to Children, 2075 also includes clauses for special protection and rehabilitation of children. Children who are earning their living by engaging in labor that is forced, bonded, or hazardous shall be deemed to be children in need of special protection.

¹⁸ International Labour Organization and Government of Nepal, Central Bureau of Statistics. 2021. *Nepal Child Labor Report 2021*.

¹⁹ Government of Nepal. 2000. Child Labor (Prohibition and Regulation) Act, 2056 (2000).

²⁰ Government of Nepal. 2015. The Act Relating to Children, 2075 (2018).


SESSION 9

Equipment Contributing to Work Efficiency and Safety

Session Overview



Objective	The participants will be introduced to equipment contributing to the service and safety of sanitation and waste workers.
Discussion points	<ul style="list-style-type: none">• Equipment contributing to the service and safety of sanitation and fecal sludge management workers• Equipment contributing to the service and safety of solid waste management workers
Method	Experience sharing and discussion, presentation
Materials/Essentials	Handout on health, hygiene, safety, and dignity, laptop, multimedia, and presentation
Time	30 minutes

Session Structure

Step	Time	Slides	Activity/Process
Step 1: Equipment contributing to the work and safety of sanitation and fecal sludge management workers (G) 	16 minutes	S9: 2–9	<ul style="list-style-type: none">• Please ask the participants what equipment or technique they use when sludge inside the septic tank or pit latrine becomes very hard and does not allow the emptying equipment or vacuum tanker to collect that easily.• Show and discuss the pictures of sanitation containment desludging equipment [slide 2]. Ask the participants if they recognize any of the equipment and how the pieces of equipment are used.• Show the video of using the equipment shown in slide 2 [slide 3].• Ask the participants what equipment and vehicles they use for emptying and transporting fecal sludge.• Show and discuss the pictures of different fecal sludge emptying and transporting activities [slides 4–7]. Ask participants to share if they are familiar with techniques other than these (except manual emptying).• Show them the pictures of the fecal sludge mobile treatment units [slide 8] and fecal sludge dewatering unit [slide 9].

continued on next page

Table continued

Step	Time	Slides	Activity/Process
Step 2: Equipment contributing to the work and safety of SWM workers (G) 	12 minutes	S9:10–15	<ul style="list-style-type: none"> Please ask the participants about the advantages or disadvantages of collecting household and outdoor waste in a source-separated (segregated) way. Show them an example of color-coded bins for storing different types of outdoor waste [slide 10]. Discuss whether they know about the equipment and vehicles used for street sweeping, drain/sewer cleaning, waste transport, recycling, and disposal at dumpsites or landfill sites. Show and explain to them the relevant equipment and vehicles [slides 11–15].
Step 3: Q&A and closing session (E) 	2 minutes		<ul style="list-style-type: none"> If any participant has questions, answer those and conclude the session by thanking everyone.

E = Essential, G = Good to have, S9 = Session 9, Q&A = question and answer.

Key Contents

Equipment for Sanitation Containment Desludging

The following equipment or components can make the desludging service from a septic tank or sanitation containment more efficient:

- mixture,
- auger,
- vibrator cutter,
- high-pressure water jet,
- handle,
- intermediate valve, and
- gulpers with different capacities:
 - mechanized gulper (capacity: 60 liters/minute), and
 - motorized gulper (capacity: 90 liters/minute).²¹

Fecal Sludge Emptying and Transport

Fecal sludge emptying and transport can be done using the following vehicles:

- **Nonmotorized vehicles.** These are manually operated vehicles or vans that allow sanitation workers to transport small quantities of fecal sludge. The nonmotorized fecal sludge transport vans can be combined with a gulper and offer low-cost, small-scale septic tank or pit cleaning. They can access very narrow roads that are otherwise inaccessible by mechanized fecal sludge careers or vacuum tankers.
- **Small mechanized fecal sludge careers.** These are compact and mechanized fecal sludge collection and transport vehicles specifically designed to make the service of sanitation workers easier and more hygienic in urban areas. It is suitable for narrow roads that vacuum tankers cannot access.

²¹ SNV Netherlands Development Organization. 2022. Innovative Emptying Devices for Hard Layer Cutting and Long-Distance Pumping. Unpublished.

- **Vacuum tankers.** These are specialized vehicles equipped with powerful vacuum pumps, enabling sanitation workers to effectively and safely empty and transport fecal sludge and ensuring a clean and efficient waste management process. It allows for a high volume of fecal sludge emptying and transport (footnote 7).

Fecal Sludge Mobile Treatment Unit and Fecal Sludge Dewatering Unit

A fecal sludge mobile treatment unit is a self-contained and transportable unit and/or vehicle designed for the on-site treatment of fecal sludge, providing a flexible and efficient solution for sanitation management in diverse locations. It is a portable and compact vehicle that effectively removes moisture from sludge and facilitates volume reduction. After dewatering, the liquid part is treated properly and discharged into a nearby drain. The solid part is stored in the vehicle. This process reduces the extra fuel cost of transporting the fecal sludge to a treatment plant as well as the cost of land and infrastructure at the fecal sludge treatment plant for dewatering and treatment of the effluent.²²

On the other hand, a fecal sludge dewatering unit is established at a fixed place and effectively removes moisture from fecal sludge.²³ The effluent is treated for disposal into the open environment. The dewatered sludge cake can be further treated and reused.

Outdoor Source Separation Waste Bins

Outdoor source separation waste bins are designed for proper waste segregation (or separation) and recycling in outdoor areas. Each bin is assigned a specific color corresponding to the type of waste it collects, such as blue for recyclables, green for organic waste, and gray or black for general waste. This color-coding system helps individuals to easily identify and dispose their waste in the appropriate bin, promoting effective waste separation. The clear differentiation through color coding simplifies waste separation and makes it convenient for individuals to contribute to sustainable waste management. By placing these bins with color coding in outdoor spaces, community members will be sensitized to practice waste separation outdoors and at their homes and workplaces. Source separation minimizes waste contamination, increases recycling rates, and thereby reduces the quantity of waste at waste disposal or landfill sites.

Street and Drain Cleaning Equipment

Mechanized street and drain cleaning equipment includes:

- broom machines (small vehicle and hand-driven);
- hydraulic road sweepers;
- truck-mounted road sweepers; and
- drain cleaning equipment, large or small, depending on the usage.

²² Water, Sanitation, and Hygiene (WASH) Institute. [n.d.]. Mobile Septage Treatment Unit.

²³ Benefit the Environment. [n.d.]. Screw Press Sludge Dewatering MDS.

Transport of Solid Waste

Equipment and vehicles involved in the transport of waste include

- container carriers,
- arm roll trucks,
- compactor trucks,
- open trucks,
- hydraulic dump trucks, and
- medical waste transport trucks.

Equipment Used in Recyclable Shops and Industries

Recycling industries often utilize compactors equipped with conveyors to efficiently process and handle recyclable materials. The conveyors help to facilitate the movement of materials to the compactor, streamlining the recycling process. The compactors compress the recyclables into more manageable and dense forms, allowing for easier transport and storage.

Equipment Used at Landfill/Disposal Sites

Equipment relevant to solid waste management (SWM), particularly at landfills or disposal sites include:

- **Excavators.** Used for digging and moving large amounts of waste material at a landfill or disposal site, facilitating site preparation, waste placement, and covering operations.
- **Bulldozers/compactors/chain dozers.** Employed to compact and level waste materials at a landfill or disposal site, ensuring proper compaction and minimizing air space, which helps maximize the capacity of the site.

Closing Session

Session Overview

Objective	Closing the training session
Discussion points	<ul style="list-style-type: none">• Overall discussion on the sessions• Post-training assessment• Further questions and answers• Declare the closing of the training
Method	Discussion and Q&A session
Materials/Essentials	Certificate, gifts
Time	60 minutes

Session Structure

Step	Time	Slides	Activity/Process
Step 1: Learning by sharing	5 min		<ul style="list-style-type: none">• Ask participants' opinions about what they have learned during the training.
Step 2: Post-training assessment	20 minutes	2–11	<ul style="list-style-type: none">• Verify the participants' knowledge gained from the training through a post-training assessment [slides 2–8].• The post-training assessment questions (Annex 7) are similar to the pre-training assessment. Ask the questions from the post-assessment test one by one.• Write down their answers. Compare with pre-assessment answers to see whether participants now answer more correctly.• Tell the participants the correct answer to each question (Annex 8).• Ask them to evaluate the training by sharing their thoughts, using the questions (Annex 9) from slides 9–11 [slides 9–11].
Step-3: Q&A	5 minutes		<ul style="list-style-type: none">• If participants have any questions, answer them.
Step 4: Participants' opinions about the training	15 minutes		<ul style="list-style-type: none">• Display the flip chart developed in Step 4 of the inaugural session. Ask participants how achieving their desired situation may be helped through the knowledge gained from this training course. Please add one more column on the flip chart and note the opinions of the participants.• Ask participants to share their observations on the training sessions. Give equal priority to female participants.

continued on next page

Table continued

Step	Time	Slides	Activity/Process
Step 5: Closing the training	15 min		<ul style="list-style-type: none">• Distribute certificates and/or gifts to the participants as available; if the city mayor is available, this would be ideal. Otherwise, it would be appreciated if the certificates are distributed by a city councilor, ward chairperson, or a senior official of the city authority.• Conclude the training with a closing speech and by thanking everyone.

Q&A = question and answer.

Post-Training Assessment

The same assessment questions used for the pre-training assessment are used to carry out the post-training assessment. The questions and associated answers are included in Annex 7 and Annex 8 under Part III of this manual.

Observations and Closing

Note the observations shared by participants to be used for reporting. A reporting template is provided in Annex 10. Distribute certificates among the participants and ideally, best-performing participants may be awarded gifts.

PART III

TOOLS AND ANNEXES

ANNEX 1

Pre-Training Assessment

The following questionnaire should be used, as explained in the session notes, for pre-assessment and post-assessment of the training.

1. What should we do to prevent the spread of infectious diseases?
 - (a) Do not leave the house.
 - (b) Take regular medicine
 - (c) Develop the habit of cleanliness.
2. How long should you wash your hands with soap and water?
 - (a) 5 seconds
 - (b) 10 seconds
 - (c) 20 seconds
3. Which personal protective equipment (PPE) is useful for sanitation and waste workers?
 - (a) Gloves
 - (b) Mask
 - (c) Safety goggles
 - (d) Safety gum boots or shoes
 - (e) All of the above
4. How many family members can use the same mask?
 - (a) Everyone in the family
 - (b) Two people
 - (c) The same mask cannot be used by more than one person
5. Which should be done first when putting on PPE?
 - (a) Putting on a mask
 - (b) Disinfecting hands
 - (c) Putting on safety goggles

6. What is the minimum distance that should be maintained for social distancing?
 - (a) 1.25 meters
 - (b) 1 meter
 - (c) 2 meters
7. I have just finished my sanitation or waste management work. My hands look clean, so I can now eat food without washing my hands. Right or wrong?
 - (a) Right
 - (b) Wrong
8. Safety gum boots or shoes are very heavy and uncomfortable. Sandals are much more comfortable, so it's better to wear sandals for work. Right or wrong?
 - (a) Right
 - (b) Wrong
9. Why is a reflective jacket necessary?
 - (a) To keep the body warm during winter
 - (b) To prevent police harassment
 - (c) To make us visible to the drivers when it's dark, saving us from accidents
10. Which one of the following is right?
 - (a) Quarantine means keeping an infected person separate from others.
 - (b) Social distancing means keeping an infected person separate from others.
 - (c) Isolation means keeping an infected person separate from others.

ANNEX 2

Group Work Tool for Working Environment, Health, Safety, and Dignity

Summary of current situation and desired working environment in regard to health, safety, and dignity of sanitation and waste workers.

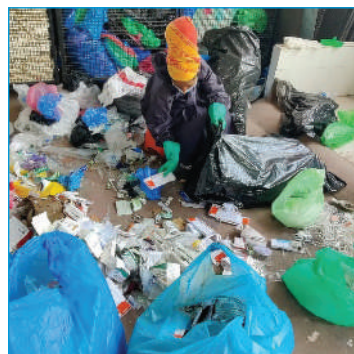
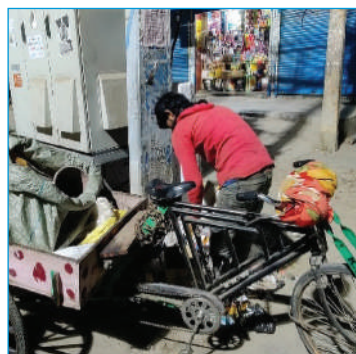
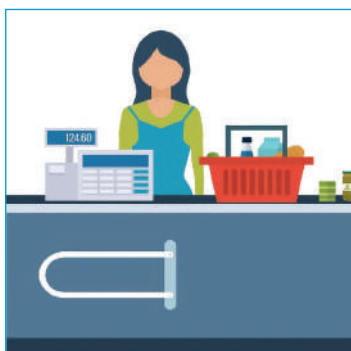
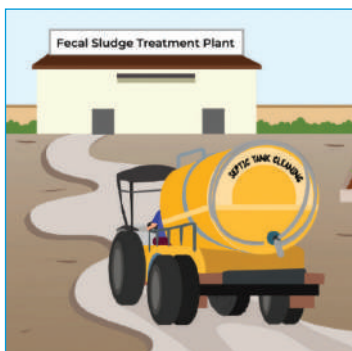
Description	Current Situation		Desired Situation
	Yes	No	
Working Environment			
Regular salary			
Festival bonus			
Working hours			
Overtime payment			
Paid leave			
Health, Safety, and Hygiene (HSH)			
HSH policy			
HSH committee			
HSH training			
Personal protective equipment			
Engaging pregnant workers in easier work			
HSH monitoring			
Treatment for occupational injuries			
Social security schemes			
Dignity			
Appointment letter			
Permanent job			
Identity card			
Uniform/dress			
Good behavior			
Reward as recognition of efficient work			

ANNEX 3

Group Work Material for Categories of Sanitation and Waste Workers

Please print out the pictures on the following two pages for each table of participants (5–8 participants per table). Print out at least seven sets of pictures. Cut them out individually and put each set inside a small envelope on each table.

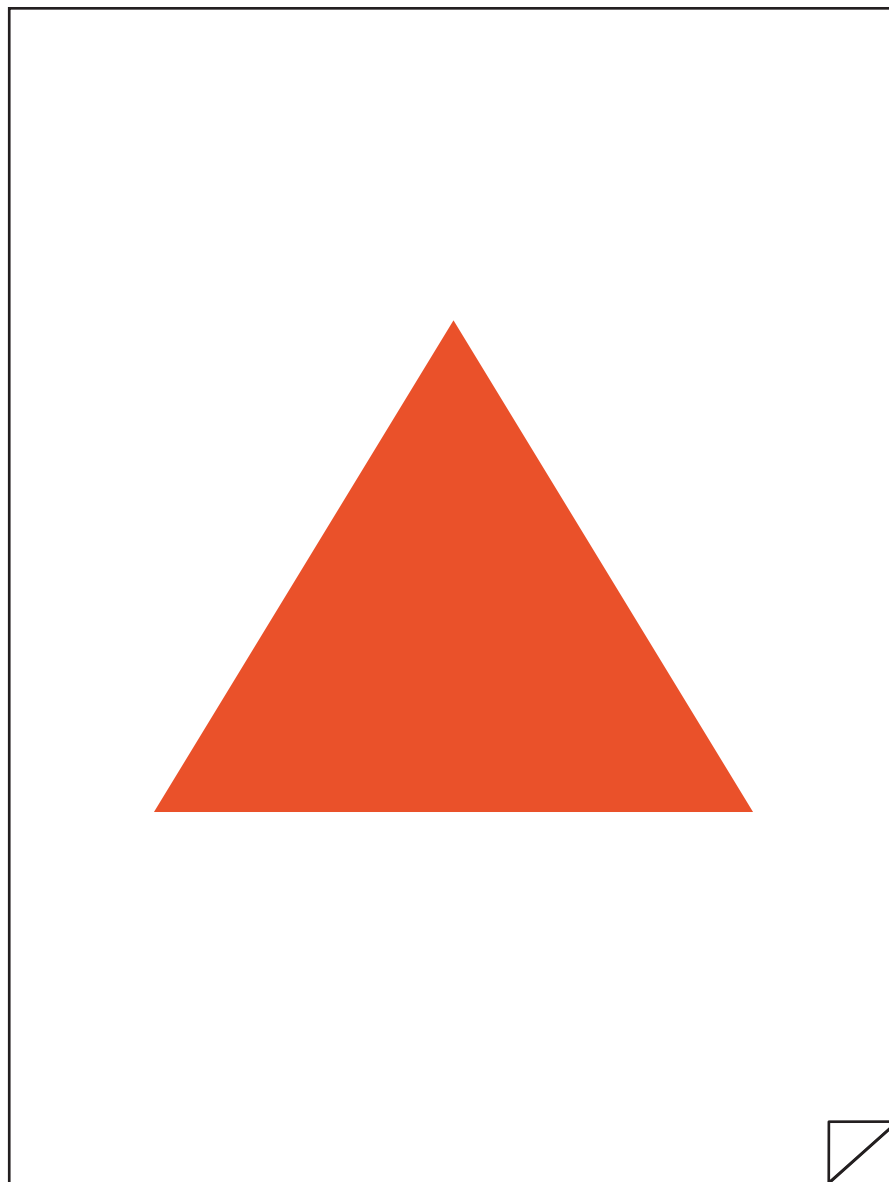


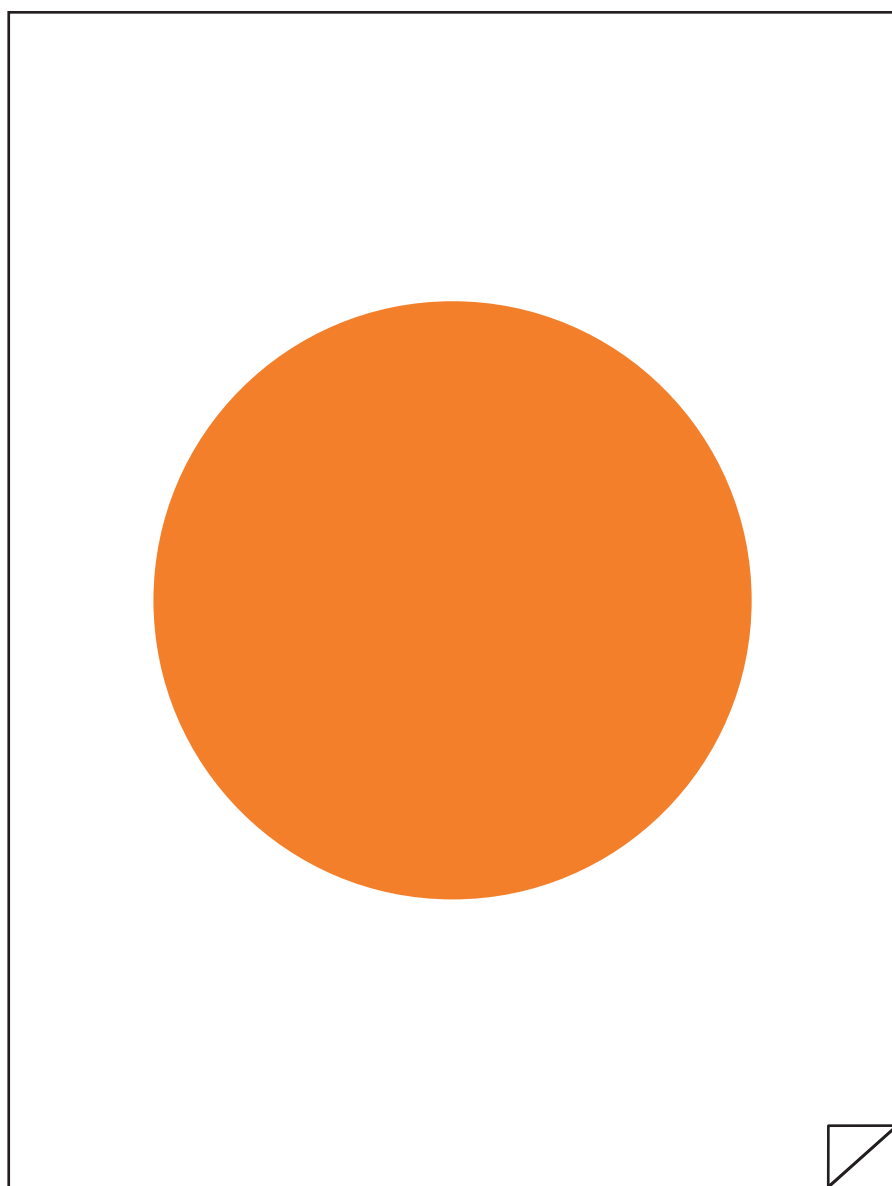


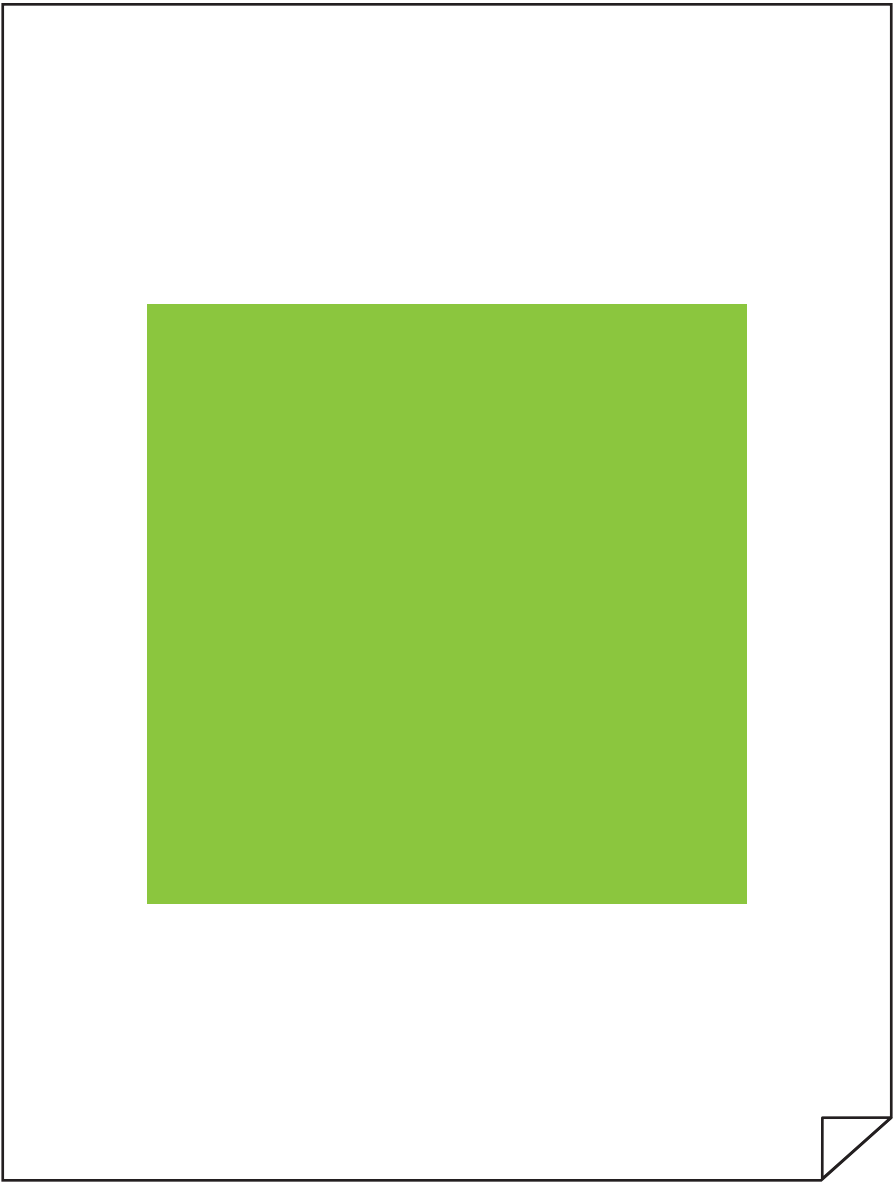
ANNEX 4

Group Work Tool for Session on Health of Sanitation and Waste Workers

Please print out the following three pages (red triangle, orange circle, and green rectangle) in A4 size bond paper with a color printer.







ANNEX 5

Group Work Tool for Discussion About Personal Protective Equipment

Please print out one set of the following pictures of personal protective equipment (PPE) on A4 size bond paper with a color printer.



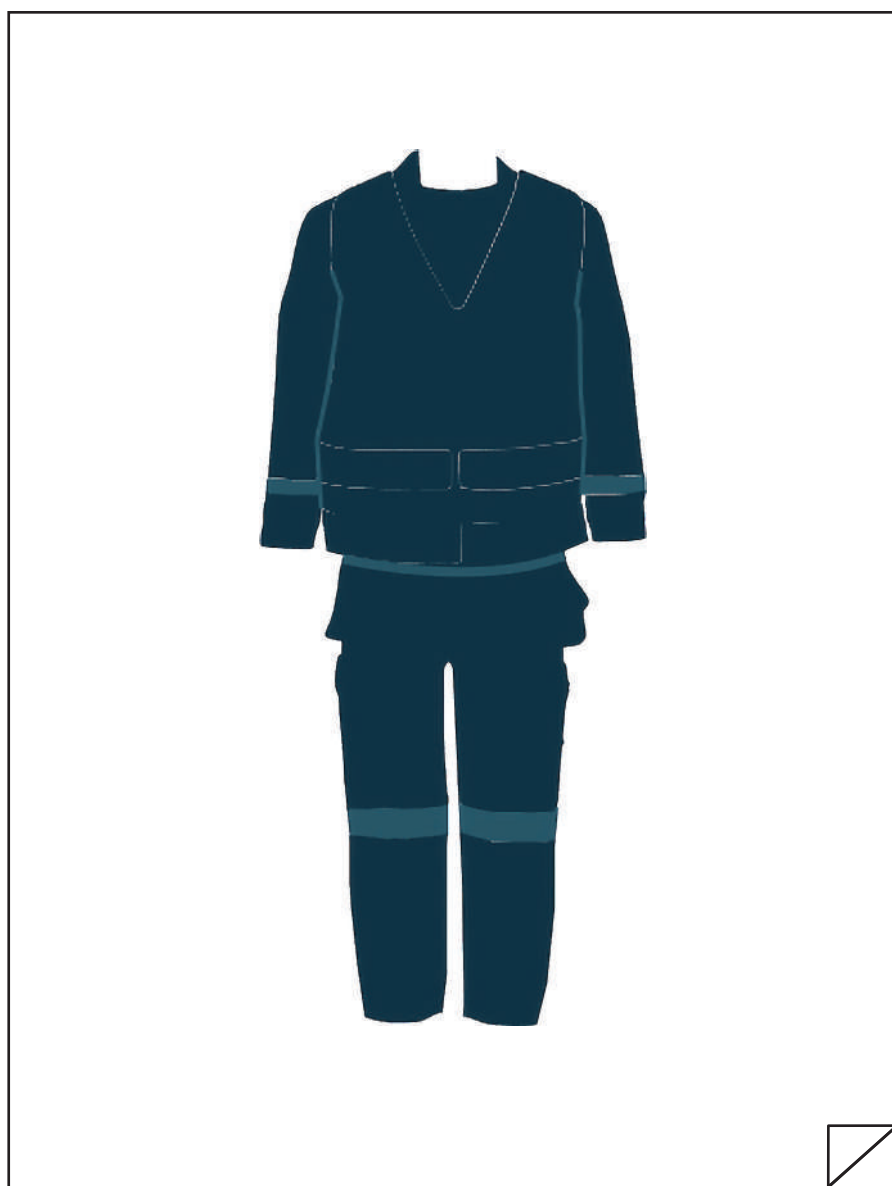


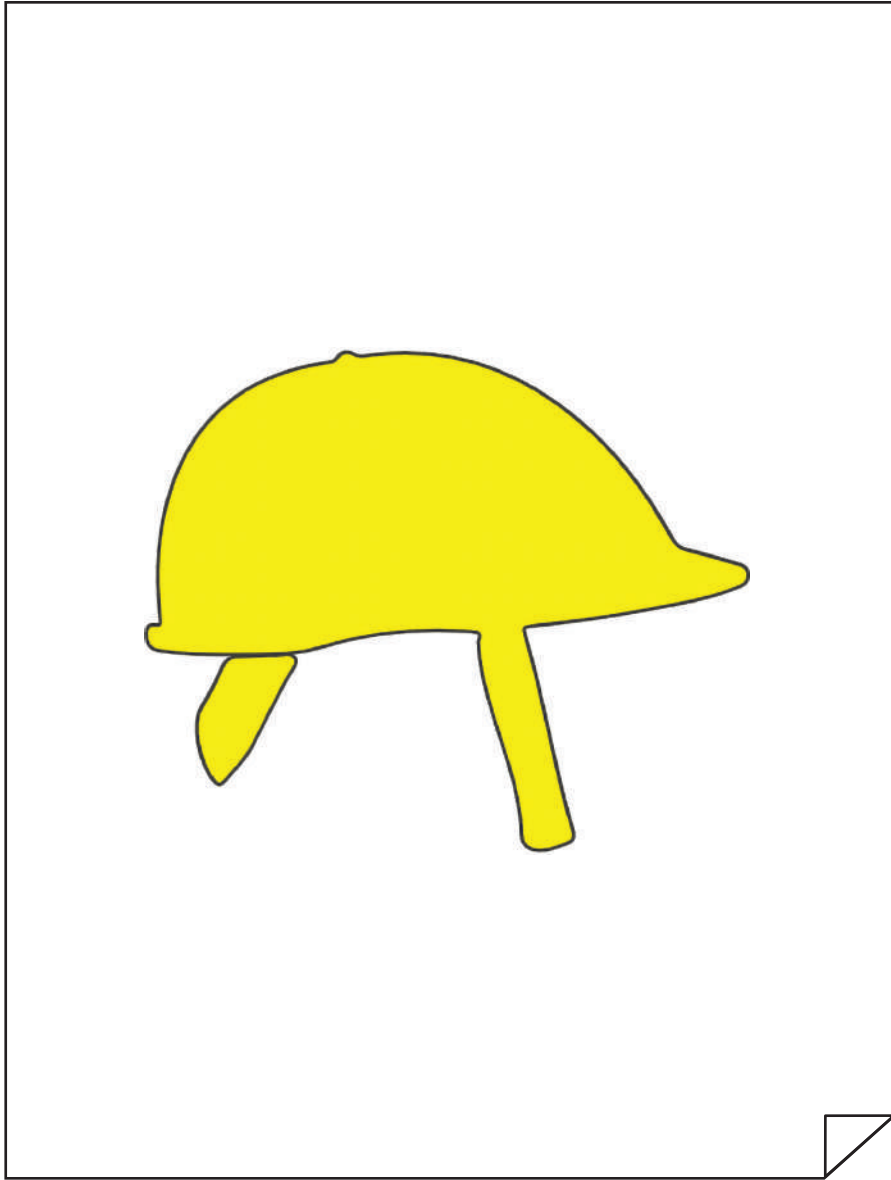












ANNEX 6

Standard Operation Procedure Checklist

Supervisors

- ☐ Maintain an updated list of all workers including their address, contact numbers, emergency contacts, education, relevant training, incidents, and worker performance. Keep the list organized and accessible.
- ☐ Maintain an updated inventory of availability of personal protective equipment (PPE) in storage, forecast PPE requirements, and take necessary steps to ensure the advance procurement of PPE for workers.
- ☐ Develop a comprehensive plan to carry out waste and sanitation management work. Consider traffic density, weather conditions, areas prone to littering, and local regulations covering designated areas and streets. Follow environment-friendly methods. Ensure proper scheduling and engagement of skilled workers. Collaborate with local authorities as required.
- ☐ Implement pre-operational checks of tools, equipment, and vehicles by workers and operators to ensure functionality and safety. Address and report any deviations.
- ☐ Inspect workers to ensure they are following recommended safety protocols and wearing recommended PPE. Address and report any deviations.
- ☐ Regularly inspect tools, equipment, and vehicles to ensure they are in appropriate operating condition and are being operated safely. Address and report any deviations.
- ☐ Instruct workers to immediately report any incidents, spills, injuries, or other safety concerns. Address and document accurately.
- ☐ Encourage regular health checkups for workers; address health issues affecting performance.
- ☐ Maintain open communication channels with workers, promptly addressing concerns.
- ☐ Ensure proper maintenance and cleaning of tools, equipment, and vehicles after work.
- ☐ Verify waste and/or sanitation disposal compliance with regulations and address accordingly.
- ☐ Confirm if workers are following proper hygiene practices after completing tasks; address concerns.

- ☐ Review the documents on reported injuries, exposures, and health concerns and coordinate with higher authorities to ensure an improved working environment.
- ☐ Provide brief orientation on standard operating procedures and occupational health and safety (OHS) to relevant workers at least once per month.
- ☐ Facilitate ongoing training programs for skill enhancement; encourage participation.
- ☐ Establish a feedback mechanism for insights on safety and workflow improvements; regularly implement suggestions.
- ☐ Conduct periodic performance evaluations for each worker. Recognize achievements and address areas where improvements are identified as necessary.
- ☐ Conduct periodic audits to ensure compliance with safety regulations; address potential noncompliances.
- ☐ Encourage a culture of safety, responsibility, and communication. Implement measures to continually enhance the overall safety culture within the team.

Manual Pit-Emptyer

Manual pit emptying is to be avoided and strictly discouraged. In case of unavoidable circumstances where manual pit emptying is temporarily required, the necessary SOP must be followed and ensured.

Before Operation

- ☐ Training on manual emptying techniques, safety procedures, OHS, and first aid.
- ☐ Ensure vaccinations for relevant and infectious diseases (e.g., hepatitis, tetanus).
- ☐ Check for leaks in the system.
- ☐ Estimate groundwater level.
- ☐ Carry first aid kit and emergency contacts.
- ☐ Keep repair materials for pipes.
- ☐ Cover the ground with polythene sheet.

During Operation

- ☐ Work with at least one coworker.
- ☐ Wear PPE: safety glass, helmet, mask, gloves, safety gum boots, reflective safety vest, and full-body apron.
- ☐ Use temporary safety fencing and warning signs.
- ☐ Open manhole covers carefully, especially rusted ones.
- ☐ Ensure airflow inside the tank.
- ☐ Open manhole covers, wait, and aerate before start emptying.
- ☐ Never leave the septic tank lid open.
- ☐ Keep bystanders, especially children, away.
- ☐ Use a bright light source and have alternatives.
- ☐ Cover cuts or wounds, sterilize after work.
- ☐ Avoid inserting head inside the tank.
- ☐ No heavy machinery on top of the tank.
- ☐ Open rusted manhole covers carefully.
- ☐ Break foam layer before cleaning.
- ☐ No food or drink near the tank.
- ☐ Avoid drugs during cleaning.
- ☐ No smoking during work.
- ☐ Avoid hand-face contact.
- ☐ Enter inside the tank only when sludge is low or at the bottom. Aerate adequately before entering.
- ☐ Use a ladder and safety equipment.
- ☐ Secure entrant with a rope or safety belt. The person outside the tank must check the agility of the person inside in frequent intervals. The person inside the tank must pull the rope if the he/she needs to be rescued. Then the person outside should rescue him/her by pulling the rope. No one else should enter the tank for rescue.
- ☐ If any worker becomes injured or sick, the coworker must ensure first aid. If required, the injured/sick worker must be hospitalized immediately.

After Operation

- ☐ Dispose of the emptied fecal sludge at the designated place.
- ☐ Transport the fecal sludge carefully to avoid contact with the environment.
- ☐ Disinfect used tools, equipment, and the area with bleaching powder.
- ☐ Inspect for any damage of the tools, equipment, and vehicles and report or take initiative for repairs.
- ☐ Instruct occupants to stay away from the emptying site until the area is dry.
- ☐ Do not eat or drink before cleaning hands and face with soap and water.
- ☐ Clean all reusable PPE with soap and water and take a shower with soap after returning home.
- ☐ Inform the owner and local authority if any leak or fault is observed in the served septic tank.
- ☐ Attend regular health checkups.
- ☐ Participate in ongoing training programs on OHS and standard operating procedures.
- ☐ Inform the supervisory staff about PPE requirements and other OHS concerns.
- ☐ Foster a culture of safety, hygiene, and responsibility within the team.

Mechanical Pit-Emptyer

Before Operation

- ☐ Participate in trainings on mechanical emptying techniques, safety procedures, OHS, and first aid.
- ☐ Ensure vaccinations for relevant and infectious diseases (e.g., hepatitis, tetanus, COVID-19).
- ☐ Check vacuum tanker, tools, equipment, and connections.
- ☐ Check for leaks and faults in the septic tank system.
- ☐ Estimate groundwater level.
- ☐ Carry first aid kits and emergency contacts.
- ☐ Keep repair materials for pipes.
- ☐ Cover the ground with polythene sheet.
- ☐ Keep tank, pipe, and connections straight.

During Operation

- ☐ Work with at least one coworker.
- ☐ Wear PPE: safety glasses, helmet, mask, gloves, safety gum boots, reflective safety vest, and full-body apron.
- ☐ Use temporary safety fencing and warning signs.
- ☐ Open manhole covers carefully, especially rusted ones.
- ☐ Ensure airflow inside the tank.
- ☐ Open manhole covers, wait, and aerate before starting to empty.
- ☐ Never leave the septic tank lid open.
- ☐ Keep bystanders, especially children, away.
- ☐ Use a bright light source and have alternatives at hand.
- ☐ Cover any cuts or wounds, and sterilize after work.
- ☐ Avoid inserting head inside the tank.
- ☐ No heavy machinery on top of the tank.
- ☐ No food or drink near the tank.
- ☐ Avoid drugs during cleaning.
- ☐ No smoking during work.
- ☐ Avoid hand-face contact.
- ☐ Instead of entering the tank, use mechanical devices to soften the hard layer of sludge at the bottom of the septic tank.
- ☐ Do not enter the septic tank.
- ☐ If any worker becomes injured or sick, the coworker must provide first aid. If required, supervisory staff should be informed, and the injured or sick worker must be hospitalized immediately.

After Operation

- ☐ Dispose of the emptied fecal sludge at designated place.
- ☐ Transport the fecal sludge carefully to avoid contact with the environment.
- ☐ Clean and disinfect used tools, equipment, vehicle, and the area with water and bleaching powder.
- ☐ Check for any damage of the tools, equipment, and vehicles and report for repairs.
- ☐ Instruct occupants to stay away from the emptying site until the area is dry.
- ☐ Do not eat or drink before cleaning hands and face with soap and water.
- ☐ Clean all reusable PPE with soap and water and take a shower with soap after returning home.
- ☐ Inform owner and local authority if any leak or fault is observed in the serviced septic tank.
- ☐ Attend regular health checkups.
- ☐ Participate in ongoing training programs on OHS and standard operating procedures.
- ☐ Inform supervisory staff about PPE requirements and any other OHS concerns.
- ☐ Foster a culture of safety, hygiene, and responsibility within the team.

Solid Waste Worker

Before Operation

- ☐ Participate in trainings on waste collection and disposal, safety procedures, OHS, and first aid.
- ☐ Ensure vaccinations for relevant and infectious diseases (e.g., hepatitis, tetanus).
- ☐ Be familiar with waste collection and transport routes and disposal sites.
- ☐ Conduct pre-operational checks of the waste collection and transport tools, equipment, and vehicles to ensure functionality and safety.
- ☐ Always be ready with an identity card with emergency contacts.

During Operation

- ☐ Work in pairs or teams for safety.
- ☐ Wear personal protective equipment (PPE): safety glasses, helmet, mask, gloves, safety shoes/gum boots, and reflective safety vest.
- ☐ Be aware of potential hazards, including sharp objects and hazardous materials.
- ☐ Use proper lifting techniques to avoid injuries.
- ☐ Do not overfill waste collection containers.
- ☐ Sort recyclables and reusable items.
- ☐ Separate hazardous materials for proper disposal.
- ☐ Avoid direct contact with waste materials.
- ☐ Avoid hand-face contact.
- ☐ Follow safety instructions to safeguard all workers, pedestrians, and motorists.
- ☐ Exercise caution around moving vehicles and equipment during waste collection, transport, and disposal.
- ☐ Ensure use of movable reflective barriers on the roads during collection of waste from roadside secondary collection points.
- ☐ Transport the collected waste with cover to avoid contact with the environment.
- ☐ Dispose of waste in designated areas or landfills.
- ☐ Take short breaks at regular intervals to prevent fatigue and dehydration.
- ☐ Do not eat or drink before cleaning hands and face with soap and water.
- ☐ Report any injuries or health threats promptly to supervisory staff.
- ☐ Report any malfunctioning tools, equipment, or vehicles immediately to supervisory staff.
- ☐ Promote community awareness on proper waste disposal.
- ☐ If any worker becomes injured or sick, coworkers must administer first aid to them. If required, supervisory staff should be informed, and the injured or sick worker must be hospitalized immediately.

After Operation

- ☐ Clean and disinfect waste collection and transport tools, equipment, and vehicles.
- ☐ Check for any damage of the waste collection and transport tools, equipment, and vehicles and report for repairs.
- ☐ Wash hands thoroughly with soap and water after work.
- ☐ Do not eat or drink before cleaning hands and face with soap and water.
- ☐ Follow waste disposal guidelines for recyclables and hazardous materials.
- ☐ Attend regular health checkups.
- ☐ Participate in ongoing training programs on OHS and standard operating procedures.
- ☐ Clean all reusable PPE with soap and water and take a shower with soap after returning home.
- ☐ Inform supervisory staff about PPE requirements and other OHS concerns.
- ☐ Foster a culture of safety, hygiene, and responsibility within the team.

Road Sweeper

Before Operation

- ☐ Participate in trainings on road sweeping techniques, safety procedures, OHS, and first aid.
- ☐ Ensure vaccinations for relevant and infectious diseases (e.g., hepatitis, tetanus).
- ☐ Conduct pre-operational checks of road sweeping tools, equipment, and vehicles to ensure functionality and safety.
- ☐ Be familiar with the designated sweeping routes.
- ☐ Be aware of traffic rules and regulations.
- ☐ Check for potential obstacles or hazards on the roads.
- ☐ Always be ready with an identity card with emergency contacts.

During Operation

- ☐ Work in pairs or teams for safety.
- ☐ Wear personal protective equipment (PPE): safety glasses, helmet, mask, gloves, safety shoes/gum boots, and reflective safety vest.
- ☐ Operate road sweeping tools and equipment efficiently.
- ☐ Follow assigned routes and schedule to cover all designated areas and streets.
- ☐ Be aware of potential hazards, including sharp objects and hazardous materials.
- ☐ Avoid direct contact with waste materials.
- ☐ Avoid hand-face contact.
- ☐ Follow the safety instructions for safeguarding workers, pedestrians, and motorists, e.g., use movable reflective barriers to keep workers safe from moving vehicles, and occupy minimum road width to ensure smooth traffic flow.
- ☐ Coordinate with traffic authorities for smooth traffic flow and safe road sweeping work.
- ☐ Avoid sudden movements to prevent accidents.
- ☐ Exercise care around parked vehicles and obstacles.
- ☐ Take short breaks at regular intervals to prevent fatigue and dehydration.
- ☐ Do not eat or drink before cleaning hands and face with soap and water.
- ☐ Report any injuries or health threats promptly to the supervisory staff.
- ☐ Report any malfunctioning of tools, equipment, or vehicles immediately to supervisory staff.
- ☐ If any worker becomes injured or sick, coworkers must administer first aid. If required, supervisory staff should be informed and the injured or sick worker must be hospitalized immediately.

After Operation

- ☐ Clean and disinfect road sweeping tools, equipment, and vehicles.
- ☐ Check for any damage of the road sweeping tools, equipment, and vehicles, and report for repairs.
- ☐ Wash hands thoroughly with soap and water after work.

- ☐ Do not eat or drink before cleaning hands and face with soap and water.
- ☐ Clean all reusable PPE with soap and water and take a shower with soap after returning home.
- ☐ Attend regular health checkups.
- ☐ Participate in training programs on OHS and standard operating procedures.
- ☐ Inform supervisory staff about PPE requirements and other OHS concerns.
- ☐ Foster a culture of safety, hygiene, and responsibility within the team.

Drain Cleaner

Before Operation

- ☐ Undergo adequate training on drain cleaning, safety procedures, OHS, and first aid.
- ☐ Ensure vaccinations for relevant and infectious diseases (e.g., hepatitis, tetanus).
- ☐ Assess drain condition and potential hazards before starting work. Confirm the drain system layout and identify access points.
- ☐ Conduct pre-operational checks of the drain cleaning tools, equipment, and vehicles to ensure functionality and safety.
- ☐ Verify the presence of any toxic gases in the drain.
- ☐ Always be ready with an identity card with emergency contacts.

During Operation

- ☐ Work in pairs or teams for safety.
- ☐ Maintain clear communication with team members during operations.
- ☐ Wear personal protective equipment (PPE): safety glasses, helmet, mask, gloves, safety gum boots, reflective safety vest, and full-body apron.
- ☐ Ventilate enclosed spaces before entering drains.
- ☐ Utilize personal gas detectors to monitor air quality.
- ☐ Use appropriate barriers and warning signs to alert the public.

- ☐ Follow the safety instructions for safeguarding workers, pedestrians, and motorists, e.g., use movable reflective barriers to keep workers safe from moving vehicles, and occupy minimum road width to ensure smooth traffic flow.
- ☐ Handle chemicals with care, following recommended dilutions and safety guidelines.
- ☐ Employ drain rods and jetting machines efficiently for blockage removal.
- ☐ Be aware of potential hazards, including sharp objects and potential contaminants.
- ☐ Avoid direct contact with drain water and waste.
- ☐ Avoid hand-face contact.
- ☐ Transport the extracted waste with cover to avoid contact with the environment.
- ☐ Dispose of waste in designated areas or landfills.
- ☐ Take short breaks at regular intervals to prevent fatigue and dehydration.
- ☐ Do not eat or drink before cleaning hands and face with soap and water.
- ☐ Report any injuries or health threats promptly to supervisory staff.
- ☐ Report any malfunctioning of tools, equipment, or vehicles immediately to supervisory staff.
- ☐ If any worker becomes injured or sick, coworkers should provide first aid. If required, supervisory staff should be informed, and the injured or sick worker must be hospitalized immediately.

After Operation

- ☐ Clean and disinfect drain cleaning tools, equipment, and vehicles.
- ☐ Check for any damage of drain cleaning tools, equipment, and vehicles and report for repairs.
- ☐ Wash hands thoroughly with soap and water after work.
- ☐ Do not eat or drink before cleaning hands and face with soap and water.
- ☐ Clean all reusable PPE with soap and water and take a shower with soap after returning home.
- ☐ Attend regular health checkups.
- ☐ Participate in training programs on OHS and standard operating procedures.
- ☐ Inform supervisory staff about PPE requirements and other OHS concerns.
- ☐ Foster a culture of safety, hygiene, and responsibility within the team.

Medical Waste Disposal Worker

Before Operation

- ☐ Undergo adequate training on medical waste collection and disposal, safety procedure, OHS, and first aid.
- ☐ Ensure vaccinations for relevant and infectious diseases (e.g., hepatitis, tetanus).
- ☐ Be familiar with medical waste collection points, transport routes, and disposal sites.
- ☐ Conduct pre-operational checks of the medical waste collection and transport tools, equipment, and vehicles to ensure functionality and safety.
- ☐ Always be ready with an identity card with emergency contacts.
- ☐ Understand and adhere to infection control protocols.

During Operation

- ☐ Wear personal protective equipment (PPE): safety glasses, helmet, mask, gloves, safety shoes/gum boots, and reflective safety vest.
- ☐ Work with heightened awareness and caution at all times.
- ☐ Be aware of potential hazards, including sharp objects and hazardous and infectious materials.
- ☐ Handle medical waste containers carefully to prevent spills or leaks.
- ☐ Use dedicated and labeled containers in the transport vehicle for different types of medical waste.
- ☐ Ensure proper sealing and labeling of medical waste containers.
- ☐ Use proper lifting techniques to avoid injuries.
- ☐ Avoid direct contact with medical waste and fluids.
- ☐ Avoid hand-face contact.
- ☐ Follow established routes and schedules for waste collection.
- ☐ Transport the collected medical waste to the designated facilities for proper disposal.
- ☐ Take short breaks at regular intervals to prevent fatigue and dehydration.
- ☐ Do not eat or drink before cleaning hands and face with soap and water.

- ☐ Report any injuries or health threats promptly to the supervisory staff.
- ☐ Report any incident, spill, or malfunctioning of tools, equipment, or vehicles immediately to supervisory staff.
- ☐ If any worker becomes injured or sick, coworkers must administer first aid. If required, supervisory staff should be informed, and the injured or sick worker must be hospitalized immediately.

After Operation

- ☐ Clean and disinfect medical waste collection and transport tools, equipment, and vehicles.
- ☐ Check for any damage of the medical waste collection and transport tools, equipment, and vehicles and report for repairs.
- ☐ Wash hands thoroughly with soap and water after work.
- ☐ Do not eat or drink before cleaning hands and face with soap and water.
- ☐ Follow medical waste disposal guidelines for recyclables and hazardous materials.
- ☐ Attend regular health checkups.
- ☐ Participate in ongoing training programs on OHS and standard operating procedures.
- ☐ Clean all reusable PPE with soap and water and take a shower with soap after returning home.
- ☐ Inform the supervisory staff about PPE requirements and other OHS concerns.
- ☐ Foster a culture of safety, hygiene, and responsibility within the medical waste collection, transport, and disposal teams.

Toilet and Floor Cleaner

Before Operation

- ☐ Undergo adequate training on toilet and floor cleaning, safety procedures, OHS, and first aid.
- ☐ Ensure vaccinations for relevant and infectious diseases (e.g., hepatitis, tetanus).
- ☐ Be familiar with the cleaning products and their specific applications.
- ☐ Understand safety protocols for handling cleaning chemicals.

- ☐ Conduct pre-operational checks of the toilet and floor cleaning tools and equipment to ensure functionality and safety.
- ☐ Assess potential hazards before starting work.
- ☐ Always be ready with an identity card with emergency contacts.

During Operation

- ☐ Wear personal protective equipment (PPE): safety glasses, helmet, mask, gloves, safety gum boots, reflective safety vest, and full-body apron.
- ☐ Confirm the designated cleaning areas and schedule.
- ☐ Use appropriate barriers and warning signs to alert public.
- ☐ Work systematically, starting from less contaminated areas to more contaminated ones.
- ☐ Ventilate the cleaning area to minimize exposure to cleaning fumes.
- ☐ Use appropriate disinfectants for high-touch surfaces and toilets.
- ☐ Pay attention to corners, edges, and hidden areas during cleaning.
- ☐ Apply the correct dilution and concentration of cleaning solutions.
- ☐ Use color-coded cleaning tools to prevent cross-contamination.
- ☐ Ensure proper disposal of waste and used cleaning materials.
- ☐ Be cautious about electrical equipment and connections around wet areas.
- ☐ Follow proper lifting techniques to avoid injuries.
- ☐ Avoid direct contact with wastewater and cleaning agents.
- ☐ Avoid hand-face contact.
- ☐ Take short breaks at regular intervals to prevent fatigue and dehydration.
- ☐ Do not eat or drink before cleaning hands and face with soap and water.
- ☐ Report any injuries or health threats promptly to supervisory staff.
- ☐ Report any malfunctioning of tools or equipment immediately to supervisory staff.
- ☐ If any worker becomes injured or sick, coworkers must administer first aid. If required, supervisory staff should be informed, and the injured or sick worker must be hospitalized immediately.

After Operation

- ☐ Clean and disinfect cleaning tools and equipment.
- ☐ Inspect for any damage of the cleaning tools and equipment, and report for repairs.
- ☐ Dispose of waste and used cleaning materials according to regulations.
- ☐ Wash hands thoroughly with soap and water after work.
- ☐ Do not eat or drink before cleaning hands and face with soap and water.
- ☐ Clean all reusable PPE with soap and water and take a shower with soap after returning home.
- ☐ Attend regular health checkups.
- ☐ Participate in training programs on OHS and standard operating procedures.
- ☐ Inform supervisory staff about PPE requirements and other OHS concerns.
- ☐ Foster a culture of safety, hygiene, and responsibility within the team.

ANNEX 7

Post-Training Assessment

Use the same questionnaire used in pre-assessment (see Annex 1) for post-assessment.

ANNEX 8

Correct Answers for Pre/Post-Training Assessment

1. What should we do to prevent the spread of infectious diseases?
c) Develop the habit of cleanliness.
2. How long should you wash your hands with soap and water?
c) 20 seconds
3. Which PPE is useful for sanitation and waste workers?
e) All of the above.
4. How many family members can use the same mask?
c) The same mask cannot be used by more than one person.
5. What should be done first when putting on PPE?
b) Disinfect the hands.
6. What is the minimum distance to be maintained for social distancing?
b) 1 meter
7. I finished my sanitation or waste management work. My hands look clean, so I can now eat food without washing my hands. Right or wrong?
b) Wrong.
8. Safety gum boots or shoes are very heavy and uncomfortable. Sandals are much more comfortable so it's better to wear sandals for work. Right or wrong?
b) Wrong.

9. Why is a reflective jacket necessary?

c) To make us visible to drivers when it's dark, saving us from accidents.

10. Which of the following is right?

c) Isolation means keeping an infected person separate from others.

ANNEX 9

Training Evaluation

How was the training course?



☐ Very bad



☐ Bad



☐ Moderate



☐ Good



☐ Very good

Are you willing to put into practice what you have learned from the training?



☐ Strongly disagree



☐ Disagree



☐ Neither agree
nor disagree



☐ Agree



☐ Strongly agree

Will you use proper personal protective equipment during work?



☐ Strongly disagree



☐ Disagree



☐ Neither agree
nor disagree



☐ Agree



☐ Strongly agree

ANNEX 10

Training Report

A training report should be prepared and shared with all concerned to assist with follow-up, planning, and future use. The report should include the following:

Training Narrative Form

Training name:	
Date:	
Venue:	
Name and title of the focal person:	
Names and titles of trainers:	
Name and title of multimedia technician:	
Names and titles of support staff:	
Occupations of participants (tick):	<input type="checkbox"/> Solid waste collectors <input type="checkbox"/> Solid waste disposal workers <input type="checkbox"/> Street sweepers <input type="checkbox"/> Drain cleaners <input type="checkbox"/> Public/community toilet cleaners <input type="checkbox"/> Medical waste disposal workers (non-hospital staff who collect hospital waste) <input type="checkbox"/> Manual pit-emptiers <input type="checkbox"/> Mechanical pit-emptiers (by vacuum tanker) <input type="checkbox"/> Recycling business/industry workers <input type="checkbox"/> Informal waste pickers <input type="checkbox"/> Others (if any)

Number of participants:	Total: Female: Male:
Further notes	

PART IV

PRESENTATION SLIDES AND PARTICIPANTS' HANDOUTS

Health, Hygiene, Safety, and Dignity of Sanitation Workers



Inauguration of the Training Course



Introduction



- Name
- Type of work
- Married or unmarried
- Number of children
- A funny past event or enjoyable thing in life

So-2

Pre-Training Assessment

1. What should we do to prevent the spread of infectious diseases?

- a) Do not leave the house
- b) Take regular medicine
- c) Develop the habit of cleanliness

2. How long should you wash your hands with soap and water?

- a) 5 seconds
- b) 10 seconds
- c) 20 seconds

So-3

Pre-Training Assessment

3. Which personal protective equipment (PPE) is useful for sanitation and waste workers?

- a) Gloves
- b) Mask
- c) Safety goggles
- d) Safety gumboots or shoes
- e) All of the above

So-4

Pre-Training Assessment

4. How many family members can use the same mask?

- a) Everyone in the family
- b) Two people
- c) The same mask cannot be used by more than one person

5. Which should be done first when putting on PPE?

- a) Putting on a mask
- b) Disinfecting hands
- c) Putting on safety goggles

So-5

Pre-Training Assessment

6. What is the minimum distance that should be maintained for social distancing?

- a) 1.25 meter
- b) 1 meter
- c) 2 meter

7. I have just finished my sanitation or waste management work. My hands look clean, so I can now eat food without washing my hands. Right or wrong?

- a) Right
- b) Wrong

So-6

Pre-Training Assessment

8. Safety gumboots or shoes are very heavy and uncomfortable. Sandals are much more comfortable, so it's better to wear sandals for work. Right or wrong?
- a) Right.
 - b) Wrong.

9. Why is a reflective jacket necessary?
- a) To keep the body warm during winter.
 - b) To prevent police harassment.
 - c) To make us visible to drivers when it's dark, saving us from accidents.

So-7

Pre-Training Assessment

10. Which of the following is right?
- a) Quarantine means keeping an infected person separate from others.
 - b) Social distancing means keeping an infected person separate from others.
 - c) Isolation means keeping an infected person separate from others.

So-8

Training Objectives

- To equip participants with knowledge about occupational health and safety (OHS), hygiene rules for work, and infection prevention.
- To provide tips to participants on how to comply with OHS requirements.
- To make participants aware of their OHS rights and responsibilities.

So-9

Training Outcomes

At the end of this training, participants will

- understand more about infectious diseases and what to do to prevent them,
- learn how to follow proper hygiene rules while working,
- understand the importance of using PPE and learn how to use it, and
- understand more about what to do if signs of infection emerge.

So-10

Training Schedule

Session	Time (mins)
Inauguration of Training	90
Session 1: Waste, Hygiene, + Occupational Health	30
Session 2: Disease Transmission + Occupational Health Risks	40
Session 3: Importance of Hand Washing	40
Session 4: Proper Use of PPE	70
Session 5: Importance of PPE	30
Session 6: Self-Grooming + Cleanup Procedures	40
Session 7: Responses to Infection + Emergency Procedures	30
Session 8: Relevant Laws, Rules, + Other Provisions	30
Session 9: Equipment Contributing to Work Efficiency + Safety	30
Close	60

So-11

Training Rules

- Speak for yourself and give others the opportunity to speak.
- Listen attentively to others.
- Be respectful of the opinions of others.
- Be an active participant.
- Direct comments to everyone rather than speaking among each other.
- Keep mobile phone on silent.
- Adhere to hygiene rules.
- If you do not understand something, ask the trainer.
- No smoking in or around the training room.
- Leave room one by one to use bathroom, if necessary.

So-12

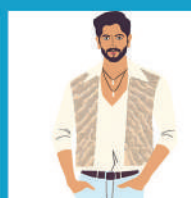
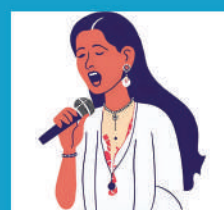
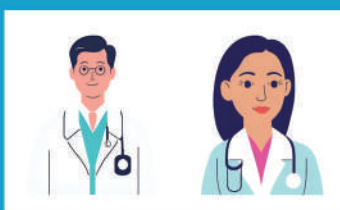
Health, Hygiene, Safety, and Dignity of Sanitation Workers



SESSION 1 Waste, Hygiene, and Occupational Health



Sl-2



Sl-3

Who Are Waste and Sanitation Workers?

Waste and sanitation workers are the men and women responsible for cleaning up or removing any kind of waste in our communities.

Internationally, the job profile of sanitation workers and waste workers is recognized to be different.

In Nepal, the same worker generally performs the functions of both sanitation and waste worker.

Sl-4

Importance of Services Provided by Sanitation and Waste Workers



Neat and clean household premises and surroundings



No or fewer mosquitoes and flies



Reduced diseases and health burden



Reduced suffering of people



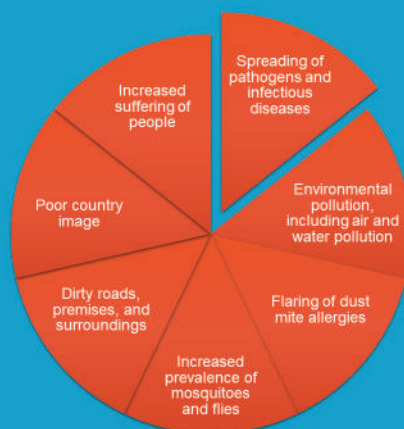
Satisfied and happy citizens



Better environment

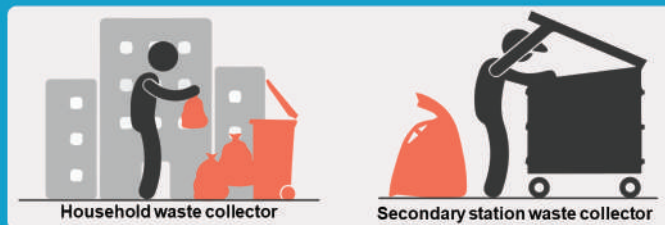
Sl-5

Consequences if Sanitation and Waste Workers Provide Poor Service



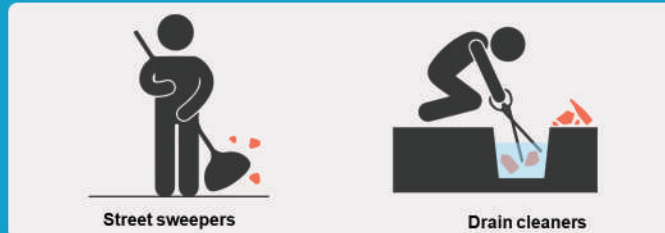
Sl-6

Categories of Sanitation and Waste Workers



Sl-7

Categories of Sanitation and Waste Workers



Sl-8

Categories of Sanitation and Waste Workers



Sl-9

Categories of Sanitation and Waste Workers



Manual pit-emptier



Mechanical pit-emptier

S1-10

Categories of Sanitation and Waste Workers



Waste screening/recycling worker



Waste picker

S1-11

What Is Waste?

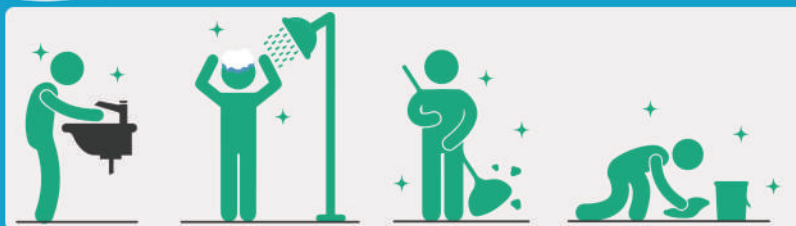


Any trash, leftovers, feces, animal carcasses, sewage sediment, solid waste, and other contaminants are called "waste."

S1-12

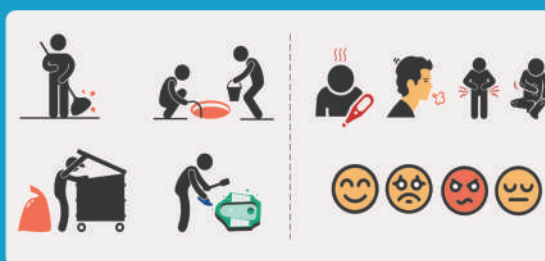
What Is Hygiene?

Hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases.



51-13

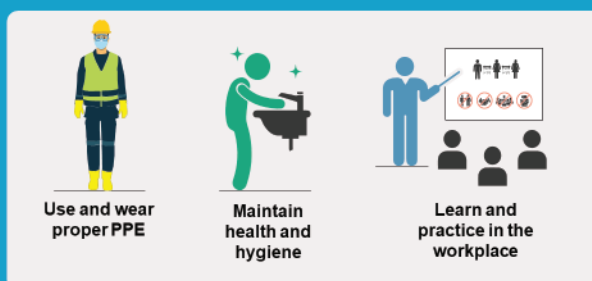
Occupational Health



Occupational health is the effect of work on a worker's body, health, mood, and behavior.

51-14

How to Ensure Occupational Health



51-15

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Health, Hygiene, Safety, and Dignity of Sanitation Workers



SESSION 2

Disease Transmission and Occupational Health Risks



Diseases and Physical Problems Affecting Sanitation and Waste Workers

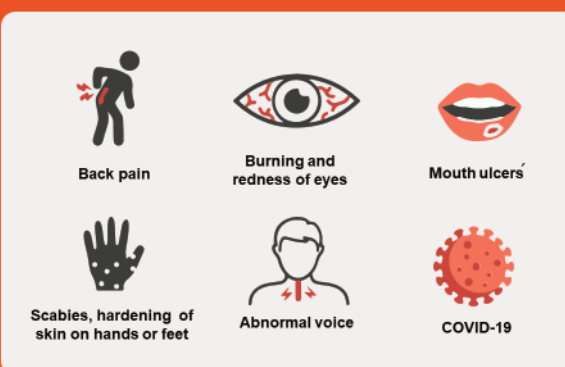
Short Term



S2-2

Diseases and Physical Problems Affecting Sanitation and Waste Workers

Short Term



S2-3

Diseases and Physical Problems Affecting Sanitation and Waste Workers

Long Term



Stomach diseases, gastric ulcers



Dermatitis, itching



Cancer



Cough, tuberculosis

S2-4

Diseases and Physical Problems Affecting Sanitation and Waste Workers

Long Term



Shortness of breath



Decreased feeling of tongue and skin



Non-healing wounds

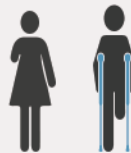


Decrease in stamina

S2-5

Diseases and Physical Problems Affecting Sanitation and Waste Workers

Long Term



Mutilation, Amputation



Sexual diseases through contact with needles, syringes

S2-6

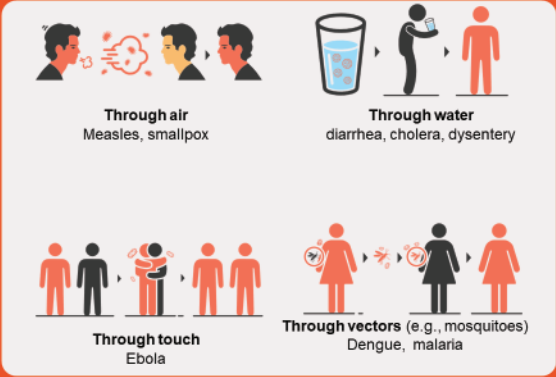


Diseases that can be spread, directly or indirectly, from one person to another are called infectious diseases.

They may also be called contagious diseases.

S2-7

How Do Infectious Diseases Spread?



Through air
Measles, smallpox

Through water
diarrhea, cholera, dysentery

Through touch
Ebola

Through vectors (e.g., mosquitoes)
Dengue, malaria

S2-8

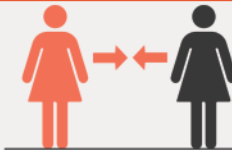
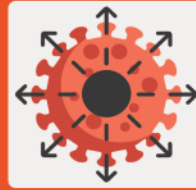
What Is Coronavirus Disease?



Coronavirus disease was a new type of virus that led to a global pandemic in 2020.

S2-9

How Coronavirus Spreads



Direct or indirect contact
with infected people



Through the sneezes, coughs,
spit of an infected person

S2-10

How Do Germs Spread?



By putting your hands
on your face, nose, or eyes



By taking care of a patient without
taking necessary precautions



By not washing hands after
using the toilet



By not covering wounds
on the body

S2-11

How Do Germs Spread?



If germ-carrying
insects bite you



If you drink
contaminated water.



If you do not wash your
hands well before eating



If you eat rotten food or eat
in a dirty environment

S2-12

How Can Infectious Diseases Be Avoided?



Develop the habit of cleanliness



Regularly wash both hands with soap and water for at least 20 seconds

S2-13

How Can Infectious Diseases Be Avoided?



Wear a mask



Do not spit just anywhere

S2-14

How Can Infectious Diseases Be Avoided?



Maintain social distancing



Cover nose and mouth with elbow/tissues when sneezing or coughing

S2-15

Health, Hygiene, Safety, and Dignity of Sanitation Workers



SESSION 3 Importance of Handwashing



Video on Handwashing



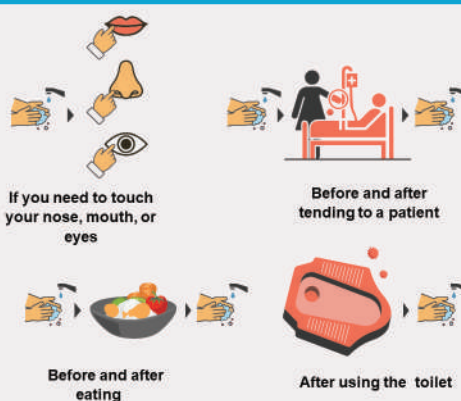
S3-2

When Should I Disinfect My Hands?



S3-3

When Should I Disinfect My Hands?



S3-4

When Should I Disinfect My Hands?

To prevent infectious diseases, wash both hands regularly for at least 20 seconds with soap and water



S3-5

Video on Handwashing



S3-6

How to Wash Hands with Soap and Water



Open the tap and wet both hands with water.



Place soap on the palm of the hand.

S3-7

How to Wash Hands with Soap and Water



Make foam by rubbing soap with both hands.



Rub the palm of one hand well on the back of the other, and in between the fingers. Switch hands.

S3-8

How to Wash Hands with Soap and Water



For both hands, the backs of the fingers of one hand should be rubbed with the palm of the other hand.



The thumb of one hand should be rubbed against the knuckles of the other. Switch hands.

S3-9

How to Wash Hands with Soap and Water



The tips of the fingers of one hand should be rubbed in a circle on the palm of the other hand. Switch hands.



Rub the wrist of one hand well with the knuckles of the other. Switch hands.

S3-10

How to Wash Hands with Soap and Water



Rinse both hands well with water.



Finally, wipe both hands with a clean tissue or cloth.

By disinfecting hands regularly, one can protect oneself and others from infectious diseases.

S3-11

How to Disinfect Hands with Hand Sanitizer

If a handwashing facility with soap and water is not available, sanitizer can be used.



Pour enough sanitizer into one hand.

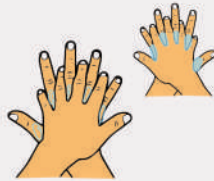


Rub both hands.

S3-12

How to Disinfect Hands with Hand Sanitizer

If a handwashing facility with soap and water is not available, sanitizer can be used.



Rub the backs of the fingers of both hands with the palms of the other hand.

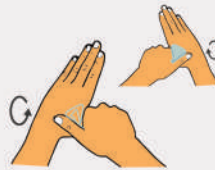


Rub the thumb of one hand with the knuckles of the other. Switch hands.

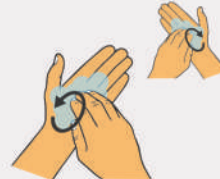
53-13

How to Disinfect Hands with Hand Sanitizer

If a handwashing facility with soap and water is not available, sanitizer can be used.



Rub the backs of the fingers of one hand with the palms of the other. Switch hands.

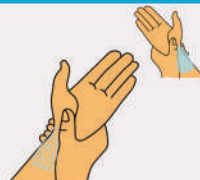


Rub the tips of the fingers of one hand in a circle on the palm of the other. Switch hands.

53-14

How to Disinfect Hands with Hand Sanitizer

If a handwashing facility with soap and water is not available, sanitizer can be used.



Rub the wrist of one hand well with the knuckle of the other. Switch hands.



Rub both hands well with the sanitizer until the hands are dry.



Sanitizers should always be kept a safe distance from fire to avoid accidents.

53-15

Health, Hygiene, Safety, and Dignity of Sanitation Workers



SESSION 4

Proper Use of Personal Protective Equipment



What Is Personal Protective Equipment?

Personal protective equipment (PPE) is the clothing or materials used to protect against health and safety risks.

Why should we wear PPE?



To protect the body from germs and wounds.



PPE may not fully protect the body from injury or trauma, but it does greatly reduce the risk.

S4-2

Who Should Use PPE?



- Workers collecting solid waste from homes
- Workers collecting solid waste from dump or landfill sites
- Road sweepers
- Sewer/drain cleaners
- Medical waste disposal workers
- Public/community toilet cleaners
- Sewage disposal workers
- Sewage disposal by vacuum tanker workers
- Waste recycling/screening workers
- Waste pickers

S4-3

Types of PPE



Mask

Protects the nose and mouth, e.g., from germs, dust.



Gloves

Protect workers' hands from direct contact with waste or dirt.

S4-4

Types of PPE



Safety Goggles

Protect eyes from dust or harmful particles.



Reflective Jacket

Reduces risk of accidents by making the body more visible while working at night, on cloudy days, or in dark places.

S4-5

Types of PPE

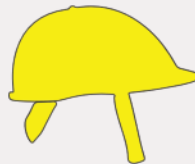


Apron

Protects the body/skin from harmful liquids, chemicals, and pathogen-carrying objects such as syringes.

S4-6

Types of PPE



Safety Helmet

Protects the head. Especially useful for manual and mechanical pit-emptiers who are at risk of falling or getting hurt while emptying septic tanks.

S4-7

Types of PPE



Safety Gumboots/Shoes

Protect feet from sharp objects, airborne particles, dust, and harmful liquids.

S4-8

Video on putting ON
and taking OFF PPE
and cleaning PPE.

S1-9



**PPE According to
Type of Work**

PPE Is My Right



Road Sweeper



Mask



Gloves



Safety Goggles



Reflective Jacket



Safety Shoes

S4-11

**PPE According to
Type of Work**

PPE Is My Right



**Household Waste
Collector**



Mask



Gloves



Safety Goggles



Reflective Jacket



Safety Shoes

S4-12

PPE According to Type of Work

PPE Is My Right



Medical Waste Collector



Mask



Gloves



Safety Goggles



Reflective Jacket



Safety Shoes



Apron

S4-13

PPE According to Type of Work

PPE Is My Right



Drain Cleaner



Mask



Gloves



Safety Goggles



Reflective Jacket



Gumboots

S4-14

PPE According to Type of Work

PPE Is My Right



Community Toilet Cleaner



Mask



Gloves



Safety Goggles



Reflective Jacket



Gumboots

S4-15

PPE According to Type of Work

PPE Is My Right



Mask



Gloves



Safety Goggles



Reflective Jacket



Apron



Gumboots



Safety Helmet

S4-16

PPE According to Type of Work

PPE Is My Right



Mask



Gloves



Safety Goggles



Reflective Jacket



Apron



Gumboots



Safety Helmet

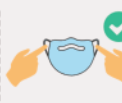
S4-17

How to Use PPE

How to Use a Mask



Do not put your hands in front of the mask while putting on. Hold by the elastic bands or ribbons.



Place the nose clip or metal strip on the bridge of your nose and pinch it so that it molds to the shape of your nose.

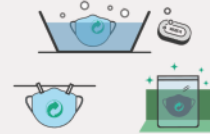
S4-18

How to Use PPE

How to Use a Mask



Make sure that the mask covers your nose, mouth, and chin completely and there is no gap between the mask and the face.



Wash the reusable mask well with soap and water and store it in a clean and sterile bag/container after drying.

S4-19

How to Use PPE

How to Use a Mask



Do not wear dirty, wet, torn, or cracked masks.



The chance of infection is high when more than one person use the same mask.

S4-20

How to Use PPE

How to Use Gloves



Ensure gloves are dry and clean.



Ensure gloves cover up to the wrist.

S4-21

How to Use PPE

How to Use Gloves



Take off the gloves in such a way that the outer part does not come into contact with hands.



Do not use torn or leaking gloves.

Store dry gloves in a clean container or bag.



S4-22

How to Use PPE

How to Use Safety Goggles



Put on and take off the safety goggles by holding their frame.



Do not touch the front or inner side of the glass while putting on and taking off.



S4-23

How to Use PPE

How to Use Safety Goggles



Position the goggles properly so they do not slip off during work.



Use only soap and water for cleaning the safety goggles.

S4-24

How to Use PPE

How to Use Safety Goggles



Do not place any heavy object on the safety goggles.



Replace the goggles if broken or scratched.



S4-25

How to Use PPE

How to Use a Safety Helmet



Ensure helmet is clean and dry.



Ensure that the helmet covers the head properly.

S4-26

How to Use PPE

How to Use a Safety Helmet



Adjust the knob at the back of helmet to properly fit the head.



Adjust the ribbon of the helmet under the chin so that it does not loosen during work.



S4-27

How to Use PPE

How to Use a Safety Helmet



Do not throw the helmet abruptly or sit on it.

Replace the helmet if broken.

S4-28

How to Use PPE

Apron/Reflective Jacket



While putting on or taking off, be careful not to tear.



The zipper/button of the apron/reflective jacket should be closed properly.

S4-29

How to Use PPE

Apron/Reflective Jacket



Ensure that the apron covers clothes completely.



Replace the apron/reflective jacket if it is torn.

S4-30

How to Use PPE

Safety Gumboots/Shoes



Ensure that the safety gumboots/ shoes cover feet completely.

Ensure feet are dry when putting on. If possible, put on socks before gumboots/shoes.

54-31

How to Use PPE

Safety Gumboots/Shoes



Put on and take off by holding the upper part open.

Replace if torn.

54-32

Sequence of Putting on PPE



1. Disinfect hands



2. Put on mask



3. Put on apron/reflective jacket



4. Put on gloves

54-33

Sequence of Putting on PPE



S4-34

Sequence of Taking off PPE

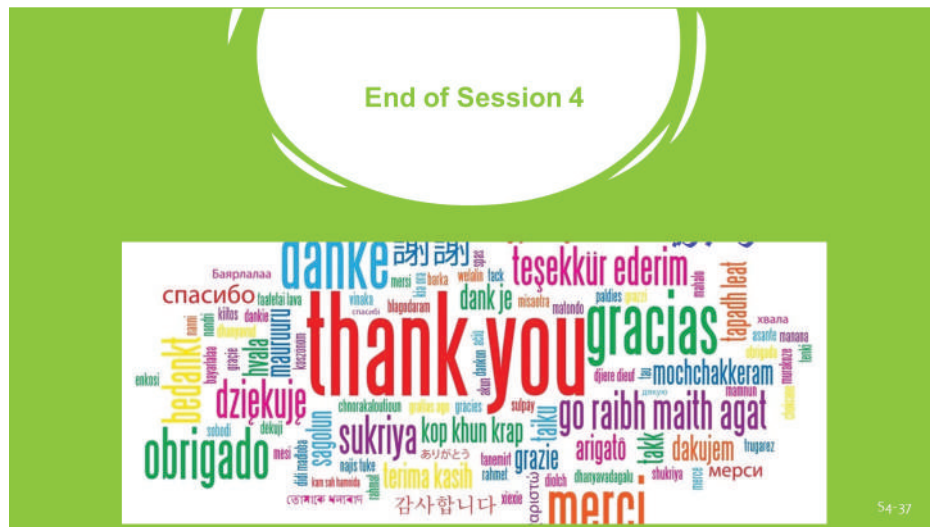


S4-35

Sequence of Taking off PPE



S4-36



Health, Hygiene, Safety, and Dignity of Sanitation Workers



SESSION 5

Importance of Using Personal Protective Equipment



Group Work



Group 1

Different types of PPE



Group 2

Infectious diseases
Occupational risks

55-2

Slogans



Every sanitation worker is
entitled to use PPE



Let's use PPE properly to live
life with health and dignity

55-3

Health, Hygiene, Safety, and Dignity of Sanitation Workers



SESSION 6 Self-Grooming and Cleanup Procedures



Self-Grooming and Dignity



56-2

Proper Attire Ensures Dignity

- Proper attire, i.e., clean clothing and PPE, helps build self-respect.
- Self-respect builds the confidence to deliver an invaluable service to society efficiently.
- Efficient service delivery in proper attire will earn respect from service recipients and citizens.
- Respect from service recipients and citizens will further establish sanitation and waste management as a dignified and invaluable service to the environment and society.

56-3

Cleaning Equipment

How to Clean Equipment After Work



Equipment should be disinfected every day while wearing PPE.



Used equipment should be washed properly with disinfectant solution.

56-4

Cleaning Equipment

How to Clean Equipment After Work



After cleaning, the equipment should be well dried.



Equipment should be stored in a clean area.

56-5

Cleaning Equipment

How to Clean a Vehicle After Work



Vehicles should be disinfected every day while wearing PPE.



Wash washable items such as carpets/floor mats with soap and water, then dry.

56-6

Cleaning Equipment

How to Clean a Vehicle After Work



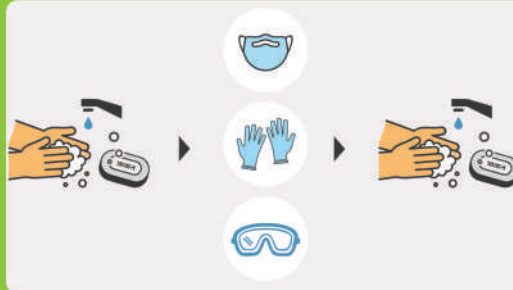
Wipe non-washable items with disinfectant using cloth or sponge.



Exterior items of vehicle should be cleaned well with soap and water.

56-7

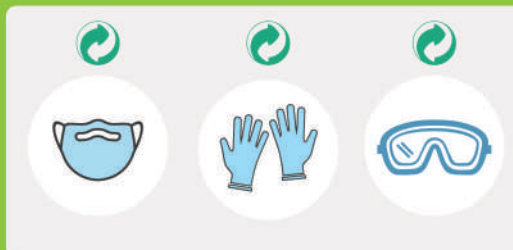
Handwashing Before and After Putting On PPE



Before and after wearing PPE, both hands must be thoroughly washed and dried with soapy water for at least 20 seconds, or hands disinfected with sanitizer.

56-8

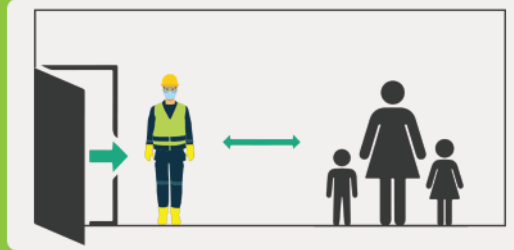
Wearing PPE



Durable and reusable PPE should be used or worn.

56-9

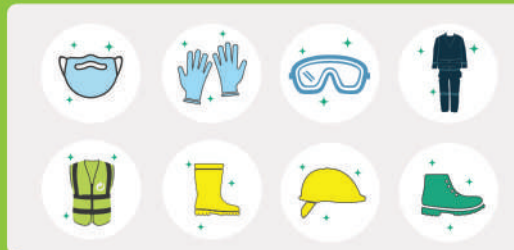
Putting On PPE



Stay away from other members of the household before taking a bath after returning home from work.

56-10

Taking Off PPE



PPE should be sterilized after use.

56-11

Cleaning PPE

Necessary Materials



1. Soap or detergent

2. Safety gumboots or a bucket for washing shoes

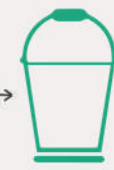
56-12

Cleaning PPE

Necessary Materials



3. A separate bucket for washing the rest of the PPE



4. Preferably lukewarm water

56-13

Cleaning PPE



1. Safety gumboots/shoes should be taken off and kept in a bucket.



2. When wearing gloves, both hands should be washed thoroughly with soapy water.

56-14

Cleaning PPE



3. Clothing and washable PPE should be removed and placed in another bucket.



4. PPE should be soaked by making foam with an adequate amount of detergent/soap-water/antiseptic liquid in the bucket, then washing well.



5. PPE should be well dried.

56-15

Checklist of Standard Operating Procedures for Supervisors

- ☐ Maintain an updated list of worker details.
- ☐ Keep track of PPE inventory, forecast needs, and ensure timely procurement.
- ☐ Develop a waste management plan considering traffic, weather, and regulations, collaborating with local authorities.
- ☐ Conduct pre-operational checks on tools, equipment, and vehicles, addressing and reporting deviations.
- ☐ Ensure that workers follow safety protocols and wear recommended PPE; address and report deviations.
- ☐ Regularly inspect tools, equipment, and vehicles for proper functionality and safe operation.
- ☐ Instruct immediate reporting of incidents, spills, injuries, or safety concerns; document accurately.

S6-16

Checklist of Standard Operating Procedures for Supervisors

- ☐ Encourage regular health checkups for workers and address health issues affecting performance.
- ☐ Maintain open communication channels with workers, addressing concerns promptly.
- ☐ Ensure proper maintenance and cleaning of tools, equipment, and vehicles after work.
- ☐ Verify waste disposal compliance with regulations and address any issues.
- ☐ Confirm whether workers follow proper hygiene practices after completing tasks.
- ☐ Review documents on reported injuries, exposures, and health concerns; coordinate with higher authorities for improvement.

S6-17

Checklist of Standard Operating Procedures for Supervisors

- ☐ Provide monthly orientation on standard operating procedures and occupational health and safety to workers.
- ☐ Facilitate ongoing training programs for skill enhancement; encourage participation.
- ☐ Establish a feedback mechanism for safety and workflow improvements; regularly implement suggestions.
- ☐ Conduct periodic performance evaluations, recognizing achievements and addressing areas of improvement.
- ☐ Periodically audit to ensure compliance with safety regulations; address potential noncompliances.
- ☐ Foster a culture of safety, responsibility, and communication; implement measures to enhance overall safety culture within the team.

S6-18

Checklist of Standard Operating Procedures for Manual Pit-Emptyers

Before operation:

- ☐ Undergo training on manual emptying techniques, safety procedures, occupational health and safety, and first aid.
- ☐ Ensure vaccinations for relevant and infectious diseases (e.g., hepatitis, tetanus, COVID-19).
- ☐ Check for leaks in the system.
- ☐ Estimate groundwater level.
- ☐ Carry first aid kits and emergency contact details.
- ☐ Keep repair materials for pipes on hand.
- ☐ Cover the ground with polythene sheet.

S6-19

Checklist of Standard Operating Procedures for Manual Pit-Emptyers

During operation:

- ☐ Work with at least one coworker.
- ☐ Wear PPE: safety glasses, helmet, mask, gloves, safety gumboots, reflective safety vest, and full-body apron.
- ☐ Use temporary safety fencing and warning signs.
- ☐ Open manhole covers carefully, especially rusted ones.
- ☐ Ensure airflow inside the tank.
- ☐ Open manhole covers, wait, and aerate before starting to empty.
- ☐ Never leave the septic tank lid open.
- ☐ Keep bystanders, especially children, away.

S6-20

Checklist of Standard Operating Procedures for Manual Pit-Emptyers

During operation:

- ☐ Use a bright light source and have alternatives.
- ☐ Cover cuts or wounds and sterilize after work.
- ☐ Avoid inserting head inside the tank.
- ☐ No heavy machinery on top of the tank.
- ☐ Open rusted manhole covers carefully.
- ☐ Break foam layer before cleaning.
- ☐ No food or drink near the tank.
- ☐ No drugs or smoking during work.

S6-21

Checklist of Standard Operating Procedures for Manual Pit-Emptyers

During operation:

- ☐ Avoid hand-face contact.
- ☐ Enter the tank only when sludge is low; aerate before entry.
- ☐ Use a ladder and safety equipment.
- ☐ Secure entrant with a rope; check agility regularly.
- ☐ Entrain pulls rope if rescue needed; designated person outside rescues.
- ☐ No one else should enter the tank for rescue.
- ☐ Provide first aid to an injured/sick worker; hospitalize if needed.

S6-22

Checklist of Standard Operating Procedures for Manual Pit-Emptyers

After operation:

- ☐ Dispose of emptied fecal sludge at designated place.
- ☐ Transport fecal sludge carefully to avoid environmental contact.
- ☐ Disinfect tools, equipment, and area with bleaching powder.
- ☐ Inspect tools, equipment, and vehicles for damage; report or initiate repairs.
- ☐ Instruct occupants to stay away from emptying site until dry.
- ☐ Avoid eating or drinking before cleaning hands and face with soap and water.

S6-23

Checklist of Standard Operating Procedures for Manual Pit-Emptyers

After operation:

- ☐ Clean reusable PPE with soap and water; shower with soap after returning home.
- ☐ Inform owner and local authority of any observed leaks or faults in the served septic tank.
- ☐ Attend regular health checkups.
- ☐ Participate in ongoing occupational health and safety and standard operating procedure training programs.
- ☐ Inform supervisory staff about PPE needs and other occupational health and safety concerns.
- ☐ Foster a culture of safety, hygiene, and responsibility within the team

S6-24

Checklist of Standard Operating Procedures for Mechanical Pit-Emptiers

Before operation:

- ☐ Training on mechanical emptying techniques, safety procedures, occupational health and safety, and first aid.
- ☐ Ensure vaccinations for relevant and infectious diseases (e.g., hepatitis, tetanus, COVID-19).
- ☐ Check vacuum tanker, tools, equipment, and connections.
- ☐ Check for leaks and faults in the septic tank system.
- ☐ Estimate groundwater level.
- ☐ Carry first aid kits and emergency contacts.
- ☐ Keep repair materials for pipes.
- ☐ Cover the ground with polythene sheet.
- ☐ Keep tank, pipe, and connections straight.

S6-25

Checklist of Standard Operating Procedures for Mechanical Pit-Emptiers

During operation:

- ☐ Work with at least one co-worker.
- ☐ Wear PPE: safety glasses, helmet, mask, gloves, safety gumboots, reflective safety vest, and full-body apron.
- ☐ Use temporary safety fencing and warning signs.
- ☐ Open manhole covers carefully, especially rusted ones.
- ☐ Ensure airflow inside the tank.
- ☐ Open manhole covers, wait, and aerate before start emptying.
- ☐ Never leave the septic tank lid open.
- ☐ Keep bystanders, especially children, away.
- ☐ Use a bright light source and have alternatives.
- ☐ Cover any cuts or wounds, and sterilize wounds after work.

S6-26

Checklist of Standard Operating Procedures for Mechanical Pit-Emptiers

During operation:

- ☐ Avoid putting head inside the tank.
- ☐ No heavy machinery on top of the tank.
- ☐ No food, drink, or drugs near the tank.
- ☐ No smoking during work.
- ☐ Avoid hand-face contact.
- ☐ Use mechanical devices to soften hard sludge, instead of entering the tank.
- ☐ Do not enter the septic tank.
- ☐ Provide first aid to an injured/sick worker; inform supervisory staff and hospitalize if needed.

S6-27

Checklist of Standard Operating Procedures for Mechanical Pit-Emptyers

After operation:

- ☐ Dispose of the emptied fecal sludge at designated place.
- ☐ Transport the fecal sludge carefully to avoid contact with the environment.
- ☐ Clean and disinfect used tools, equipment, vehicle, and the area with water and bleaching powder.
- ☐ Inspect for any damage of tools, equipment, and vehicles, and report for repairs.
- ☐ Instruct the occupants to stay away from the emptying site until the area is dry.
- ☐ Do not eat or drink before cleaning hands and face with soap and water.

S6-28

Checklist of Standard Operating Procedures for Mechanical Pit-Emptyers

After operation:

- ☐ Clean all reusable PPEs with soap and water, and take shower with soap after returning home.
- ☐ Inform the owner and local authority if any leak or fault is observed in the serviced septic tank.
- ☐ Attend regular health checkups.
- ☐ Participate in ongoing training programs on occupational health and safety and standard operating procedures.
- ☐ Inform the supervisory staff about PPE requirements and other occupational health and safety concerns.
- ☐ Foster a culture of safety, hygiene, and responsibility within the team.

S6-29

Checklist of Standard Operating Procedures for Solid Waste Workers

Before work:

- ☐ Ensure adequate training on waste collection and disposal, safety procedures, occupational health and safety, and first aid.
- ☐ Ensure that workers get vaccinations for relevant and infectious diseases (e.g., hepatitis, tetanus, COVID-19).
- ☐ Be familiar with waste collection and transport routes and disposal sites.
- ☐ Conduct pre-operational checks of the waste collection and transport tools, equipment, and vehicles to ensure functionality and safety.
- ☐ Always carry an identity card with emergency contacts.

S6-30

Checklist of Standard Operating Procedures for Solid Waste Workers

During work:

- ☐ Work in pairs or teams for safety.
- ☐ Wear PPE: safety glasses, helmet, mask, gloves, safety shoes/gumboots, and reflective safety vest.
- ☐ Be aware of potential hazards, including sharp objects and hazardous materials.
- ☐ Use proper lifting techniques to avoid injuries.
- ☐ Do not overfill waste collection containers.
- ☐ Sort recyclables and reusable items.
- ☐ Separate hazardous materials for proper disposal.
- ☐ Avoid direct contact with waste materials.
- ☐ Avoid hand-face contact.
- ☐ Safeguard oneself, pedestrians, and motorists.

S6-31

Checklist of Standard Operating Procedures for Solid Waste Workers

During work:

- ☐ Exercise caution around moving vehicles and equipment.
- ☐ Use movable reflective barriers on roads for waste collection from secondary points.
- ☐ Transport waste with cover to prevent environmental contact.
- ☐ Dispose of waste in designated areas or landfills.
- ☐ Take regular short breaks to prevent fatigue and dehydration.

S6-32

Checklist of Standard Operating Procedures for Solid Waste Workers

During work:

- ☐ Clean hands and face with soap and water before eating or drinking.
- ☐ Promptly report injuries or health threats to supervisory staff.
- ☐ Immediately report malfunctioning tools, equipment, or vehicles to supervisory staff.
- ☐ Promote community awareness on proper waste disposal.
- ☐ Provide first aid to an injured/sick worker; inform supervisory staff and hospitalize if necessary.

S6-33

Checklist of Standard Operating Procedures for Solid Waste Workers

After work:

- ☐ Clean and disinfect waste collection and transport tools, equipment, and vehicles.
- ☐ Inspect for any damage of the waste collection and transport tools, equipment, and vehicles and report for repairs.
- ☐ Wash hands thoroughly with soap and water.
- ☐ Do not eat or drink before cleaning hands and face with soap and water.
- ☐ Follow waste disposal guidelines for recyclables and hazardous materials.

S6-34

Checklist of Standard Operating Procedures for Solid Waste Workers

After work:

- ☐ Attend regular health checkups.
- ☐ Participate in ongoing training programs on occupational health and safety and standard operating procedures.
- ☐ Clean all reusable PPE with soap and water, and take shower with soap after returning home.
- ☐ Inform the supervisory staff about any PPE requirements and other occupational health and safety concerns.
- ☐ Foster a culture of safety, hygiene, and responsibility within the team.

S6-35

Checklist of Standard Operating Procedures for Road Sweepers

Before work:

- ☐ Undergo training on road sweeping techniques, safety procedures, occupational health and safety, and first aid.
- ☐ Ensure workers' vaccinations for relevant and infectious diseases (e.g., hepatitis, tetanus, COVID-19).
- ☐ Conduct pre-operational checks of road sweeping tools, equipment, and vehicles to ensure functionality and safety.
- ☐ Be familiar with the designated sweeping routes.
- ☐ Be aware of traffic rules and regulations.
- ☐ Check for potential obstacles or hazards on the roads.
- ☐ Always carry an identity card with emergency contacts.

S6-36

Checklist of Standard Operating Procedures for Road Sweepers

During work:

- ☐ Work in pairs or teams for safety.
- ☐ Wear PPE: safety glasses, helmet, mask, gloves, safety shoes/gumboots, and reflective safety vest.
- ☐ Efficiently operate road sweeping tools and equipment.
- ☐ Follow assigned routes and schedules to cover all designated areas and streets.
- ☐ Be aware of potential hazards, including sharp objects and hazardous materials.
- ☐ Avoid direct contact with waste materials.
- ☐ Avoid hand-face contact.
- ☐ Follow safety instructions, such as using movable reflective barriers, to ensure worker safety and smooth traffic flow.

S6-37

Checklist of Standard Operating Procedures for Road Sweepers

During work:

- ☐ Coordinate with traffic authorities for smooth road sweeping.
- ☐ Avoid sudden movements to prevent accidents.
- ☐ Exercise care around parked vehicles and obstacles.
- ☐ Take regular short breaks to prevent fatigue and dehydration.
- ☐ Clean hands and face with soap and water before eating or drinking.
- ☐ Promptly report injuries or health threats to supervisory staff.
- ☐ Immediately report malfunctioning tools, equipment, or vehicles to supervisory staff.
- ☐ Provide first aid to an injured/sick worker; inform supervisory staff and hospitalize if necessary.

S6-38

Checklist of Standard Operating Procedures for Road Sweepers

After work:

- ☐ Clean and disinfect tools, equipment, and vehicles.
- ☐ Inspect for any damage and report for repairs.
- ☐ Wash hands thoroughly with soap and water after work.
- ☐ Avoid eating or drinking before cleaning hands and face with soap and water.
- ☐ Clean reusable PPE with soap and water; shower with soap after returning home.
- ☐ Attend regular health checkups.
- ☐ Participate in occupational health and safety and standard operating procedures training programs.
- ☐ Inform supervisory staff about any PPE needs and other occupational health and safety concerns.
- ☐ Foster a culture of safety, hygiene, and responsibility.

S6-39

Checklist of Standard Operating Procedures for Drain Cleaners

Before work:

- ☐ Undergo adequate training on drain cleaning, safety procedure, occupational health and safety, and first aid.
- ☐ Ensure workers' vaccinations for relevant and infectious diseases (e.g., hepatitis, tetanus, COVID-19).
- ☐ Assess drain conditions and potential hazards before starting work. Confirm the drain system layout and identify access points.
- ☐ Conduct pre-operational checks of the drain cleaning tools, equipment, and vehicles to ensure functionality and safety.
- ☐ Verify the presence of any toxic gases in the drain.
- ☐ Always carry an identity card with emergency contacts.

S6-40

Checklist of Standard Operating Procedures for Drain Cleaners

During work:

- ☐ Work in pairs or teams for safety.
- ☐ Maintain clear communication during operations.
- ☐ Wear PPE.
- ☐ Ventilate enclosed spaces before entering drains.
- ☐ Use personal gas detectors to monitor air quality.
- ☐ Utilize barriers and warning signs to alert the public.
- ☐ Follow safety instructions, such as using movable reflective barriers, for worker safety and traffic flow.
- ☐ Handle chemicals with care, following recommended dilutions and safety guidelines.

S6-41

Checklist of Standard Operating Procedures for Drain Cleaners

During work:

- ☐ Efficiently use drain rods and jetting machines for blockage removal.
- ☐ Be aware of potential hazards, including sharp objects and contaminants.
- ☐ Avoid direct contact with drain water and waste.
- ☐ Avoid hand-face contact.
- ☐ Transport extracted waste with cover to prevent environmental contact.
- ☐ Dispose of waste in designated areas or landfills.

S6-42

Checklist of Standard Operating Procedures for Drain Cleaners

During work:

- ☐ Take regular short breaks to prevent fatigue and dehydration.
- ☐ Avoid eating or drinking before cleaning hands and face with soap and water.
- ☐ Promptly report injuries or health threats to supervisory staff.
- ☐ Immediately report malfunctioning equipment to supervisory staff.
- ☐ Provide first aid to an injured/sick worker; inform supervisory staff and hospitalize if necessary.

S6-43

Checklist of Standard Operating Procedures for Drain Cleaners

After work:

- ☐ Clean and disinfect drain cleaning tools, equipment, and vehicles.
- ☐ Inspect for any damage and report for repairs.
- ☐ Wash hands thoroughly with soap and water after work.
- ☐ Avoid eating or drinking before cleaning hands and face with soap and water.
- ☐ Clean reusable PPE with soap and water; shower with soap after returning home.

S6-44

Checklist of Standard Operating Procedures for Drain Cleaners

After work:

- ☐ Attend regular health checkups.
- ☐ Participate in occupational health and safety and standard operating procedures training programs.
- ☐ Inform supervisory staff about PPE needs and other occupational health and safety concerns.
- ☐ Foster a culture of safety, hygiene, and responsibility within the team.

S6-45

Checklist of Standard Operating Procedures for Medical Waste Disposal Workers

Before work:

- ☐ Undergo adequate training on medical waste collection and disposal, safety procedures, occupational health and safety, and first aid.
- ☐ Ensure workers' vaccinations for relevant and infectious diseases (e.g., hepatitis, tetanus, COVID-19).
- ☐ Be familiar with medical waste collection points, transport routes, and disposal sites.
- ☐ Conduct pre-operational checks of the medical waste collection and transport tools, equipment, and vehicles to ensure functionality and safety.
- ☐ Always carry an identity card with emergency contacts.
- ☐ Understand and adhere to infection control protocols.

S6-46

Checklist of Standard Operating Procedures for Medical Waste Disposal Workers

During work:

- ☐ Wear PPE.
- ☐ Work with heightened awareness and caution at all times.
- ☐ Be aware of potential hazards, including sharp objects and hazardous and infectious materials.
- ☐ Handle medical waste containers carefully to prevent spills or leaks.
- ☐ Use dedicated and labeled containers in the transport vehicle for different types of medical waste.
- ☐ Ensure proper sealing and labeling of medical waste containers.
- ☐ Use proper lifting techniques to avoid injuries.
- ☐ Avoid direct contact with medical waste and fluids.

S6-47

Checklist of Standard Operating Procedures for Medical Waste Disposal Workers

During work:

- ☐ Avoid hand-face contact.
- ☐ Follow established routes and schedules for waste collection.
- ☐ Transport collected medical waste to designated facilities for proper disposal.
- ☐ Take regular short breaks to prevent fatigue and dehydration.
- ☐ Avoid eating or drinking before cleaning hands and face with soap and water.
- ☐ Promptly report injuries or health threats to supervisory staff.
- ☐ Immediately report incidents, spills, or malfunctioning tools, equipment, or vehicles to supervisory staff.
- ☐ Provide first aid to an injured/sick worker; inform supervisory staff and hospitalize if necessary.

S6-48

Checklist of Standard Operating Procedures for Medical Waste Disposal Workers

After work:

- ☐ Clean and disinfect medical waste collection and transport tools, equipment, and vehicles.
- ☐ Inspect for any damage and report for repairs.
- ☐ Wash hands thoroughly with soap and water after work.
- ☐ Avoid eating or drinking before cleaning hands and face with soap and water.
- ☐ Follow medical waste disposal guidelines for recyclables and hazardous materials.

S6-49

Checklist of Standard Operating Procedures for Medical Waste Disposal Workers

After work:

- ☐ Attend regular health checkups.
- ☐ Participate in ongoing occupational health and safety and standard operating procedures training programs.
- ☐ Clean reusable PPE with soap and water; shower with soap after returning home.
- ☐ Inform supervisory staff about PPE needs and any other occupational health and safety concerns.
- ☐ Foster a culture of safety, hygiene, and responsibility within the medical waste collection, transport, and disposal teams.

S6-50

Checklist of Standard Operating Procedures for Toilet and Floor Cleaners

Before work:

- ☐ Undergo adequate training on toilet and floor cleaning, safety procedure, occupational health and safety, and first aid.
- ☐ Ensure workers' vaccinations for relevant and infectious diseases (e.g., hepatitis, tetanus, COVID-19).
- ☐ Be familiar with the cleaning products and their specific applications.
- ☐ Understand safety protocols for handling cleaning chemicals.
- ☐ Conduct pre-operational checks of the toilet and floor cleaning tools and equipment to ensure functionality and safety.
- ☐ Assess potential hazards before starting work.
- ☐ Always carry an identity card with emergency contacts.

S6-51

Checklist of Standard Operating Procedures for Toilet and Floor Cleaners

During work:

- ☐ Wear PPE.
- ☐ Confirm designated cleaning areas and schedule.
- ☐ Use barriers and warning signs to alert the public.
- ☐ Work systematically, starting from less contaminated areas to more contaminated ones.
- ☐ Ventilate the cleaning area to minimize exposure to cleaning fumes.
- ☐ Use appropriate disinfectants for high-touch surfaces and toilets.
- ☐ Pay attention to corners, edges, and hidden areas during cleaning.
- ☐ Use the correct dilution and concentration of cleaning solutions.
- ☐ Use color-coded cleaning tools to prevent cross-contamination.

S6-52

Checklist of Standard Operating Procedures for Toilet and Floor Cleaners

During work:

- ☐ Ensure proper waste and cleaning material disposal.
- ☐ Exercise caution around electrical equipment in wet areas.
- ☐ Follow proper lifting techniques to prevent injuries.
- ☐ Avoid direct contact with wastewater and cleaning agents.
- ☐ Avoid hand-face contact.
- ☐ Take regular short breaks to prevent fatigue and dehydration.
- ☐ Avoid eating or drinking before disinfecting.
- ☐ Promptly report injuries or health threats to supervisory staff.
- ☐ Immediately report malfunctioning tools or equipment to supervisory staff.
- ☐ Provide first aid to an injured/sick worker; inform supervisory staff and hospitalize if necessary.

S6-53

Checklist of Standard Operating Procedures for Toilet and Floor Cleaners

After work:

- ☐ Clean and disinfect cleaning tools and equipment.
- ☐ Inspect for any damage of the cleaning tools and equipment, and report for repairs.
- ☐ Dispose of waste and used cleaning materials according to regulations.
- ☐ Wash hands thoroughly with soap and water after work.
- ☐ Do not eat or drink before cleaning hands and face with soap and water.

S6-54

Health, Hygiene, Safety, and Dignity of Sanitation Workers



SESSION 7

Response to Infection and Actions During Emergency



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What to Do When Infected or Having Symptoms



Stay clean and follow hygiene rules



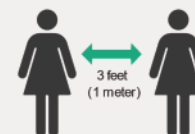
Eat enough nutritious food

S7-2

What to Do When Infected or Having Symptoms



If you feel sick, consult a doctor and follow their directions



In case of an epidemic of an infectious disease, social distancing and other rules should be followed as per government instructions



Adhere to quarantine or isolation rules if you or someone in your family is suffering from any contagious disease.

S7-3

What Is Social Distancing?



Consciously avoiding contact with others. This means:



Do not shake hands



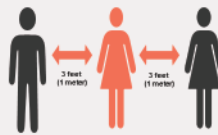
Avoid crowds



Do not hug

S7-4

What Is Social Distancing?



Staying at least 3 feet (1 meter)
away from each other



The most important thing is
staying at home if you feel sick

S7-5

What Is Quarantine?



Separating healthy people who
have come into contact with an
infected person from other healthy
people



Controlling their movements to see
if they have contracted an
infectious disease

S7-6

What Is Isolation?

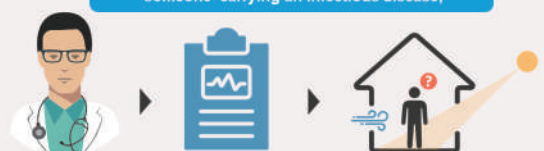


Keeping someone who has an infectious disease or symptoms separate so that no healthy person can be infected

Arranging their treatment and any services they might need

S7-7

What to Do When a Person Is in Quarantine



After coming into close contact with someone carrying an infectious disease,

stay at home for the period of time recommended by the doctor.

S7-8

What to Do When a Person Is in Quarantine



• not leave the house,



• avoid contact with other household members, and



• try to stay mentally strong.

S7-9

What to Do When a Patient Is in Isolation

If someone has symptoms of an infectious disease or is infected with an infectious disease, they should



- consult a doctor immediately and follow their directions and hygiene rules, and



- avoid contact with others.

S7-10

What to Do When a Patient Is in Isolation

If someone has symptoms of an infectious disease or they are infected with an infectious disease, they must



- not leave the home, and



- stay in a separate room.

S7-11

What to Do When a Patient Is in Isolation

If someone has symptoms of an infectious disease or they are infected with an infectious disease,



- separate dishes, spoons, towels, and sheets should be used,



- items used by the patient should be washed separately with soap and water, and



- they should try to keep a positive outlook.

S7-12

[illegible]

57-13

Health, Hygiene, Safety, and Dignity of Sanitation Workers



SESSION 8

Relevant Laws, Rules, and Other Provisions

This presentation is intended for trainees.



Summary of Relevant Laws, Rules, and Other Provisions

Relevant Laws and Rules

- The Labour Act, 2074 (2017)
- Social Security Scheme Operating Procedure, 2075 (2018)

Labour Act, 2074 (2017)

Working Hours and Overtime

- Maximum 8 hours a day or 48 hours a week.
- 30 minutes rest after 5 hours of continuous work.
- Overtime work should not exceed 4 hours a day or 24 hours a week
- The employer shall pay the laborer at a rate of 1.5 times of the basic remuneration for overtime work.

S8-5

Leave Provisions

- ✓ Weekly leave
 - ✓ 1 day per week
- ✓ Public leave
 - ✓ 13 days for men
 - ✓ 14 days for women
- ✓ Substitute leave: Those engaged in essential, uninterrupted tasks on weekly or public holidays are entitled to substitute leave

S8-6

Leave Provisions

- ✓ Home leave
 - ✓ Paid 1 day for 20 days of work.
- ✓ Sick leave: Employees receive 12 days of paid sick leave annually
- ✓ Maternity leave
- ✓ Mourning leave

S8-7

The Labour Act: Occupational Health and Safety Provisions

Duties of an Employer to Its Laborers

- To make appropriate safety and health arrangements at the workplace
- To make provision for the use, operation, storing and transportation of chemical, physical, or biological materials or equipment so that they do not adversely affect health and safety
- To provide necessary information, notice, and training relating to the health and safety of labor
- To make proper arrangements for safe entry to and exit from the workplace

S8-9

Policy and Committee for Safety and Health

- **Formulation of Safety and Health Policy:** The employer shall formulate and implement a policy on safety and health of laborers and other persons at the workplace, which shall be registered with the Labor Office. The office shall regularly monitor.
- **Formulation of Safety and Health Committee:** The employer shall form a safety and health committee with representation of the laborers.

S8-10

Preventive Measures Against Disciplinary Action

- No employer shall take disciplinary action against any laborer for the sole reason that they have committed the following acts:
 - giving information, notice, making, or assisting in the making of a complaint against the employer as to failure to make arrangements on safety and health,
 - doing any act in the capacity as a member of the safety and health committee, or
 - stopping work because of an occurrence with an immediate danger to safety and health.

S8-11

Actions to Be Taken

- **Stop Work in Case of Immediate Danger:** Where it is likely to cause bodily injury or risk to, or serious effect on the health of, a laborer or other person, or cause unexpected loss or damage to any equipment, product, or material if any work is not stopped immediately, the laborer involved in such work shall inform the employer or responsible person.
- **Give Information:** Where any accident occurs or any person is injured or dies in an accident or suffers from any occupational disease in the workplace, the employer shall give information thereof to the Labor Office immediately.

S8-12

Arrangements for the Control of Infectious Diseases

- The employer shall make necessary arrangements for the prevention and control of infectious diseases in the workplace.
- If any laborer suffering from any infectious disease needs to undergo treatment, they may be prevented from attending work during the period of treatment.
- Where the sick leave of such a laborer is not sufficient for treatment, the employer may give direction to that laborer to make adjustment with any other leave or take special unpaid leave.

S8-13

Engage Pregnant Laborer in Easier Work

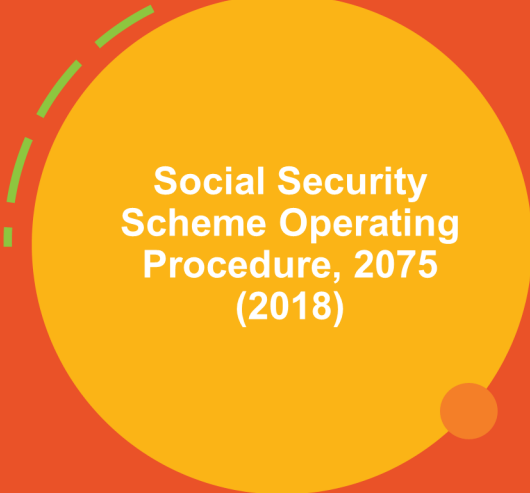
- Where a laborer is pregnant, she shall give information thereof, accompanied by proof from her health checkup, to the employer.
- If the information referred to above is received, the employer shall generally so engage such a female laborer in work that does not cause any adverse effect on her health.

S8-14

Duties of a Laborer in Relation to OHS

- Not to perform any such act in the workplace intentionally or recklessly that may cause adverse effect or risk on the safety and health of themselves or of others;
- To provide necessary assistance to the employer and concerned persons;
- To obtain information, use, and operate equipment, products or material safely and cautiously in accordance with manuals and instructions; and
- To use compulsorily the personal protective equipment provided by the employer.

S8-15



Social Security Scheme Operating Procedure, 2075 (2018)

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Key Provisions of the Social Security Schemes

- Mandatory enrollment requirement of employers and employees in the Social Security Fund.
- Total rate of contribution in the Social Security Fund set as 31%, with 11% contribution deducted from the basic salary of the employee and 20% additional contribution by the employer.
- Currently, there are 4 types of social security schemes:
 - Medical Treatment, Health, and Maternity Protection Scheme;
 - Accident and Disability Protection Scheme;
 - Dependent Family Protection Scheme; and
 - Old Age Protection Scheme.

58-17



Medical Treatment, Health, and Maternity Protection Scheme

Medical Treatment, Health, and Maternity Protection Scheme

Under this scheme, the following are covered:

- Medical treatment and health protection
- Maternity protection to the contributor or wife of the contributor

Contribution and Duration of Benefit

- Contributors with at least three consecutive Social Security Fund contributions qualify for benefits, which lasts for 3 more months after the last contribution.
- If a contributor stops contributions but resumes for 3 consecutive months after the initial 3-month period, they regain entitlement to benefits.

S8-19

Benefits Under the Scheme

The contributor shall be entitled to the following benefits:

- Physician's consultation service.
- Fee charged for hospital admission and surgery.
- Expenses of diagnosis and treatment of disease.
- Expenses as per bill of medicines.
- Benefits include coverage for maternity-related expenses, such as pregnancy tests, maternity surgery, hospital delivery, and post-delivery maternity expenses for up to 6 weeks.
- Additionally, contributors can claim consultation fees for home services in situations where hospital admission is not required, but treatment is provided at home due to the contributor's inability to visit the hospital.

S8-20

Limitation of Benefits Under the Scheme

- Hospitalized contributors are entitled to an annual health benefit, not exceeding NRs100,000, directly paid to the admitting hospital.
- Claims can include expenses for contributor, spouse, and newborn, within the annual limit.
- Non-hospitalized contributors receive benefits, based on medical prescriptions, up to NRs25,000 annually.
- Contributors must bear 20% of the claimed amount under sub-sections (1), (2), and (3).
- Total annual treatment benefit for contributors shall not exceed NRs100,000.
- Payments follow rates outlined in the fund's Health Service Provider Selection and Scheme Payment Procedure, with verification of billed amounts.

S8-21

Accident and Disability Protection Scheme

Benefits Received Under the Scheme

The contributor shall be entitled to the following benefits:

- (a) Benefits against accident
- (b) Benefits against disability

Situation of Entitlement to Benefit

1. Benefits available for treatment after an accident.
2. Benefits starts upon fund receiving contributions, ends if contributions cease.
3. Treatment for occupational disease after 2 years of contributions, benefit lasts 2 more years after contribution is discontinued.

S8-23

Limitation of Benefits Under the Scheme

The benefits shall be provided under the following conditions:

1. Benefits cover total expenses for work injury or occupational disease treatment.
 - If treatment occurs outside an empaneled hospital without informing the fund, expenses exceeding NRe700,000 are not covered.
2. Fund covers treatment expenses up to NRe700,000 for accidents other than work injuries.
 - If other insurance provides a benefit of NRe700,000 or more, the fund covers only the unmet amount.

S8-24

Limitation of Benefits Under the Scheme

3. Temporary full disability due to work injury or occupational disease results in a monthly payment equivalent to 60% of basic salary until return to work.
4. Permanent disability due to work injury or occupational disease leads to a lifetime monthly pension based on disability incidence, considering 60% of basic remuneration as 100%.
5. Permanent full disability due to work injury or occupational disease results in a lifetime monthly payment of 60% of the contributor's basic salary.
6. Payment to a caretaker or institute is recommended by the respective rural municipality or municipality.
7. The Health Assessment Committee determines the incidence of disability.

S8-25

Limitation of Benefits Under the Scheme

8. Periodic reviews may result in adjustments to disability benefits based on changes in the disability status.
9. Inflation adjustments to disability pension amounts are determined by the Board of Directors, guided by actuarial reports.

Pension Benefit

- The disability pension provided by the fund shall not be less than 60% of the minimum basic salary set by the Nepalese government for the respective sector.
- If the disability incidence is 20% or less, the fund may calculate payments based on the duration of compulsory retirement and the disability percentage.

S8-26

End of Session 8



S8-27

Health, Hygiene, Safety, and Dignity of Sanitation Workers



SESSION 8

Relevant Laws, Rules, and Other Provisions

This presentation is intended for the trainees of the TOT.






Summary of Relevant Laws, Rules, and Other Provisions

Relevant Laws and Rules



The Labor Act 2074 (2017)




Social Security Scheme Operating Procedure, 2075 (2018)




Occupational Safety and Health Provisions, 2017

The Labor Act 2074 (2017)




Leave Provisions

- Weekly leave
- Public leave
- Substitute leave
- Home leave
- Sick leave
- Maternity leave
- Mourning leave



Working Hours and Overtime

- 8 hours a day and 48 hours a week
- Half an hour's rest after 5 hours of continuous work
- Maximum overtime: 4 hours a day and 24 hours a week
- Overtime at a rate of 1.5 times the basic remuneration



Occupational Safety and Health Provisions

- Safety and Health Policy
- Safety and Health Committee
- Preventive Measures Against Disciplinary Action
- To Stop Work in Case of Immediate Danger
- Arrangements for the Control of Infectious Diseases
- Engage Pregnant Laborer in Easier Work
- Treatment of Occupational Disease

S8-4

Social Security Scheme Operating Procedure, 2075 (2018)

Medical Treatment, Health, and Maternity Protection Scheme

Accident and Disability Protection Scheme

Dependent Family Protection Scheme

S8-5

The Labor Act: Working Hours and Overtime

Working Hours

- (1) No employer shall employ laborers to work more than 8 hours a day or 48 hours a week.
- (2) Laborers shall be provided with half an hour's rest after 5 hours of continuous work.
- (3) In cases of work that is not to be stopped and is to be carried out continuously, laborers shall be provided with such a rest time turn by turn.

Not to Compel to Work Overtime: No employer shall compel a laborer to work more than the hours set forth above.

S8-7

Provisions Relating to Overtime

- (1) In addition to working hours, a laborer should not be caused to work exceeding 4 hours a day and 24 hours a week.
- (2) Any additional hour of work without giving substitute leave shall be deemed to be overtime work.

Additional Remuneration to be Paid: The employer shall pay the laborer overtime remuneration at a rate of 1.5 times of the basic remuneration receivable during regular hours of work.

S8-8

The Labor Act: Leave Provisions

Weekly Leave and Public Leave

Weekly leave: A laborer shall get weekly leave of 1 day in each month.

Public leave: (1) Each laborer shall get each year a paid public leave of 13 days including May Day. Female laborers receive an additional day, International Women's Labor Day. (2) Other public holidays in the case of an enterprise shall be determined by the regulatory authority, if any, that regulates such an enterprise and as determined by the employer in the other situations.

S8-10

Substitute Leave and Home Leave

Substitute leave: (1) A laborer who is involved in work that must not be stopped or must be done continuously shall get substitute leave in consideration for having worked on any day of weekly or public leave.

(2) Any laborer who has been engaged in work on a day of weekly or public leave shall be provided with substitute leave within 21 days of the date of engagement in work.

Home leave: Every laborer shall get paid for a home leave at the rate of 1 day for 20 days of the period they have worked.

S8-11

Sick Leave

(1) A laborer shall get paid for a sick leave of 12 days a year (or shall get sick leave proportionately for less than 1 year's work).

(2) A medical certificate provided by a recognized doctor is mandatory for sick leave of more than 3 consecutive days.

(3) Where a laborer has to take leave because of sudden illness, the laborer shall inform the employer or the person specified by the employer through the fastest means to the extent available.

S8-12

Maternity Leave

- (1) A pregnant laborer shall get maternity leave of a total of 14 weeks before or after delivery.
- (2) A pregnant laborer shall compulsorily take leave from at least 2 weeks before the expected date of delivery to at least 6 weeks after the date of delivery.
- (3) A laborer who takes maternity leave shall get full remuneration for 60 days and shall not get remuneration for the period beyond that.

S8-13

Maternity Leave

- (4) Where a recognized medical doctor recommends that the laborer who has delivered a baby needs further rest for her or her baby's health, the employer shall approve unpaid leave of up to 1 month in addition to the period referred to in Subsection (1) or sanction such leave to be adjusted with other leave, in continuity with the maternity leave.
- (5) Where a female laborer in a state of 7 months' pregnancy or more than 7 months gives birth to a deceased child or suffers miscarriage, she shall get leave as if she made normal delivery.

S8-14

Maternity Leave

- (6) Where the mother dies before the completion of 60 days after the birth of her child, the laborer whose wife has so died may take paid leave for the remaining period for the care of the child from the employer for whom he is working.
- (7) If a male laborer's wife is going to deliver a baby, he shall get paid paternity care leave for a period of 15 days.

S8-15

When Remuneration Need Not Be Paid for Maternity Leave

If a female laborer is to receive remuneration for the period of maternity leave from the Social Security Fund, the employer shall not be required to pay, to that extent, the remuneration to the laborer for such a period of leave.

S8-16

Mourning Leave

- (1) Where a laborer has to mourn according to their religion or because her husband or his wife dies or a married female worker has to mourn the death of a parent or parent-in-law, such a laborer shall get mourning leave of 13 days.
- (2) The laborer who goes on mourning leave shall get full remuneration.

S8-17

Accumulation of Leave

- (1) A laborer is entitled to accumulate home leave for up to 90 days and sick leave for up to 45 days.
- (2) Where a laborer is relieved of service for any reason or dies, they or their family member as prescribed shall get a lump sum amount to be set by the last basic remuneration being drawn by them for their accumulated home and sick leave.
- (3) A laborer whose accumulated leave exceeds the period specified in Subsection (1) shall, at the end of each year, get the amount to be set by their basic remuneration for the leave of such excess period.

S8-18

Leave Not as a Matter of Right

- (1) All leaves except sick leave, mourning leave, and maternity leave that the laborer is entitled to pursuant to Chapter 9 of the Labour Act, 2017 (2074) are only facility and cannot be claimed as a matter of right.
- (2) In the case of leave other than that mentioned in Subsection (1), the employer may, for the reason to be specified, refuse, withhold, deduct, or alter the time of the approved leave, on the basis of the requirements of the workplace.

S8-19

The Labor Act: Occupational Safety and Health Provisions

Duties of the Employer To the Laborer

- (1) The duties of the employer are:
 - (a) To provide a safe environment for work by making appropriate safety and health arrangements at the workplace;
 - (b) To make provision for the use, operation, storing and transport of chemical, physical, or biological materials or equipment so as to not adversely affect safety and health;
 - (c) To provide necessary information, notice, and training relating to the safety and health of the laborer, as required;

S8-21

Duties of Employer to Laborer

- (d) To provide necessary training and information in an appropriate language to the laborer in relation to the use and operation of equipment or chemical, physical, or biological materials related to work;
 - (e) To make proper arrangements for the safe entry to and exit from the workplace;
 - (f) To provide personal safety means to the laborer, as required; and
 - (g) To make other provisions as prescribed.
- (2) The employer shall not collect any fee or charge from a laborer for the provision of any safety related facility or equipment to the laborer.

S8-22

Policy and Committee for Safety and Health

Formulation of Safety and Health Policy: The employer shall formulate and implement a policy on safety and health of the laborer and other persons at the workplace, which shall be registered with the Labor Office. The office shall regularly monitor accordingly.

To Form a Safety and Health Committee: The employer shall form a Safety and Health Committee with representation of the laborers in an enterprise where 20 or more laborers are employed.

S8-23

Preventive Measures Against Disciplinary Action

No employer shall take disciplinary action against any laborer for the sole reason that they have committed the following acts:

- (a) To give information, notice, or make or assist in the making of a complaint against the employer regarding their failure to make appropriate arrangements for safety and health;
- (b) To conduct any act in the capacity of a member of the safety and health committee; or
- (c) To stop work because of an immediate danger to safety and health.

S8-24

Actions to Be Taken

Stop Work in Case of Immediate Danger: Where it is likely to cause bodily injury or risk to, or serious effect on the health of, a laborer or other person, or cause unexpected loss or damage to any equipment, product, or material if any work is not stopped immediately, the laborer involved in such work shall give information thereof to the employer or responsible person.

Give Information: Where any accident occurs or any person is injured or dies in an accident or suffers from any occupational disease in the workplace, the employer shall give information thereof to the Labor Office immediately.

S8-25

Arrangements for the Control of Infectious Diseases

- (1) The employer shall make necessary arrangements for the prevention and control of infectious diseases in the workplace.
- (2) If any laborer suffering from any infectious disease needs to undergo treatment, they may be prevented from attending the workplace during the period of treatment.
- (3) Where the sick leave of such a laborer is not sufficient for treatment, the employer may advise the laborer to make adjustments with any other leave or take special unpaid leave.
- (4) It shall be the duty of the concerned laborer to abide by the directions given above.

S8-26

Engage Pregnant Laborers in Easier Work

- (1) Where a laborer is pregnant, she shall give information thereof, accompanied also by proof via her health checkup, to the employer.
- (2) If the information referred to above is received, the employer shall generally so engage such a laborer in work that does not cause any adverse effect on her or her baby's health.

S8-27

Special Provisions Relating to the Treatment of Occupational Disease

- (1) Where any laborer suffers from any such occupational disease as prescribed while doing work of any enterprise, the enterprise shall provide the laborer with such treatment expenses as prescribed for the treatment of such a disease and such amount of compensation as prescribed, if such a disease is incurable.
- (2) However, the enterprise shall not be required to provide the amount of treatment expense or compensation, if the laborer is entitled to the amount of expense for the treatment of the occupational disease or compensation from the Social Security Fund.

S8-28

Duties of the Laborer

The duties of the laborer in relation to occupational safety and health shall be as follows:

- (a) Not to perform any act in the workplace intentionally or recklessly that may cause adverse effect or risk on the safety and health of them or of others;
- (b) To provide necessary assistance to the employer and concerned persons in the fulfilment of any duties mentioned in Chapter 12 of the Labor Act, 2017 (2074);

S8-29

Duties of the Laborer

- (c) To obtain information about the manuals, instructions, and other matters prepared for the operation and use of the equipment, product, or material to be operated and used in the workplace safely and cautiously;
- (d) To operate and use the workplace, equipment, products, and materials safely and cautiously in accordance with the manuals, information, and instructions prepared for the operation and use of such workplace, equipment, products, or materials; and
- (e) To use diligently the personal protective equipment provided by the employer.

S8-30



Social Security Scheme Operating Procedure, 2075 (2018)

Social Security Scheme Operating Procedure, 2075 (2018)

The provisions relating to the establishment of the Social Security Fund were first introduced via the Labor Act 2017. Subsequently, the Social Security Act, 2017 and Social Security Regulations, 2018 were enacted to allow the establishment and operation of the Social Security Fund. Later, the Social Security Scheme Operational Directives, 2018 were endorsed to define the detailed process for the implementation and management of various social security schemes.

S8-32

Key Provisions of the Social Security Schemes

Mandatory enrollment requirement of employers and employees in the Social Security Fund.

Total rate of contribution in the Social Security Fund set as 31%, with 11% contribution deducted from the basic salary of the employee and 20% additional contribution by the employer.

Currently, there are four social security schemes:

- Medical Treatment, Health, and Maternity Protection Scheme;
- Accident and Disability Protection Scheme;
- Dependent Family Protection Scheme; and
- Old Age Protection Scheme.

S8-33

Medical Treatment, Health, and Maternity Protection Scheme

Medical Treatment, Health, and Maternity Protection Scheme

This umbrella scheme offers the following coverage:

- Medical treatment and health protection scheme
- Maternity protection scheme to the contributor or the wife of the contributor

S8-35

Contribution and Duration of Benefit

- (1) A contributor who has made at least three continuous contributions to the Social Security Fund shall be entitled to its benefits. Such benefits shall remain in effect until 3 months after the contributor has stopped making the contribution.
- (2) For the purpose of Subsection (1), the duration of 3 months shall be counted from the first day of the month when the contribution amount of the contributor has been deposited in the fund. In case of a situation where any contributor has stopped making contributions after the completion of the 3 months, if the contributor resumes contribution for 3 continuous months, then they will be entitled to benefits.

S8-36

Benefits Under the Scheme

The contributor shall be entitled to

- (a) physician consultation fee;
- (b) fee charged for hospital admission and surgery;
- (c) expenses of diagnosis and treatment of disease;
- (d) expenses as per bill of medicines,

S8-37

Benefits Under the Scheme

- (e) Expenses of regular pregnancy test of the male contributor's wife or female contributor, expenses of surgery related to maternity or treatment following admission in a hospital, expenses for infant delivery in a hospital, expenses related to maternity for up to 6 weeks after delivery, and expenses of treatment of newborn aged up to 3 months old; and
- (f) Consultation fee for home service in case of inability to visit hospital for treatment.

S8-38

Limitation of Scheme Benefits

The contributor shall be entitled to health benefits in the following circumstances:

- 1) If the contributor is admitted to hospital for treatment, the contributor shall be entitled to benefit amount not exceeding NRs100,000 annually, which will be paid directly to the hospital of admission.
- (2) In case of the situation of Subsection (e) of "Benefits Under the Scheme," claims can be made without exceeding the ceiling of the aforementioned amount by also including the expenses for treatment of the contributor or the contributor's wife and the newborn.
- (3) In situations other than those requiring treatment after being admitted to a hospital, the contributor shall be entitled to benefits pursuant to "Benefits Under the Scheme" in accordance with medical prescriptions to a maximum of NRs25,000 annually.

S8-39

Limitation of Scheme Benefits

The contributor shall be entitled to health benefits in the following circumstances:

- (3a) In case a contributor who has utilized the amount of the benefit pursuant to Subsection (3) undergoes treatment following admission to a hospital, they shall be entitled to benefits pursuant to Subsection (1) within the limitation pursuant to the Subsection.
- (4) The contributor who claims the benefits pursuant to Subsections (1), (2), and (3) must bear 20% of the total amount claimed.
- (4a) The total amount to be provided from the fund as treatment benefit to the contributor pursuant to Subsection (1), (2), and (3) shall not exceed NRs100,000 in each fiscal year.

S8-40

Limitation of Scheme Benefits

The contributor shall be entitled to health benefits in the following circumstances:

- (5) In case of delivery by a female contributor or the wife of a contributor, an amount equivalent to 1 month's basic salary per child shall be provided for maternity care and the amount shall also be provided in the event of abortion of a fetus of more than 24 weeks or in case of stillbirth. In a case where both spouses are contributors, only one person should claim for such benefit.
- (6) In case the contributor who receives benefits pursuant to this section is entitled to any health benefits as per the Government of Nepal or other insurance scheme, then anything mentioned in this procedure shall not obstruct them from receiving such benefit.

After getting paid by submitting the bill of expenditure for any treatment from one provider, claims cannot be made before the fund by submitting the same bill.

S8-41

Limitation of Scheme Benefits

The contributor shall be entitled to health benefits in the following circumstances:

- (7) Payment for benefits pursuant to this section shall be made as per the rates pursuant to the fund's Health Service Provider Selection and Scheme Payment Procedure, 2076 (2019).

If the rate mentioned in the claims for payment is found to be less than the rate mentioned in the procedure, the payment shall be made as per the amount mentioned in the bill, after verifying such bill.

S8-42

Payment in Lieu of Leave

- (1) A contributor who has to undergo treatment in a hospital or at home following recommendations by a physician for a period exceeding the paid sick leave provided by the employer as per the Labour Act (at least 12 days in a year) or prevailing law or collective agreement shall be entitled to 60% of basic salary as sickness benefit for such duration.

If the duration of such leave exceeds 13 weeks in a year, remuneration of such period shall not be paid.

SB-43

Payment in Lieu of Leave

- (2) A contributor who has to take maternity leave in addition to the paid maternity leave (at least 60 days) provided by the employer pursuant to the Labour Act, 2074 (2017) or prevailing law of Nepal or collective agreement shall be paid an amount equivalent to 60% of her basic salary as maternity leave benefits for such period.

Such amount shall not exceed payment for 98 days including the 60 days of paid maternity leave as per Section 45(3) of the Labour Act, 2074 (2017) or other prevailing laws of Nepal.

SB-44

Payment in Lieu of Leave

- (3) The amount of the leave mentioned in subsections (1) and (2) shall not be included within the limitation of the amount pursuant to Limitation of Benefit.
- (4) In case a contributor is unable to get sick leave or maternity leave due to closure of the business of the employer or due to the termination of employment, then the fund shall pay the concerned contributor 60% of their basic salary for the duration of leave to be provided by the employer.
- (5) Other related provisions shall be determined from time to time by the fund.

SB-45

Conditions Where Benefits Cannot Be Received

Notwithstanding whatsoever is mentioned elsewhere in Social Security Scheme Operating Procedure, 2075 (2018), a contributor shall not receive benefits under the Medical Treatment, Health, and Maternity Protection Scheme for the following conditions:

- (a) expenses of plastic surgery and dental treatment except where required as treatment following an accident;
- (b) expenses of bariatric surgery;

S8-46

Conditions Where Benefits Cannot Be Received

- (c) In the event where the scheme has been suspended due to inability of the fund to meet expenses following the outbreak of an epidemic in the country;
- (ci) Expenses of abortion carried out in conditions other than as per the prevailing law; and
- (d) In the event where the same benefit mentioned in 'Medical Treatment, Health and Maternity Protection Scheme' has been received under "Accident and Disability Protection Scheme."

S8-47

Benefits to Be Received with Contributions During the Period of Retirement

- (1) The contributor receiving a monthly pension as per the Social Security Scheme Operating Procedure, 2075 (2018) may continue the scheme by contributing amount to the fund as determined by the fund from their pension.
- (2) The contributor who continues to make contributions to the scheme pursuant to Subsection (1) shall enjoy the benefits as indicated in the scheme and provided.

S8-48



Accident and Disability Protection Scheme

Benefits to Be Received Under the Scheme

Under this scheme, the contributor shall be entitled to benefits in case of accidents and disability.

S8-50

Situation of Entitlement to the Benefit

- (1) In case a contributor requires treatment after an accident, then they may receive benefits pursuant to this scheme.
- (2) The benefits to be received pursuant to Subsection (1) shall come into force from the date of the Social Security Fund receiving a contribution following enrollment into the fund. This benefit shall not be provided after the contribution is discontinued.
- (3) Notwithstanding whatsoever is mentioned in Subsection (2), treatment of occupational disease and other related benefits shall be received only after making contributions for at least 2 years. The contributor can still continue to benefit for 2 more years after discontinuing contributions.

S8-51

Limitation of Scheme Benefits

- (1) All expenses of treatment for a work injury or occupational disease will be paid.
- (1a) In case of treatment to be made following a work injury pursuant to Subsection (1), the concerned employer or contributor or their family member must inform the fund within 7 days. Information can be communicated through a system or phone number (call or SMS) or email made available by the fund, by mentioning the social security number of the contributor.
- (1b) Notwithstanding whatsoever is mentioned in Subsection (1), if the fund is not informed pursuant to Subsection (1a) and the treatment for work injury is carried out in a hospital other than the empaneled hospital, the fund shall not bear treatment expenses exceeding NRs700,000.

S8-52

Limitation of Scheme Benefits

- (2) The fund shall bear treatment expenses of up to NRs700,000 in case of accidents other than employment-related accidents.
Provided that in case a benefit of NRs700,000 or more is to be received from other insurance, then the fund shall not bear any expenses and if it is less than that then the fund shall bear only the unmet amount.
- (3) A contributor who has suffered temporary full disability due to a work injury or occupational disease will be entitled to an amount equivalent to 60% of their basic salary on a monthly basis until they return to work.
- (4) A contributor who has suffered permanent disability due to a work injury or occupational disease will be entitled to a lifetime monthly pension based on the incidence of their disability by considering 60% of their basic remuneration as 100% in proportion to their disability.

S8-53

Limitation of Scheme Benefits

- (5) For a contributor who has suffered permanent full disability due to work injury or occupational disease, arrangement shall be made to provide an amount equivalent to 60% of their basic salary every month throughout their life or if they are immobile and cannot walk on their own, arrangement shall be made to make such payment to the family member, other individual, or institute who is taking care of them.
- (6) Payment to the caretaker or the institute shall be made on the recommendation of the concerned rural municipality or municipality.
- (7) The incidence of disability shall be determined by the Health Assessment Committee.

S8-54

Limitation of Scheme Benefits

- (8) Notwithstanding whatsoever is mentioned above, if the review of the status of disability held periodically finds any alteration in the status of disability, benefits may be altered accordingly.
- (9) The pension amount shall be adjusted for inflation at a rate determined by the Board of Directors on the basis of the report of the actuary.

S8-55

Limitation of Pension Benefits

The monthly pension amount provided by the fund on the basis of incidence of disability shall not be less than 60% of the minimum basic salary prescribed for the concerned sector by the Government of Nepal.

If the incidence of disability is equivalent to 20% or less, the fund may make the payment based on the calculation of the period of compulsory retirement and the incidence of disability.

S8-56

Determination of Incidence of Disability and Review

- (1) The Health Assessment Committee shall determine the incidence of disability.
- (2) The incidence of disability shall be reviewed every 5 years by the Health Assessment Committee.
- (3) The final review of incidence of disability of the contributor shall be carried out when they reach the age of 58, and the pension amount to be provided pursuant to the section "Limitation of Pension Benefit" may be altered based on any alteration in incidence of disability.

S8-57

Rate of Payment

Payment for treatment expenses shall be made according to the rate pursuant to the fund's Health Service Provider Selection and Scheme Payment Procedure, 2076 (2019).

If the rate or amount claimed for payment is less than the rate mentioned in the procedure, then the payment shall be made as mentioned in the bill after verifying such bill.

S8-58

Dependent Family Protection Scheme

Benefits to Be Received Under the Scheme

Under this scheme, if a contributor passes away then

- a) a pension is to be received by the spouse,
- b) an educational allowance is to be received by the children,
- c) benefit will be received by any dependent parents, and
- d) funeral expenses will go to the dependent family.

S8-60

Commencement of the Dependent Family Protection Scheme

Eligibility to receive benefits under the scheme pursuant to Section 14 shall commence from the date of the enrollment and upon start of the contributions to the fund and shall end when the contributor stops contributing to the fund.

S8-61

Contributor's Spouse to Receive Pension

- (1) Notwithstanding the reason of the death of the contributor, their spouse shall be entitled to a lifetime pension equivalent to 60% of last basic salary of the contributor.
- (2) Notwithstanding whatsoever is mentioned in Subsection (1), if the contributor's spouse remarries or obtains alternative employment, they will not be eligible for the benefit. However, if the spouse completes their job and is unable to receive the old-age pension, they can apply to the fund for pension benefits under this Chapter.
- (3) The pension amount shall be adjusted for inflation as per the rate determined by the Board of Directors on the basis of the report of the actuary.

S8-62

Children of the Contributor to Receive Scholarship

1. In case of death of the contributor, if they have a child who has not completed 18 years of age, that child shall be entitled to a monthly education allowance equivalent to 40% of the last basic salary of the contributor until they complete the age of 18. Provided that if there is more than one child entitled to the benefit, then a maximum of two children shall be provided an amount equivalent to 40% of the basic salary, proportionally.
2. If any child is involved in studies without discontinuation, such benefit may be provided until such child reaches the age of 21 years, but will be discontinued if such individual gets married or if their education is completed.
3. Notwithstanding whatsoever is mentioned in Subsection (1) and (2), if any child is physically or mentally incapacitated, the age limitation shall not be applicable.

S8-63

Parents to Get Benefits

1. If the contributor does not have a spouse or child but has parents dependent on them, they shall be provided an amount equivalent to 60% of the basic remuneration of the contributor on a monthly basis for their lifetime. If both parents are alive, the benefit shall be shared to them equally.
2. Notwithstanding whatsoever is mentioned in Subsection (1), if they have an alternative employment or if they are drawing such benefit from elsewhere that is more than what is provided under this scheme, then they shall not receive this benefit.

S8-64

Final Rites Expenses to Be Received

If a contributor dies for any reason or if a contributor dies after drawing benefits under permanent or temporary disability insurance for a long period, a lump sum of NRs25,000 shall be provided for performing their final rites to the closest dependent family member or legal heir.

S8-65

End of Session 8



S8-66

Health, Hygiene, Safety, and Dignity of Sanitation Workers



SESSION 9

Equipment Contributing to Work Efficiency and Safety



Sanitation Containment Desludging



1. Mixture



2. Auger



3. Vibrator cutter



4. High-pressure water jet



5. Handle



6. Intermediate valve

@ SNV

592

Sanitation Containment Desludging

Tested Devices



1. Mixture



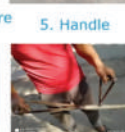
2. Auger



3. Vibrator cutter



4. High pressure water jet



5. Handle



6. Intermediate Valve

@ SNV

59-3

Sanitation Containment Desludging



Mechanized gulper
Capacity: 60 liters/minute



Motorized gulper
Capacity: 90 liters/minute

@Practical Action

Sg-4

Fecal Sludge Emptying and Transporting: Nonmotorized



@WSUP

Sg-5

Fecal Sludge Emptying and Transporting: Small Mechanized Fecal Sludge Carrier



@Practical Action



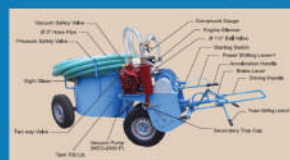
@SSWM



@BRAC



@SNV



@MAWTS

Sg-6

Fecal Sludge Emptying and Transporting: Vacuum Tanker



@ITN-BUET

59-7

Fecal Sludge Mobile Treatment Unit

Mobile sludge dewatering vehicle



@BENENV

'The Annam'
Mobile on-site septage treatment unit



@Wash Inst

59-8

Mechanical Dewatering



59-9

Outdoor Source Separation Waste Bins



©123RF

Sg-10

Street Cleaning



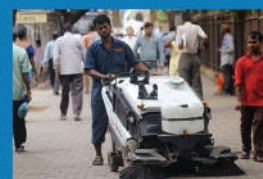
Broom machine (Nepal)
@Online Khabar



Hydraulic road sweeper (Nepal)
@Atlas Industries



Truck-mounted road sweeper (India)
@GNE India



Broom machine
@DNA India

Sg-11

Drain/Sewer Cleaning



Micro digger/excavator
© alamy



Excavator
© deccanherald



Drain/ sewer cleaning truck
© alamy



Mini digger/excavator
© alamy



Excavator
© KCC

Sg-12



[illegible]

Health, Hygiene, Safety, and Dignity of Sanitation Workers



SESSION 10

Training Delivery and Presentation Skill of the Trainer



Training Schedule

Session	Time (minutes)
Inauguration of Training	90
Session 1: Waste, Hygiene, and Occupational Health	30
Session 2: Disease Transmission and Occupational Health Risks	40
Session 3: Importance of Handwashing	40
Session 4: Proper Use of Personal Protective Equipment	70
Session 5: Importance of Personal Protective Equipment	30
Session 6: Self-Grooming and Cleanup Procedures	40
Session 7: Response to Infection and Actions During Emergency	30
Session-8: Relevant Laws, Rules, and Other Provisions	60
Session-9: Equipment Contributing to Work Efficiency and Safety	30
Closing of Training	60

S10-2

Desired Participants

- Municipal officers and senior/supervisory sanitation staff
- Senior sanitation and waste workers and their leaders
- Municipal officials (supervisors of workers)
- Project staff
- Consultants
- Civil society organization personnel engaged in behavior-change communication
- Nongovernment organization personnel
- Private company owners/personnel
- Owners/managers of the sanitation/waste management service delivery cooperatives
- *Tole* (neighborhood) committee members

S10-3

Desired Participants

For scaling up the training:

- Mechanical pit-emptiers (by vacuum tanker) and manual pit-emptiers
- Solid waste workers (i.e., waste collectors from households; workers involved in secondary storage, waste collection/disposal trucks, and dumpsites/landfill; and waste screening workers in reuse/recycling work)
- Road sweepers and drain cleaners
- Medical waste disposal workers
- Toilet and floor cleaners (e.g., public/community toilets, schools, hospitals, hotels)
- Other private sector workers
- Informal waste pickers

S10-4

Training Duration

- Session plan outlines the course content and serves as a guide for effective delivery.
- Timetable: Training of trainers course is suggested to be 7 hours per day for 2 days. The scaled-up training for frontline workers should be a single 8-hour day. Timetable may need modification based on circumstances and participant needs.
- Session plan can be adjusted for different training durations and participant learning needs.
- Session plan offers flexibility while ensuring comprehensive coverage of the content.

S10-5

Training Duration

Organizers must allow adequate time for:

- Participant introduction exercises
- Group exercises
- Presentation and poster sessions
- Reflection and action planning exercises
- Pre- and post-testing
- Course evaluation
- Health break time
- Further discussions
- Unforeseen situations

S10-6

Training Steps and Symbols

Symbols



Lecture/
presentation



Interactive
discussion



Audiovisual



Group work or activities



Role-play

- Training sessions are planned with essential and optional steps to accommodate time constraints.
- Various learning techniques are used, including lectures, discussions, demonstrations, group activities, and role playing.
- The training design encourages participant engagement and active learning.
- The sessions can be customized based on time limitations and participant needs.

S10-7

Training Support Materials

- Laptop/computer
- Multimedia projector with screen, pointer, and sound system
- Camera
- Registration sheet, pre- and post-training questionnaires, training summary sheet
- Pens, marker pens, and masking tape
- Flip chart with board, stand, and pins
- Candy/chocolates
- Pictures of different types of sanitation and waste workers (Annex 3)
- Color cartridge papers (Annex 4)
- Scissors
- Small green and red colored round stickers or *tika/bind/tip* packs (Annex 5)
- Sanitizer
- Completion certificates and tokens

S10-8

Training Venue

- The training venue should support interactive teaching and learning methods, flexible delivery, and maintenance of participant energy levels and concentration for long periods.
- Venue should be suitable for group discussions, exercises, and activities using training materials.
- Trainers should ensure the venue offers continuous power supply, adequate ventilation, and suitable space to use props and multimedia equipment.
- Handwashing facilities with soap or liquid handwash, safe drinking water, and separate washrooms for males and females should also be available at the venue.

S10-9

Conducting the Training

- Two trainers should be appointed to ensure smooth delivery and support.
- Trainers should be well prepared and knowledgeable.
- Trainers should self-practice with multimedia and discussions.
- All required training materials should be readied.
- Multimedia presentations should be accompanied by corresponding discussions.
- Sessions should be participatory with active engagement and rewards.
- Environment should be kept positive and lively.
- Clear discussion points should be stated at the beginning of each session, with summaries at the end.

S10-10

Training Conduction

- Trainers should teach with confidence to build participants' trust and comprehension.
- They should also encourage active participation and value diverse experiences and opinions.
- They should treat everyone with equal attention and respect.
- Trainers should use attention-grabbing techniques if participants become inattentive.
- They should avoid remarks that undermine dignity or make participants uncomfortable.
- They should keep discussions relevant and redirect if needed.

S10-11

Gender Equality and Social Inclusion

- Ensure that the venue and timetable accommodate female and disadvantaged participants.
- Address the specific roles, responsibilities, and challenges faced by women in sanitation work.
- Encourage active participation of female trainees throughout the training.
- Emphasize the challenges and social taboos related to the use of personal protective equipment (PPE) by female sanitation workers and motivate them to prioritize the importance of using such PPE.
- Emphasize the importance of equal rights for all, including women and marginalized individuals.

S10-12

Body Language of the Trainer

- Walk with good posture and maintain eye contact with participants.
- Use hand gestures to engage participants and maintain their attention.
- Avoid standing with hands in pockets to ensure open communication.
- Encourage participants with a thumbs-up gesture.

S10-13

Body Language of the Trainer

- Demonstrate active listening by thinking with hand on chin before providing solutions.
- Move among participants when appropriate to establish rapport.
- Maintain a smiling face and create a comfortable environment for participants to speak openly.
- Dress in a casual manner that aligns with the target audience's attire to encourage participant engagement.

S10-14

Potential Undesirable Situations During Training

- The number of participants is significantly more or less than planned for.
- Training or session starts late.
- The trainer arrives late.
- The training or session finishes late.
- Power failure.
- The multimedia stops working.
- Someone gets sick.
- An accident occurs.

S10-15

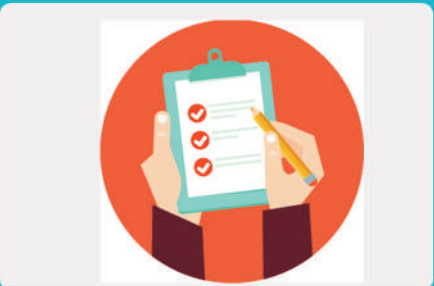
Health, Hygiene, Safety, and Dignity of Sanitation Workers



Closing Session




**Post-Training
Assessment**



Evaluation

5g-2

**Post-Training
Assessment**

1. What should we do to prevent the spread of infectious diseases?
 - a) Do not leave the house
 - b) Take your medicine regularly as prescribed
 - c) Develop the habit of cleanliness

2. How long should you wash your hands with soap and water?
 - a) 5 seconds
 - b) 10 seconds
 - c) 20 seconds

5g-3

Post-Training Assessment

3. Which personal protective equipment (PPE) is useful for sanitation and waste workers?

- a) Gloves
- b) Mask
- c) Safety goggles
- d) Safety gumboots or shoes
- e) All of the above

Sg-4

Post-Training Assessment

4. How many family members can use the same mask?

- a) Everyone in the family
- b) Two people
- c) The same mask cannot be used by more than one person

5. Which should be done first when putting on PPP?

- a) Putting on a mask
- b) Disinfecting hands
- c) Putting on safety goggles

Sg-5

Post-Training Assessment

6. What is the minimum distance that should be maintained for social distancing?

- a) 1.25 meter
- b) 1 meter
- c) 2 meters

7. I have just finished my sanitation or waste management work. My hands look clean, so I can now eat food without washing my hands. Right or wrong?

- a) Right
- b) Wrong

Sg-6

Post-Training Assessment

8. Safety gumboots or shoes are very heavy and uncomfortable. Sandals are much more comfortable, so it's better to wear sandals for work. Right or wrong?

a) Right

b) Wrong

9. Why is a reflective jacket necessary?

a) To keep the body warm during winter

b) To prevent police harassment

c) To make us visible to drivers when it's dark, saving us from accidents

Sg-7

Post-Training Assessment

10. Which of the following is right?

a) Quarantine means keeping an infected person separate from others.

b) Social distancing means keeping an infected person separate from others.

c) Isolation means keeping an infected person separate from others.

Sg-8

Training Evaluation




1. How was the training course?

<input type="checkbox"/> Very bad	<input type="checkbox"/> Bad	<input type="checkbox"/> Moderate	<input type="checkbox"/> Good	<input type="checkbox"/> Very good
				

Sg-9

Training Evaluation


2. Are you willing to apply what you have learned from the training into practice?

<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
				

59-10

Training Evaluation

3. Will you use proper PPE during work?

<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Neither agree nor disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
				

59-11

End of Closing Session



51-12

Health, Hygiene, Safety, and Dignity of Sanitation and Waste Workers: A Training Manual

This practical manual sets out guidance and resources for providing training to sanitation and waste workers to help protect their health, hygiene, safety, and dignity. The manual draws on field studies and a pilot program in Nepal but can be adapted to other contexts. It outlines training course modules; covers areas including disease transmission, personal protective equipment, and relevant laws; and shows why trainers need to address gender and social inclusion issues. The manual includes many practical resources for use in training sessions. It was developed in collaboration with the Government of Nepal's Department of Drinking Water Supply and Sewerage Management.

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