

Rehabilitation and Empowerment of Sanitation Workers in Assam: A Review of Welfare Schemes and Social Work Interventions

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Abstract: This review paper examines the persistent issue of manual scavenging in Assam, despite its prohibition under the Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013, with a focus on rehabilitation, welfare schemes, and social work interventions for sanitation workers. In urban centres like Guwahati, sanitation workers, predominantly from marginalized communities, face hazardous conditions and social stigma while performing tasks such as septic tank cleaning. Notably, urban residents pay property taxes that include septic tank cleaning services, yet mechanized cleaning is virtually non-existent, leaving manual scavengers to undertake this dangerous work. This paper examines the existing practices of manual scavenging and hazardous manual cleaning in urban centres like Guwahati despite its prohibition. It brings to light the socio-economic vulnerabilities, life threatening occupational health risks, and deep rooted social stigma faced by sanitation workers. It critically assesses the systemic gaps in policy implementation, limited effectiveness of key welfare schemes and the role of social work interventions and NGOs in advocacy, community based rehabilitation, stigma reduction, and empowerment.

Keywords: manual scavenging; sanitation workers; rehabilitation; welfare schemes; social work; urban governance; Assam

Introduction

The practice of manual scavenging, defined as the manual cleaning, carrying, disposing, or handling of human excreta, continues to persist in India despite its explicit prohibition under the Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013 (Baruah, 2014; Sahu, 2022; Wankhede, 2024; Agarwal, 2025). This occupation is fundamentally distinct from general janitorial work due to its inherently hazardous and inhumane nature, involving direct contact with human waste without adequate protection. This enduring practice is deeply embedded in India's historical caste system, which has historically relegated marginalized communities, particularly Dalits, to these 'polluting' and stigmatized occupations (Kumar & Preet, 2020; Shankar & Swaroop, 2021; Tiwari & Isser, 2024). The persistence of manual scavenging in India, despite legal prohibitions, underscores the entrenched caste-based inequalities and the urgent need for effective enforcement and rehabilitation measures to eradicate this dehumanizing practice.

In urban centres across India, sanitation workers, predominantly from marginalized backgrounds, continue to face perilous working conditions and pervasive social stigma (Kumari & Banerjee, 2025; Nigam & Dubey, 2020). These individuals often perform tasks such as septic tank cleaning manually, a necessity driven by the continued reliance on human labour due to insufficient mechanization (Pradhan & Mittal, 2020). The continued reliance on human labour

for these dangerous tasks, even in modern urban environments, highlights a profound contradiction where India's economic development and constitutional commitments to equality and dignity coexist with deeply entrenched social inequalities and archaic labour systems (Wankhede, 2024; Shankar & Swaroop, 2021). This situation suggests that the problem extends beyond a mere lack of infrastructure or legal frameworks; it points to a fundamental societal and institutional failure to enforce existing laws and challenge deep-seated caste-based discrimination and apathy (Mittal & Pradhan, 2020). The discourse often frames this as solely a "sanitation issue," thereby obscuring its core identity as a profound "human dignity" or "caste/gender problem" (Sahu, 2022; Kumari, 2025). The sanitation sector in India, particularly in Assam, is plagued by deep-rooted socio-economic challenges, systemic inequalities, and inadequate policy enforcement, which collectively undermine the well-being and dignity of sanitation workers. These workers, often from marginalized communities, face hazardous working conditions, low wages, job insecurity, and social stigma, exacerbated by caste and gender disparities. The plight of sanitation workers in urban India reveals a critical failure to address systemic caste and gender inequalities, demanding urgent policy enforcement and societal change to uphold their dignity and rights.

This review paper examines the persistent issue of manual scavenging in Assam, with a particular focus on the rehabilitation efforts, existing welfare schemes, and the role of social work interventions aimed at empowering sanitation workers. It analyses their socio-economic precarity, explores the intricate intersections of caste and gender that exacerbate their marginalization, and critically assesses the systemic gaps in policy implementation. It concludes by addressing the implications of the findings on the future intervention and policy change to allow equity and dignity to the sanitation workers.

Socio-Economic Vulnerabilities of Sanitation Workers

The sanitation labour market of the country is informal and contractual with the result that there is severe economic and occupational marginalization of the sanitation workers even in states like Assam. These disadvantages are added by the financial exploitation issues related to low wages and ill pay and job security (Saldanha et al., 2022; Nigam & Dubey, 2020). The economic weakness continues to generate more poverty circles, low education opportunities, social capital, and job opportunities of their own, thus, they do not have any chance of becoming rich.

The exposure to sanitation occupation also exposes the workers to the epidemic virus. At the same time, an exposure to human excretion and the vast majority of the toxic gases including ammonia, carbon dioxide and sulphur dioxide results in immediate emergency reaction such as loss of awareness and death (Singh, 2020; Oja et al., 2022). The said conditions have occasionally been linked to some undesirable health consequences such as water borne diseases (diarrhoea, cholera, typhoid and hepatitis), respiratory distress, skin infections, body aches and musculoskeletal disorders, as well as communicable diseases (Kumar & Preet, 2020; Pradhan & Mittal, 2020; Nigam & Dubey, 2020). One can also find visible deaths and incidences of such deaths in sewers and septic tanks throughout India. Besides somatic effects, the same conditions create a high degree of psychological stress coupled with the rising cases of substance abuse among sanitation workers (Katiyar, 2022; Kumar & Preet, 2020). The hazardous working conditions faced by sanitation workers in India, coupled with exposure to toxic gases and infectious agents, not only lead to severe health risks but also exacerbate psychological distress and substance abuse, necessitating urgent occupational health reforms. Addressing these challenges requires holistic interventions to ensure safer work environments and robust mental health support for these vulnerable workers.

Most of the sanitation employees in India are either casual workers, contract workers and or, employed informally who are in eco-vulnerable conditions. Unhygienic state and unsafe environmental conditions are yet largely dominant forms of hazard; nevertheless, other physical hazards, including skin burns, rashes, eye infections, sewage/some infectious organisms, chemicals and sharp objects are still the major risks to (Sharma, 2020; Nisar et al., 2025). They are also economically vulnerable because of low wages and job-security levels and this also makes them highly exploitable (Salve & Jungari, 2020). In addition, they have also been weakened because they do not access healthcare or social security easily, except in times when they are ill, injured or during old age. On a global scale, musculoskeletal disorders and occupational ailments are more prevalent among sanitation workers and those are the indications of the significance of occupational health and safety practices (Khatri et al., 2025). The informal and precarious employment status of sanitation workers in India, combined with their exposure to physical and chemical hazards, underscores the urgent need for improved wages, job security, and access to healthcare and social security.

Understanding Working Conditions in Assam

The proper tools and equipment, uniform clothing, emergency setup, and health insurance that act as protective mechanisms were frequently withheld to sanitation workers during the COVID-19 pandemic in India. The data retrieved through the survey carried out in 2020 demonstrated that roughly half of the people employed in sanitation had access to the ration cards; the worst rates were observed in Assam state. Often employees were deprived economically and in fact others used to starve (Guha et al, 2021; Jaacks et al., 2022). Even those sanitation workers who were officially employed by the state did not receive any promise that they will receive regular health checks and treatment in case they contract COVID-19, which demonstrates the lack of stability of their status.

The situation in Assam is particularly difficult because it is predetermined by the instability of socio-economic spheres, insufficiently developed infrastructure and most threatening professional conditions. This propelled the occupational health risk factor and diseases exposures of the workers both in regard to immediate access than adequacy of safety gear and inadequate training on the method of protection (Kashem, 2015). The problem became even greater during the COVID-19 pandemic when the employees did not comprise any protective equipment, but instead, had to process contaminated ingredients and, therefore, endanger their health and, in other situations, lose not only their health but also their lives (Acharya, 2024). The sanitation and living conditions of the people have also been poor and this adds another factor to their weaknesses that summon the clinic and certain interventions in Assam.

Table 1: Common Health Hazards Faced by Sanitation Workers

Category of Hazard	Specific Health Issue/Disease	Contributing Factors
Physical	Musculoskeletal disorders, Injuries, Cardiovascular degeneration, Lower life expectancy	Manual handling of heavy loads, repetitive motions, awkward postures, lack of proper equipment, prolonged exposure to harsh environments (Nigam & Dubey, 2020; Meenakshisundaram., 2012)
Infectious	Waterborne diseases (diarrhoea, cholera, typhoid, hepatitis A/E),	Direct contact with human waste, exposure to pathogens,

	Parasitic infections (E. coli, leptospirosis, Helicobacter pylori, rotavirus, norovirus, pinworms), Meningitis, Tuberculosis, Malaria	contaminated water, lack of protective gear (Singh, 2020; Mittal & Pradhan, 2020; Saldanha. et al., 2022)
Respiratory	Asthma, Throat infection, Respiratory problems	Exposure to toxic gases (ammonia, carbon monoxide, sulphur dioxide), dust, fumes from human waste (Kumari, 2025; Mittal & Pradhan, 2020; Jha. et al., 2025)
Dermatological	Dermatitis, Skin ailments, Allergies, Skin cancer	Direct contact with human waste, chemicals, animal excreta, prolonged exposure to UV radiation, lack of protective gear (Kumar & Preet, 2020; Malipatil, 2024)
Ophthalmic	Watery eyes, Vision problems (photokeratitis, cataracts)	Exposure to toxic gases, chemicals, UV radiation (Kashem, 2015)
Psychological	Stress, Psychological distress, Substance abuse	Degraded working conditions, social ostracism, fear of contracting diseases (e.g., COVID-19) (Nadkarni & Joseph, 2014)
Systemic	Anaemia, Fever, Nausea, Hair loss, Cancer	Chronic exposure to hazardous substances, poor nutrition, lack of healthcare access (Nagla, 2020)

The above table (Table 1) provides a detailed breakdown of the occupational health of sanitation workers in India. It highlights their physical and mental health conditions, which are a result of systemic neglect. The physical health hazards faced by the sanitation workers is characterised by musculoskeletal disorders and cardiovascular degeneration. This arises mainly due to manual handling of heavy loads and bad postures for longer periods during the process of scavenging. Moreover, these workers are more exposed to infectious risks when they come in direct contact with human excreta. Compounding this is the issue of protective gear that increases the chances of waterborne diseases such as cholera, hepatitis, and other parasitic infections.

Further, the sanitation workers also face severe respiratory and dermatological issues, mainly due to their exposure to environmental toxicity. They work in hazardous gases that are filled with ammonia and sulphur dioxide, which leads to chronic asthma and throat infections. The absence of personal protective equipment (PPE) exposes these workers to chemicals and UV radiation, resulting in dermatitis and skin cancer. Ophthalmic issues such as photokeratitis and cataracts are also found to increase among the workers.

Along with the physiological issues, the sanitation workers face profound psychological and systemic vulnerabilities. The social ostracism that they encounter on a daily basis, along with the persistent fear of contracting fatal diseases such as COVID-19, increases their psychological distress (Chaudhury et al., 2024; Malla & War, 2020)

The stress and social exclusion force these workers towards substance abuse as a coping mechanism. Their conditions are further exacerbated by poor socio-economic conditions, poor nutrition, and lack of access to healthcare, significantly contributing to anaemia and hair loss. Thus, it is found that the health hazards faced by these sanitation workers are inextricably linked to 'triple marginalisation' based on their caste, class, and gender. There is a historical association of sanitation work with marginalised communities that perpetuates a vicious cycle of poverty and healthcare neglect.

Intersections of Caste and Gender in Marginalization

The historical association of sanitation work with caste perpetuates the marginalization of workers, particularly those from Dalit and other marginalized communities (Subramanyam & Bouma, 2024). Women sanitation workers face compounded discrimination due to the intersection of caste and gender, limiting their access to resources, opportunities, and decision-making power. This intersectionality contributes to psychosocial distress, including feelings of shame, humiliation, and social exclusion, which adversely affect their mental health (Monteiro & Nalini, 2021). The stigma attached to their occupation further isolates them, reinforcing cycles of poverty and marginalization.

The marginalization of sanitation workers in India is profoundly shaped by the intersection of caste and gender, creating a complex web of discrimination and vulnerability. Manual scavenging stands as one of the most stark manifestations of caste discrimination in the country, with an overwhelming majority of its practitioners, reportedly 97%, belonging to Dalit communities (Sahu, 2022; Singh, 2020; Kumar & Preet, 2020; Malipatil, 2024). The caste system historically dictates labour roles, confining these marginalized communities to occupations deemed degrading and "polluting," thereby perpetuating cycles of poverty and social exclusion across generations. The stigma associated with such "polluting" work extends beyond the individual, impacting the entire community and severely limiting social mobility and access to educational and economic opportunities (Shankar & Swaroop, 2021; Kumar et al., 2024). The caste-based marginalization of sanitation workers, particularly Dalits, perpetuates systemic poverty and social exclusion, highlighting the urgent need for targeted policies to break the cycle of discrimination and enhance social mobility.

The women manual scavengers are triple-marginalized on the basis of caste, class, and gender, therefore leaving them with a burden of triple discrimination (Kumar & Preet, 2020; Malipatil, 2024; IDR, 2018). The majority of the manual scavengers (approximately 95 %) are women facing extreme health risks, such as an increased risk of getting infected, as well as the continuous exposure to toxic gases, which threaten the reproductive health and might result in the development of adverse effects, such as miscarriage (Kumar & Preet, 2020). Other risks that include are outside the workplace as these women have to face gendered chores and unrelenting discrimination at the community level. Such a weak point is often exposed to contractors who propose low payments in exchange to perform extremely unsafe jobs (Kumar & Preet, 2020; IDR, 2018; Raj et al., 2024). Women manual scavengers face compounded vulnerabilities due to caste, class, and gender discrimination, necessitating urgent interventions to ensure safe working conditions and fair wages.

The combination of the caste and gender creates a certain specificity of the lack of visibility for women manual scavengers. Legislation is nominally gender-neutral, but it can be careless of their special concerns and may actually add to their burdens in a deceptive manner (Malipatil, 2024). The intersectional approach is essential with the help of which policy can avoid

discrimination since the needs of the most alienated are considered. Manual scavenging is therefore an indicator that it is not just an economic, infrastructural issue, but a failure of the society to eliminate institutionalized forms of oppression. It also strengthens backward notions of purity and pollution (Shankar & Swaroop, 2021), and thus it is counterproductive to India in its social justice and equal development.

Systemic Gaps in Policy Implementation

The Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013 (PEMSR Act, 2013), along with the earlier 1993 Act, aims to eliminate manual scavenging and rehabilitate affected workers. These two legislative tools have been quite ineffective and the key driver behind this effect is permissive enforcement, laxative administration coupled with carelessness of the system (Baruah 2014; Agarwal 2025). This verdict was arrived at by the Supreme Court against the state in the case of Safai Karamchari Andolan. The great numbers of manual scavenging still exist in India although the manifest of disagreement with the very process and the necessity of its prohibition had been implemented by the Union of India (2014).

In contrast to the meaning of the 2013 Act, definition of a manual scavenger is not broad and typically does not include modern cleaning or the cleaning that is considered risky at the moment when there is little or no protective equipment (Agarwal 2025). Through this loophole the guilty parties have an easy way of evading their duty of performing manual scavenging as they simply state that with this they make manual scavenging to be no longer so. Besides that, many of their states have falsely reported the figures of manual scavenging because they do not acknowledge the legal responsibility, hence the gap between the empirical and formal figures is enormous (Kumar & Preet 2020). This underreporting is a hindrance in the process of program identification and rehabilitation because an impression that the problem has been solved will be created.

Moreover, the slow advantage of technology and outdated structures are those, which encourage manual scavenging. Under the condition of limited application of automated sewer-cleaning equipment or robots, it is necessary to continue to resort to human labour in order to conduct dangerous works. Inappropriate conspiracy and construction of septic tanks and other sewerage systems that cannot be used with help of mechanized equipment proves a need of on-hand practical manual work that demonstrates that there exists a point between policy targets and reality. Another major shortcoming is the gender-neutral structure of the 2013 Act, with the authors failing to consider that the majority of manual scavengers in the country happen to be women. Their conditions are not mentioned in the legislation and thus do not facilitate access to rehabilitation and alternative employment (Kumar & Preet 2020; Malipatil 2024; IDR 2018). This exacerbates their exploitation.

The gap between legal prohibitions and ongoing practice, combined with government claims of "no manual scavenging" despite continued deaths, reflects a "bureaucracy of denial" driven by avoidance of accountability (Kumari, 2025; Rajavenkatesan et al., 2023). This undermines effective policy implementation and perpetuates the practice.

If the problem is officially deemed non-existent, then resources for mechanization, rehabilitation, and enforcement are not adequately allocated or utilized, leading to a self-perpetuating cycle of neglect (Shalini et al., 2025; Pradhan & Mittal, 2020). This systemic denial perpetuates the exploitation by rendering the victims invisible to the very systems designed to protect them. It transforms legal frameworks into mere "totemism," devoid of real-

world impact, and shifts the burden onto the most vulnerable, who are then forced to continue hazardous work under the guise of "voluntary" or contractual labour (Kumari, 2025; Pradhan & Mittal, 2020).

The Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act, 2013, aims to eliminate manual scavenging and rehabilitate affected workers through alternative livelihoods, education, and financial support. However, weak enforcement and inadequate monitoring have created a significant gap between policy objectives and on-ground realities (Nadkarni & Joseph, 2014). Many workers remain unaware of their rights under the Act, and rehabilitation programs often fail to reach those in need. The persistence of manual scavenging, particularly in rural and semi-urban areas, highlights the need for stricter enforcement and holistic rehabilitation strategies.

Efficacy of Existing Welfare Schemes

The Government of India and various state governments have initiated several programs and schemes aimed at the rehabilitation and welfare of sanitation workers. This reflects a recognition of the high levels of social and economic vulnerability and discrimination faced by these communities (Gupta, 2016).

Central-Level Schemes

Central-level schemes, such as the Swachh Bharat Mission (SBM) and the National Safai Karamcharis Finance and Development Corporation (NSKFDC), aim to improve sanitation infrastructure and provide financial assistance to sanitation workers. While SBM has increased access to toilets, it has not adequately addressed workers' occupational health and safety. NSKFDC offers loans and skill development programs, but bureaucratic hurdles and limited awareness restrict their reach. These schemes often fail to address the structural issues of caste-based discrimination and gender inequality, limiting their effectiveness (Saldanha et al., 2022; Mehrotra, 2021).

Self-Employment Scheme for Rehabilitation of Manual Scavengers (SRMS): Introduced in 2007 and revised in November 2013, in consonance with the PEMSR Act, 2013, SRMS aims to assist identified manual scavengers and their dependents in transitioning to alternative occupations (Sahu, 2022; Agarwal, 2025.; Malipatil, 2024). Key provisions include a one-time cash assistance of ₹40,000, skill development training with a monthly stipend of ₹3,000, and concessional loans with upfront capital subsidies for self-employment ventures (Malipatil, 2024).

National Action for Mechanised Sanitation Ecosystem (NAMASTE): Launched in 2022 by the Ministry of Social Justice & Empowerment (MoSJE) and the Ministry of Housing and Urban Affairs (MoHUA), NAMASTE represents a significant step towards eradicating hazardous manual cleaning of sewers and septic tanks (Shalini et al., 2025). Its objectives include promoting mechanization, ensuring safety and dignity, providing skill development, and facilitating social inclusion for sanitation workers.

Swachh Bharat Mission (SBM): While primarily focused on achieving Open Defecation Free (ODF) status and constructing toilets, the SBM 2.0 guidelines also emphasize the welfare of sanitation workers. They urge Urban Local Bodies (ULBs) to promote occupational safety through access to protective equipment, training, and increased awareness (Katiyar, 2022).

These programs reveal a progressive policy shift from infrastructure driven goals to targeted occupational rehabilitation. Ultimately, while the evolution from SBM to NAMASTE demonstrates a growing governmental recognition of sanitation workers' rights, these schemes continue to function largely as ameliorative, technocratic measures. Until policy frameworks move beyond mere financial distribution and equipment provision to actively dismantle the systematic caste and gender disparities that sustain exploitative sanitation labour, the true rehabilitation, safety and dignity of these communities will remain structurally precluded.

Effectiveness and Limitations

During the times of involving the state in the literature, it is possible to find that welfare programs pledged to see that the manual scavengers become a part of the economy have some arrangements that fail to achieve long-term goals. Termination of the process of rehabilitation is normally determined by the lack of revenues, the inaccessibility of a small number of and long-term sustainable alternative occupations, the social stigma of coming out of the practice of using former labour. Although emergency cash payments will have a benefit of providing immediate material assistance, they will not be the most appropriate approach to providing a sustainable economy in the long run in most situations (Malipatil, 2024; IDR, 2018).

On the one hand, the NAMASTE program equipped with their priorities on the mechanized solutions is forced to address the issues of purchasing and finding high costs and insufficient years of experience of new solutions and significant delays in the bureaucratic procedure (Pradhan & Mittal, 2020). Moreover, other legislations such as MS Act and SRMS are also being condemned in the light of the gender neutral orientation of such legislations that do not acknowledge the realities of the gender aspect of manual scavenging, which happens because most manual scavengers are women (Kumar & Preet, 2020; Malipatil, 2024; IDR, 2018).

Assam's Specific Response and Progress

In spite of the fact that the implementation of such central initiatives as the PEMSAR Act, 2013, or Swachh Bharat Mission (SBM) has covered many of the individuals in the country, and even in Assam, no academic discourse resulted in the context of state specific welfare programs in direct relation to the sanitation workers who were explored, has occurred so far. It is possible to observe that such programs are poorly (respectively, hardly) covered and have low efficiency indicators, which reveals a gap between the development and implementation of the policies, and this variable is conditioned by lack of funding, management, and inefficiencies of the systems (Pradhan & Mittal, 2020; Katiyar, 2022). The last issue with the one-off cash aid is that unlike the sustainable livelihood opportunities it too often fails to translate into anything of value in the way of rehabilitation to count, in any way, the one-off cash aid is in most cases of tokenistic as opposed to substantive intervention (Malipatil, 2024). Consequently, poverty has existed over a long period of time and there are tendencies towards exploitation among manual scavengers.

In Assam the Assam Urban Water Supply and Sewage Board along with the municipal programmes is planning to build-up the sanitation infrastructure, yet such schemes do not usually come with precise preparation of enhancing the safety of the workers and their training and social security. It has also been found that there is absence of inter-agency cooperation among state and central agencies, which restricts their efficiency even more. Given that socio-economic instability and extreme forms of marginalization relegated to caste has been a

common trend in Assam, such schemes cannot pledge to the entire needs of sanitation workers (Kashem, 2015).

Table 2: Key Government Schemes for Rehabilitation and Welfare of Sanitation Workers

Scheme Name	Primary Objective(s)	Key Provisions/Benefits	Reported Effectiveness/Challenges
Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013 (PEMSR Act)	Prohibit manual scavenging; Mandate identification and rehabilitation of manual scavengers	Legal prohibition of manual scavenging; Mandates rehabilitation; Stricter penalties than 1993 Act; Defines manual scavenger (Baruah, 2014; Sahu, 2022; Kumari, 2025; Agarwal, 2025.)	Weak enforcement; Systemic neglect; Underreporting by states; Limited definition creates loopholes; Gender-blindness; Low conviction rates (Wankhede, 2024; Kumar & Preet, 2020; Malipatil, 2024; Pradhan & Mittal, 2020; IDR, 2018)
Self Employment Scheme for Rehabilitation of Manual Scavengers (SRMS)	Provide rehabilitation benefits and alternative occupations to identified manual scavengers and their dependents	One-time cash assistance (₹40,000); Skill development training (with ₹3,000 stipend); Concessional loans with upfront capital subsidy; Health insurance (Malipatil, 2024)	Overall effectiveness limited; Insufficient financial support for sustainable livelihoods; Lack of genuine alternative opportunities; Persistence of social stigma; Gender-blindness in provisions
National Action for Mechanised Sanitation Ecosystem (NAMASTE)	Eradicate hazardous cleaning; Promote mechanised sanitation; Ensure safety, dignity, skill development, and social inclusion of sanitation workers	Profiling of sanitation workers; Health insurance; Occupational safety training; Capital subsidy for sanitation enterprises; Distribution of PPE	Mechanization faces challenges (cost, familiarity, bureaucracy); Deep-rooted social practices and caste links hinder adoption; Enforcement not always strict (Pradhan & Mittal, 2020)
Swachh Bharat Mission (SBM) (Urban & Grameen)	Achieve Open Defecation Free (ODF) status; Improve cleanliness and waste management; Promote welfare of sanitation workers (SBM 2.0)	Construction of sanitary toilets; Focus on solid and liquid waste management (Phase II); Emphasis on occupational safety, training, and awareness for sanitation workers (Singh & Anand 2025)	Significant success in toilet construction and ODF status; Local implementation of worker welfare remains problematic; Disconnect between policy and ground reality in worker safety (Singh & Anand 2025)

The above table (Table 2) critically discusses the legislative and welfare frameworks that govern the sanitation sector in India. The frameworks specifically discuss manual scavenging to be formalised and mechanised. Reference to the Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013 (PEMSR Act), which is a strict legal prohibition against manual cleaning as well as mandating identification and rehabilitation of sanitation workers. However, despite its stricter penalties, the effectiveness of the PEMSAR Act remains severely undermined, weakly implemented, neglected, and underreported at the state level. Moreover, several studies highlighted limits in the definition outlined in the Act that create

legal loopholes. The implementation of the Act is gender-blindness that further ignores the vulnerabilities of the female workers.

Moreover, there are specialised welfare schemes like the Self Employment Scheme for Rehabilitation of Manual Scavengers (SRMS) and the National Action for Mechanised Sanitation Ecosystem (NAMASTE). The SRMS provides one-time cash assistance of Rs. 40,000/-, skill development stipends, and concessional loans. But this financial support is often cited as insufficient for the beginning of sustainable livelihoods, given the social stigma faced by these workers. On the other hand, the NAMASTE scheme aims towards modernising the sector by promoting profiling, health insurance, and capital subsidies for sanitation enterprises. Although the scheme tries to ensure occupational safety training and PPE distribution to the workers, its success is hampered due to the high cost of machinery and caste-based social practices that resist technological adaptation.

Further, Swachh Bharat Mission (SBM), which serves as an infrastructure-led initiative, aims for Open Defecation Free (ODF) status through the construction of toilets and waste management systems. The mission has been successful in making physical infrastructure, particularly under Phase II and SBM 2.0, but there remains a persistent gap in actual implementation at the local level, particularly regarding worker welfare. While the SBM puts emphasis on occupational safety and awareness on record, the ground reality for the sanitation workers remains precarious because of poor implementation of policy.

Role of Social Work Interventions in Rehabilitation and Empowerment

Social work interventions and the efforts of non-governmental organizations (NGOs) play a crucial role in addressing the plight of manual scavengers, often filling critical gaps left by governmental policies. These organizations are instrumental in advocacy, community-based rehabilitation, and challenging deeply ingrained societal stigmas.

Advocacy and Awareness Initiatives

NGOs and civil society organizations have been at the forefront of advocating for the rights of manual scavengers, consistently pressuring the government for stricter laws and raising broader societal awareness about the inhumanity of the practice (Saxena, 2018; Singh, 2020). Prominent organizations such as Safai Karamchari Andolan have actively challenged the practice and promoted the dignity of sanitation work. Their efforts include national and state-level campaigns designed to confront the stigma associated with manual scavenging and to shift societal perceptions towards greater acceptance and respect for these workers (Singh Parmaar, 2024).

Helping to achieve the rights of the sanitation workers and in disseminating the information about the struggles of the sanitation workers; social workers take the center stage. They may realise the change of policy by a mobilisation against the state and non-governmental organizations and the civil society so that they are able to get policy changes, adherence to existing laws which have been passed and also improved terms of working. In their turn, the campaigns aimed at raising awareness specially can and should help make sure that the general community must be informed about the importance of sanitation workers and that the discriminating beliefs and attitudes towards sanitation workers should not be held (Bhakta., et al, 2022; Chambers, 2009; Raghavendra & Kumar, 2026).

Models and Rehabilitation Interventions of the Community

Holistic rehabilitation process will typically be conducted by social work practice that involves imparting of skills and funds as well as facilitations of employment in esteemed jobs. The bright example is Sulabh International which has acquired the image of cost-effective, innovative sanitation practice, scavenger liberation, and an integrated social reformation, so that it turns a great number of towns into scavenger-free places, and promotes the introduction of new toilets (Baruah, 2014). These integrated approaches are to help overcome the intergenerational cycle of manual scavenging whereby the people receive alternative forms of livelihoods and are assimilated into mainstream (Masuki, 2018 ; Pathak, 2009; Goyal & Gupta, 2009).

They are part of the community-based intervention to self-help groups, cooperatives, and advocacy networks that leave issues to the sanitation workers so that they can work together to manage the problems. Through incentivizing the opening up of access to education, vocational training, and other means of employment, social workers are optimistic that they will break the wheel of poverty and marginalization (Nisar et al., 2025). Hence, the rehabilitation models which focus on the development of skills and their integration in the monetary structure play a decisive role in the long-term announcement of power.

Changing Social Attitudes and Challenging Stigma

More than economic empowerment, the social work interventions need to make a strong attempt to eradicate the ideology of caste-based discrimination and reshape the mindset of the society towards manual scavengers. This goal also implies breaking the religious and cultural traditionalism that has continuously perpetuated untouchability and social segregation (Mala et al., 2023; Singh Parmaar, 2024). The examples of the success of such initiatives prove that when provided with alternative sources of income and regular social support, the rehabilitated person is able to find their way to social acceptance and to restore their dignity.

Social work interventions can challenge caste-based stigma and gender discrimination through community engagement and educational initiatives. By promoting social inclusion and dignity, these efforts can reduce the psychosocial distress experienced by workers. Counselling services can help workers manage stress, anxiety, and depression, enhancing their mental well-being (Monteiro & Nalini, 2021).

Vital Role of NGOs in Assam

NGOs in Assam, such as the Assam Sanitation Workers' Association and other grassroots organizations, play a vital role in advocating for workers' rights and providing support services. These organizations conduct training programs, distribute safety gear, and facilitate access to healthcare and legal aid. By partnering with local communities and government bodies, NGOs can amplify workers' voices and drive systemic change (Saldanha et al., 2022). While the provided academic literature does not extensively detail specific NGOs and their direct rehabilitation programs for manual scavengers in Assam, the general role of NGOs in advocacy and community-based interventions is well-established in the broader Indian context (Saldanha. et al., 2022; Kumari, 2025; Joseph, 2013).

The significant progress observed in rehabilitation and social acceptance often stems from the sustained grassroots efforts by NGOs, rather than solely from top-down government policies (Dubey, 2018; Saxena, 2018). These organizations directly engage with affected communities,

provide tailored skill development, and actively work to change societal mindsets at a local level. This contrasts with the often-impersonal and generalized approach of government schemes, which can struggle with reach and effectiveness (Malipatil, 2024). This highlights that true eradication requires not just legal and financial interventions from the top, but also profound "societal change to dismantle caste-based discrimination" (Mala et al., 2023). Social work interventions, by focusing on individual empowerment and community acceptance, address the deeply human and cultural dimensions of the problem that policy alone often misses, making them crucial for sustainable change.

Conclusion

The persistence of manual scavenging in India, particularly in Assam, represents a profound failure of both policy and social conscience. Despite strict legal prohibitions, the practice endures, fueled by an entrenched nexus of caste-based discrimination, gender inequality, and economic desperation. Dalit women, in particular, bear the brunt of this "multiplied marginalization," trapped in hazardous labour with little access to protective gear or sustainable alternatives. The literature highlights that legal bans are insufficient when disconnected from ground realities. Systemic gaps ranging from underfunded rehabilitation programs to the official denial of the practice create a cycle of indifference that perpetuates the issue. Government welfare initiatives often fail due to poor implementation and a "gender-blind" design that ignores the specific vulnerabilities of female workers.

Therefore, a transformative solution requires more than just top-down legislation. It demands a holistic approach integrating strict enforcement of occupational safety standards with bottom-up social work interventions. Empowering communities, dismantling deep-seated social stigma, and providing genuine economic rehabilitation are essential. Only by prioritizing the dignity, rights, and safety of sanitation workers can India move toward a truly just and sustainable sanitation sector, finally breaking the inequitable cycle of manual scavenging. Future research should prioritize evaluating the "administrative integrity" of current laws to identify why legislative enactments often fail to translate into practical, orderly execution. Investigating the specific socio-economic hurdles faced by manual scavengers is essential to creating intersectional rehabilitation models that address compounded discrimination. It is desirable that scholars should also focus on the scalability of mechanized sanitation technology, ensuring these tools are accessible to local municipalities to replace dangerous human labour. Longitudinal studies are needed to assess the transition from one-time financial aid to sustainable, long-term alternative livelihoods and social support systems. Additionally, research must explore behavioral interventions that target the deep-seated caste-based taboos and social stratifications that perpetuate this practice. Analyzing the effectiveness of occupational health and safety norms in regions like Assam will provide a blueprint for protecting the physical well-being of sanitation workers. Ultimately, future inquiries must focus on structural changes and community-engaged advocacy to redefine the stigma surrounding sanitation work and ensure social inclusion.

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