

# Workers in the Second Wave

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The Impact of COVID-19 Pandemic and Lockdown on Local and  
Migrant workers in Bengaluru

**A Report by**  
**AICCTU-KARNATAKA**  
(In collaboration with GATWU and DWRU)

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The Impact of COVID-19 Pandemic and Lockdown on Local and Migrant  
Workers in Bengaluru

## A REPORT

ALL INDIA CENTRAL COUNCIL OF TRADE UNIONS (AICCTU) – KARNATAKA

*In collaboration with*  
Garment and Textile Workers Union (GATWU)  
and  
Domestic Workers Rights Union (DWRU)

**MAY 2021**

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## Introduction and Context

### 1. Introduction

The second wave of COVID-19 has hit our nation hard, particularly Delhi, Uttar Pradesh, Gujarat, Madhya Pradesh and Karnataka. The situation in other states is worsening by the day. In Karnataka, the situation is most alarming in Bengaluru with new COVID-19 cases increasing by 10,000+ numbers every day for the past week or so. However, the Central and State governments, miserably failed in anticipating this, let alone make any preparations to deal with it. Consequently, Covid patients run from hospital to hospital in search of beds, especially ICU beds. There is an acute shortage of medication and oxygen, and no information among people on how to save their lives. Lives are being taken away by the negligence of the State. However, the impact of the pandemic on the working classes and economically weaker sections is particularly debilitating. Coupled with this battle to save their lives, people now are struggling to secure livelihoods and food as a direct consequence of the lockdown announced by the State government. It is in these circumstances that AICCTU felt the need for an authoritative account of the experiences of the people on both these fronts, for people to realise the enormity of the tragedy that has befallen us, and for it to be a tool in effecting policy interventions.

### 2. Context

Through the course of writing this report, Karnataka emerged as the State with the highest number of infected population during the second wave of COVID-19. With more than 6 lakh active cases, the State is in an unprecedented health crisis. What is required to be considered is the response of State Government to the situation from the very initial period.

India went through a period of low transmissibility, post the first wave. This period is usually the longest incubation period which ought to have been utilized to ramp up the medical infrastructure required for the second wave. However, it is clear at this stage, that there has been a failure on this front by both Central and State government, and a massive gap has emerged between the availability of various resources including hospital beds, oxygen, essential drugs etc. It must be noted that the number of daily cases in the State in this wave is close to 50,000 as opposed to approximately 10,000 daily cases during the peak of the first wave. This rapid elevation in the number of infections can be attributed to the increase in the variety of mutants during second wave. This has justifiably given rise to apprehensions of future mutations and waves.

In terms of health infrastructure, Karnataka had 36 dedicated COVID-19 hospitals (DCH), 174 Dedicated COVID-19 health centres (DCHC), and 628 private hospitals for COVID-19 care as of November 2020. There were 22,602 beds, 11,452 oxygenated beds, 1902 ICU with ventilators both in government and private sector for COVID-19 patients as of November 2020. With the number of active cases standing at over 5 lakhs during the peak of the second wave, the demand for oxygenated beds stands at around 80,000 beds while the demand for the ICU beds stands at around 15000. By the end of April 2021, the number of oxygenated beds were increased to

roughly 25,000 while ICU beds were increased to about 2,500. The state government has plans to procure 95,000 vials of Remdesivir through central government as well as through direct procurement while the demand is a staggering 5 lakh vials of Remdesivir.

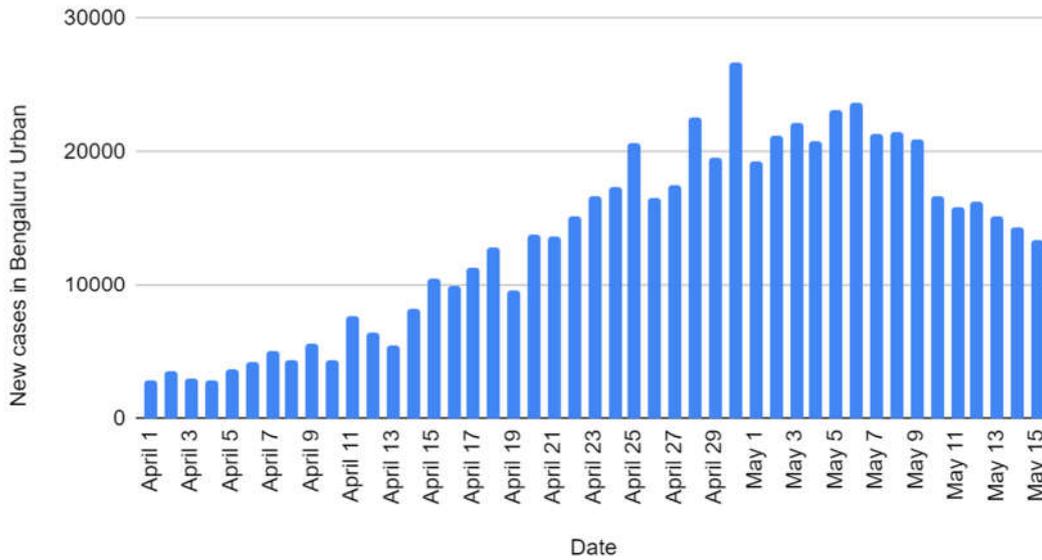
This gap between the demand and supply gives the clear indication about the challenge in front of the state administration. The recent shocking instances of deaths at Chamarajanagar and Kalburgi for lack of oxygen supply are an indication of the inadequate health infrastructure in the state. It is to be noted that Karnataka has seven liquid oxygen refilling/bottling units – all owned by private companies – with a total daily production capacity of 812 metric tonnes while the daily demand for the oxygen is about 1500 metric tonnes. The allocation of oxygen is centralised, so some of the oxygen produced in Karnataka is sent to Maharashtra, and Karnataka is required to transport its allocated amount. There is a massive logistical challenge of transporting and storing the oxygen, especially keeping in mind that nine districts do not have any oxygen manufacturing units – Gadag, Chikkaballapura, Chitradurga, Bidar, Yadgir, Chamarajanagar, Kodagu, Mandya and Udupi.

The situation as it stands indicates that the State failed to take necessary actions subsequent to the first wave, including improving medical infrastructure, creating awareness among people about COVID-19 and necessary vaccination against it.

As of May 15, 2021, Karnataka had 6,05,494 active COVID-19 cases and had 21434 COVID-19 deaths. Of these, more than 60% of the active COVID-19 cases i.e. 3,66,791 were in Bengaluru and, there were 9340 COVID-19 deaths in Bengaluru. With more than 3 lakhs COVID-19 patients, Bengaluru has the highest number of COVID-19 cases among all cities in both waves. Bengaluru's first-wave peak was 66,854 active cases in mid-October — just a little over fifth of the present number. This explains why beds and oxygen are in acute supply in the city. No government official or minister has provided reasons for the underestimation despite warnings from experts as early as in November and December. The surge in the past few weeks shows the frightening pace at which infections have grown.

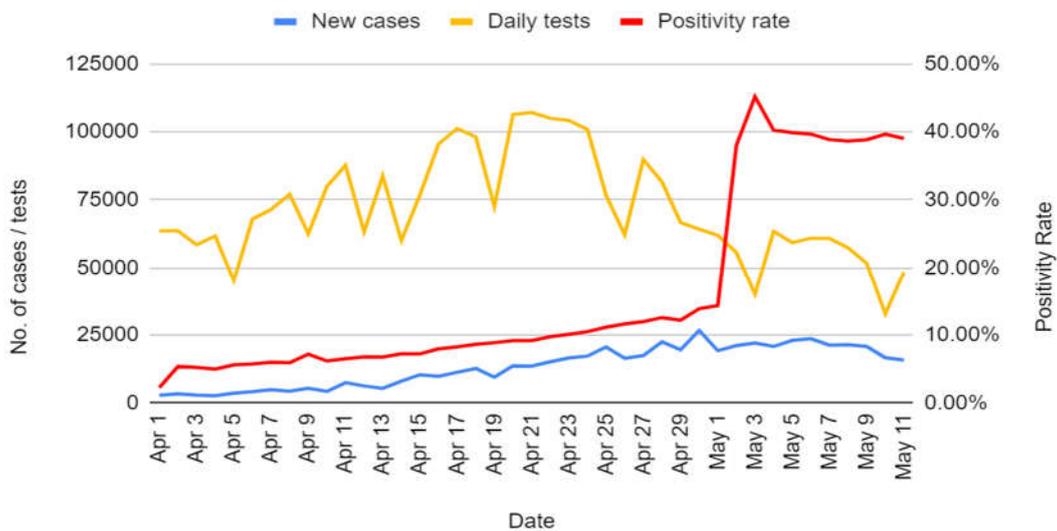
The graph below shows the progression of the number of cases added everyday in Bengaluru Urban.

**Figure 1: Daily new cases in Bengaluru Urban**



Though it appears that the number of daily positive cases are falling, it is also important to note that there has also been a fall in COVID-19 testing. The graph below shows that testing has been erratic right since the beginning of April. It is also clear that with the falling number of tests, there is an increase in positivity rates. In fact, May 3<sup>rd</sup> saw the sharpest fall in testing and the sharpest rise in positivity rate.

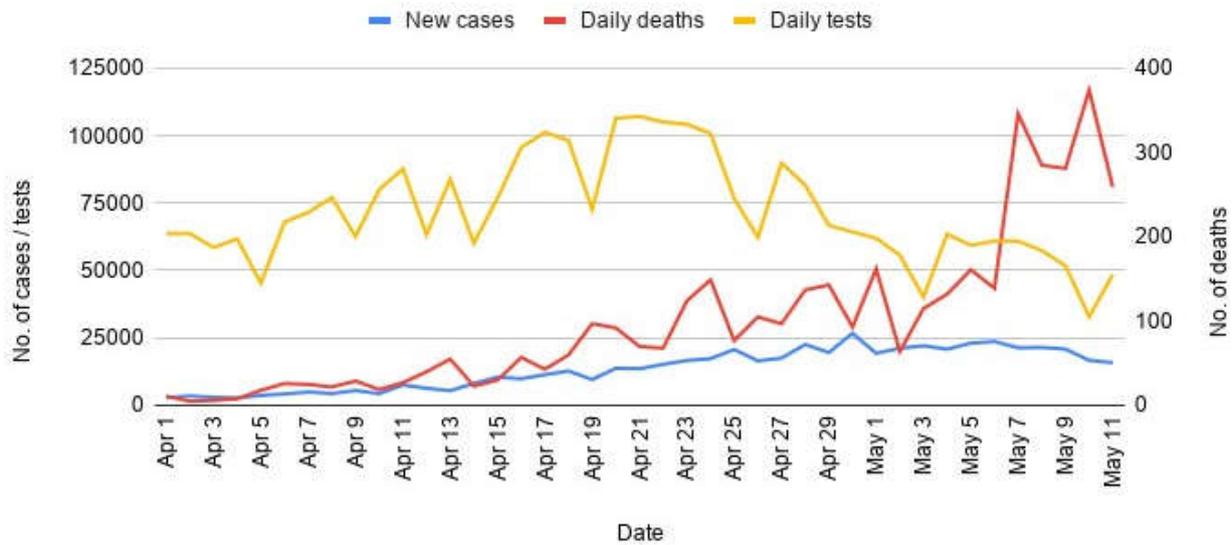
**Figure 2: No. of new cases, daily tests and positivity rate in Bengaluru Urban**



On the other hand, despite the falling daily tests and a staggered reduction of new cases since May 8<sup>th</sup>, there is also an increase in the number of deaths. Along with other factors, deaths are also a function of access to health care on time. The erratic line shows that there is no steady supply of necessary health infrastructure, indicating that it is being organised as the crisis is

unfolding. It is also important to note that testing rates are low, there is delay in receiving results, patients are not able hospitals on time and there is a stigma attached to COVID-19 which prohibits some people from testing. This results in deaths being under reported and therefore the numbers inaccurate.

**Figure 3: New Cases, Daily Deaths and Daily Tests**



All lines in the graph are drastically erratic except the increase in the number of cases. This indicates an unpreparedness on the part of the government for this 2<sup>nd</sup> wave of the pandemic. It must be kept in mind that there were some credible warning signals that a second wave was imminent. Historically, most pandemics have a second wave, as seen during Spanish flu of 1918-20, Asian Flu of 1957-58, West African Ebola of 2014-16. In fact, there were predictions about the second wave of COVID-19 in the report based on the deliberations of Technical Advisory Committee (TAC) of Karnataka state as early as 24th November 2020<sup>1</sup>. The report stated that the second wave of COVID-19 was expected during January-February 2021. This report provided a brief narrative of measures needed to foresee and contain second wave of COVID-19 pandemic. It suggested extensive RT-PCR testing and to expedite procurement of newer testing kits that are economical and easier to perform. According to a TAC member and nodal officer for genomic confirmation of SARS-CoV-2 in Karnataka, the situation could have been controlled had the report been taken seriously then or even in March this year.

It may be noted that the report also recommended restrictions on mass gatherings such as fairs and festivals, religious congregations, political, public and cultural events in December & January since they could be super-spreader events. Even with these measures explicitly prohibited, there were large temple festival gatherings held in Kalburagi and Bijapur. What took place in Karnataka was just the tip of the iceberg when compared to the super-spreader events

<sup>1</sup> <https://images.citizenmatters.in/wp-content/uploads/sites/14/2020/12/11113143/2nd-Wave-Advisory.pdf>

which took place in other parts of the country. These include: 1) massive election rallies that took place ahead of West Bengal state elections between March and April 2021 in Kolkata; and 2) the first big day of the Kumbh festival April 12, 2021 when more than three million devotees, with majority of them unmasked, gathered at Haridwar. By then, India logged more than 168,000 new cases, overtaking Brazil to become the country with the second-highest number of cases globally. Though no other state has seen an exponential a rise in cases as Bengal, the COVID-19 situation is equally worrying in Tamil Nadu, Kerala, Assam as well as the Union Territory of Puducherry. All of which have seen a spike in cases following campaigning for the Assembly polls. These events have a domino effect on other states including Karnataka. Belatedly, Karnataka government took measures to control large gatherings through the strict lockdown announced from April 27, 2021. That announcement prohibited religious gatherings in the places of worship as well and the gathering for the marriages was restricted to 50 people and for funerals to 5 people.

There were also clear warning signs from other countries as the second wave had started in Australia during May-June 2020, USA during June-July 2020 and in Europe during October-November 2020. Apart from this, there was a paper published by Springer International titled "Prediction for the Second Wave of COVID-19 in India"<sup>2</sup> in Big Data Analytics: 8<sup>th</sup> International Conference during 15-18 December 2020. It utilized the Multiplicative Long-Short Term Memory (M-LSTM) architecture for predicting the second wave. Despite all the warning signs the state did little to keep its health infrastructure prepared. As a result, there has been a rapid surge in the number of cases and the situation has gone out of control.

The current situation clearly demonstrates the complacency and incompetence on the part of the government. Apart from taking urgent corrective measures to improve health infrastructure and rapid response system, the government also should come up with a clear road map for vaccination. The vaccination process started in January 2021 and the vaccination rate currently being 12.2% for first dose and 3.1% for second dose in the state. During the first week of March, Bruhat Bengaluru Mahanagara Palike (BBMP) commissioner announced that the number of vaccination sites will be increased by adding 141 PHCs and 107 private hospitals. He further announced that Accredited Social Health Activist (ASHA) workers would mobilise over 15 lakhs slum dwellers and bring them to sites for walk-in registration from the following week. As of May 7, 2021, only 60% of front-line workers and 72% of health care workers have taken second vaccine dose. However, the availability of vaccines continues to be a challenge.

Karnataka has been on lockdown since April 27<sup>th</sup> onwards to date and there are several indications that this lockdown will be extended beyond May 24<sup>th</sup>. The cumulative impact of the pandemic, 2020 lockdown, economic slowdown causing record levels of unemployment, job loss and reduction in wages, has had a devastating impact on the economic, social and food

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<sup>2</sup> <https://www.springerprofessional.de/en/prediction-for-the-second-wave-of-COVID-19-19-in-india/18718250>

security of the majority of the population. This is in addition to the severe health crisis that people are facing.

Moreover, there is a crisis around food security looming over the State. On paper, the state government is required to distribute 10 kg rice and 1 kg Toor Dal monthly under Pradhan Mantri Garib Kalyan Yojana (PMGKY) Rice Dal Distribution for BPL families. The government has instructed Urban Local Bodies to continue the functioning of Indira canteens following all COVID-19 norms and to make provision of breakfast, lunch and dinner free. In reality, receiving rations through the Public Distribution System (PDS) continues to be an issue. Moreover, Indira canteens are as much as 5 kilometres away from the households. Given the lack of public transport during the lockdown, needy would be forced to undertake a 10-kilometre trek and stand in queue for a single meal.

In September 2020, BBMP had appointed 198 nodal officers for all the wards for grievance redressal related to COVID-19. With the onset of the second wave, the government has appointed additional nodal officers to manage issues pertaining to crematoriums, orphans, ICU beds, Oxygen supply, and home isolation protocols. In a significant development, the Karnataka government issued orders on May 7 directing to set up Ward Decentralised Triage and Emergency Response (DETER) Committees for COVID-19 management in all 198 wards in Bengaluru. The ward level committees will have officials of the BBMP, ward committee members, government officers, volunteer Resident Welfare Associations (RWAs) and civil society organisations. The efficacy of these mechanisms is yet to be seen.

## Methodology

The objective of this report is to highlight the status of workers during the COVID-19 2<sup>nd</sup> wave in Bengaluru and the second set of restrictions and lockdowns. To be able to represent concerns of a diverse range of workers, we ensured that we spoke to diverse set of workers including Construction workers, Garment workers, Metro workers, Security guards, Workers in small shops, Waste pickers, Domestic workers, Taxi drivers, Library workers, MC Gang men, Street vendors, Hospital workers, Ready Mix Concrete workers, Pourakarmikas (Sanitation workers) and Auto drivers. A total of 73 non-migrant workers and 46 migrant workers were interviewed by telephone. These interviews were conducted between May 1<sup>st</sup> to May 6<sup>th</sup>.

AICCTU collaborated with Garment and Textile Workers Union (GATWU) and Domestic Workers Rights Union (DWRU) for the report.

In addition, we collected critical coverage in newspapers and significant tweets from Twitter which were also analysed. We also interviewed some voluntary organisations involved in supporting patients in accessing oxygen, hospital beds etc.

Having decided to come out with the report, AICCTU released a call for volunteers on social media, and as many as 45 volunteers reached out. Initial meetings were held where volunteers were divided into the following sub-groups:

- Those who would conduct interviews of workers in Kannada
- Those who would conduct interviews of workers in Hindi
- Those who would collate data found over Twitter
- Those who would go through selected newspapers over a one-month period and collate relevant articles
- Those who would interview the volunteers who have been working in Bengaluru over this period.

Thereafter, each team held multiple meetings over the course of the study. Each team faced unique challenges –workers sometimes were not willing to speak to a new voice, volunteers were overwhelmed and could not make the time, and Twitter and Newspaper data was voluminous, with overlapping topics. It must also be kept in mind that the pandemic has had a personal impact on each person, and the volunteers worked overtime despite this.

***Note: Names of workers have been changed to protect their identity***

## Local workers: Analysis of Survey Findings

The workforce in the state, both in the formal and informal sector, have been hit hard by the pandemic. Out of the total 25.5 million Labour force in Karnataka (Periodic Labour Force Survey, PLFS 2017-18) informal workers are 22.2 million constituting 86.9% of the total workforce in Karnataka.<sup>3</sup> In Karnataka, the maximum number of persons are self-employed (45.6%). This is followed by casual labourers (27.2%) and wage earners (27.2%). Public Sector employment account for 10.303 lakh (42.72%) and Private Sector for 13.815 lakh (57.28%), Public sector has decreased by 0.14% whereas Private sector has increased by 0.26% between March-2020 to June- 2020.

The average annual wages of industrial worker was Rs. 1,89,875 (2017-18 rates). However, significant sections of unorganised workers survive on far lower annual wages, in most cases being denied minimum wages as well.

The proportion of rural population to total population is declining over the time period. The decline is faster in Karnataka as compared to India. The rural population of Karnataka which was 77.7% during 1961 census has decreased to 61.33% in 2011 census.

In this survey, we spoke to 71 workers from a range of occupations at the lower end of informal, formal and government sectors. Our questions ranged from access to healthcare, concerns regarding the pandemic and government responses to it in the form of lockdowns and vaccinations, its impact on livelihoods, food and financial security.

### 1. Profile of respondents

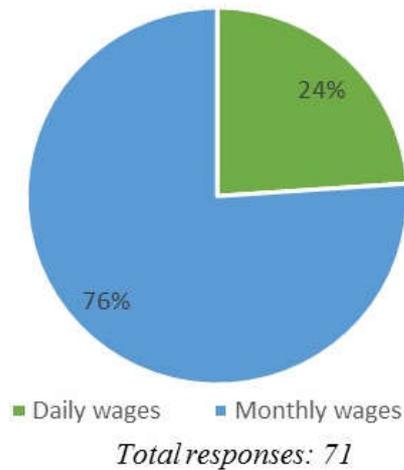
Following is the brief profile of the respondents of the survey.

Domestic and garment workers form a large segment of workers interviewed in the survey and monthly wage workers are more visibly represented in the survey. It is to be noted that these two occupations are predominant occupations among working classes in Bengaluru.

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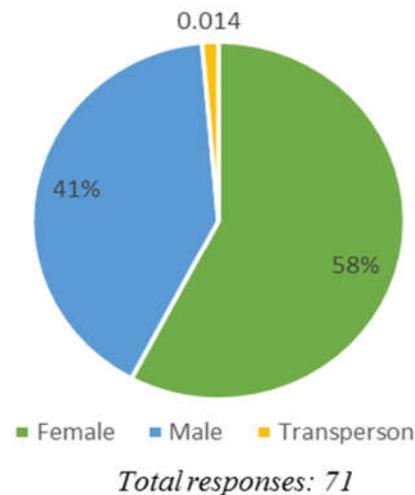
<sup>3</sup> Economic Survey of Karnataka 2020-21, Planning, Programme Monitoring and Statistics Department , Government of Karnataka

**Figure 4: Type of wages earned by local worker respondents**



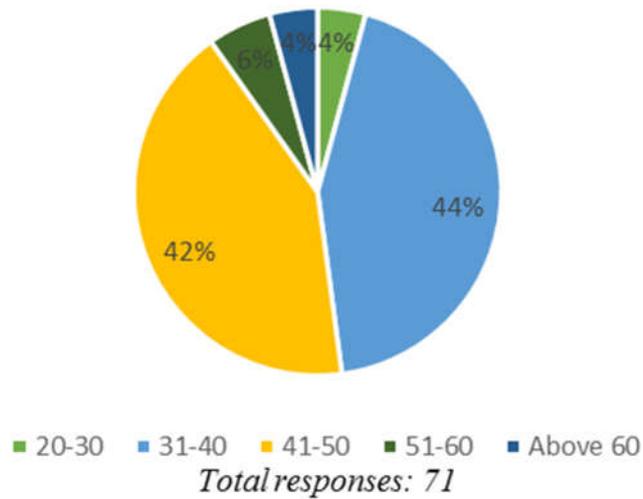
Women accounted for 58 percent of our respondents given that they are overly represented in occupations such as domestic work and garment work. Men accounted for the rest while one transperson was also part of the group of respondents. It is to be noted that members of the trans community are not represented in the survey and their personal and professional difficulties need also to be documented to understand the impact of the pandemic and the lockdown on this vulnerable and marginalised section of the working class.

**Figure 5: Gender profile of local worker respondents**



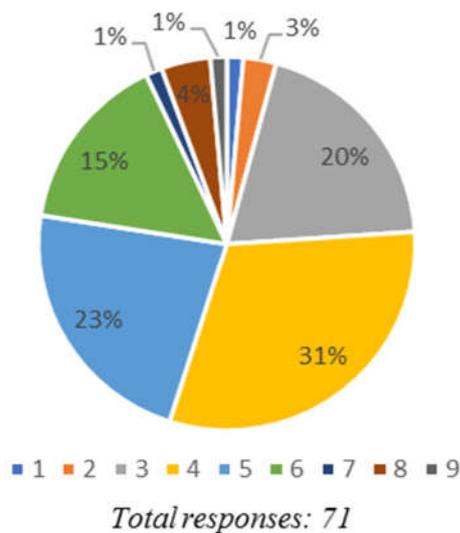
The average age of respondents was 42 years with the range extending between 21 and 62 years. Nearly 48 percent were in 20 to 40 age group rendering them ineligible for free vaccination under the current state government policy.

**Figure 6: Age profile of local worker respondents**



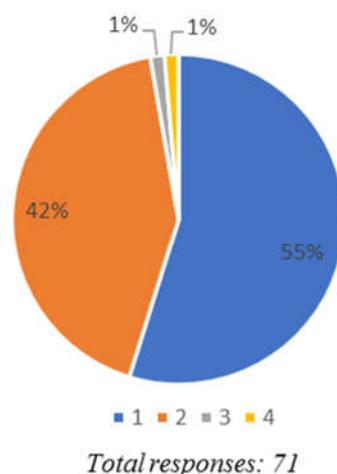
The average size of the household was between 4 and 5 members while the range extended between 1 and 9 members in a household. Nearly 54 percent of the respondents reported an average family size of 4 to 5 members.

**Figure 7: Size of household among local worker respondents**



Most respondents reported that their family was run on the income of one or two individuals only. Several reported that they or their spouses had lost their jobs and were not able to find work during the lockdown. It is likely that even those who reported two earning members had been reduced to one. If these earning members get infected, the economic impact on these families was likely to be devastating.

**Figure 8: Earning members in a household among local worker respondents**



2. Concerns, precautions and awareness about pandemic-related issues

i. Fear of being infected: Individual and collective preventive measures

The coronavirus pandemic has raised deep concerns about both protecting one’s own health as well as livelihoods. To the question of whether getting infected with the virus in the course of work was a concern, 72 percent of the respondents said it was indeed a concern.

Are you concerned that you might get infected with coronavirus while working?		
Response	Number	Percentage
Yes	51	72
No	18	25
No response	2	3
Total	71	100

Transport workers such as cab drivers who work at the international airport expressed apprehension that in the second wave, customers were being dishonest and not revealing that they were infected. Chetan, a cab driver, said: *“Last year, we had no idea what COVID-19 was. We used to use sanitizer, gloves. We use masks now too. Last time, we got a lot of information and customers also used to follow (these instructions). Now, people get a false negative test done illegally. Customers lie about COVID-19. Several colleagues have got COVID-19 now. Last time, only airport taxi used to run. We took risk. There were tests at airport. Now nothing.”* Referring to the social stigma attached to being infected, she also said that people were ‘scared’ to reveal that they were COVID-19 positive as they would get treated as ‘untouchable’.

Girija, a garment worker whose husband worked as a security guard, also expressed similar concerns about concealment of infection. She said: *“Last year people were more open about the infected people. This year they are not revealing anybody who is infected. It is all very secretive.”*

These fears expressed by Girija and Chetan are indicative of the lack of precautionary measures undertaken by the government in this phase of the lockdown. Unlike in the first phase when air passengers were stringently tested, when sealdowns and declaration of containment zones were undertaken and widely advertised and when contact tracing was more rigorously pursued, this phase of the pandemic has not seen such measures.

Referring to the environment of fear of infection, Shiva, cab driver, said: *“Both drivers and customers are both scared. We employ all safety standards for customers since they are like god. We sanitize car, hands, wear gloves and masks. I make sure no more than two people are in the car.”* Most respondents cited masks as the most common precautionary measure they undertook followed by gloves, sanitisers and maintaining physical distancing. It is pertinent to remember that these are measures that are undertaken at the individual level. Collective and community level measures cannot be substituted by these measures.

61% of our respondents stated that no community level measures were being undertaken in their neighbourhoods as such. 34% of respondents who said community measures were being undertaken mentioned closure of shops, curfews, locality announcements about prevention and vaccinations and sanitising neighbourhoods as measures being undertaken by the state.

ii. Awareness of and access to forms of government assistance

In the event that they did get infected, 78 percent knew what steps needed to be taken. Going to hospitals, particularly state government and BBMP centres, to get themselves checked out was the most cited response for what steps respondents would take if they did get infected. Interestingly, very few respondents cited helplines as their first point of contact for help in case of infections.

<b>Do you know where to go if you or people around you start to get symptoms?</b>		
<i>Response</i>	<i>Number</i>	<i>Percentage</i>
Yes	55	78
No	13	18
Response unclear	3	4
Total	71	100

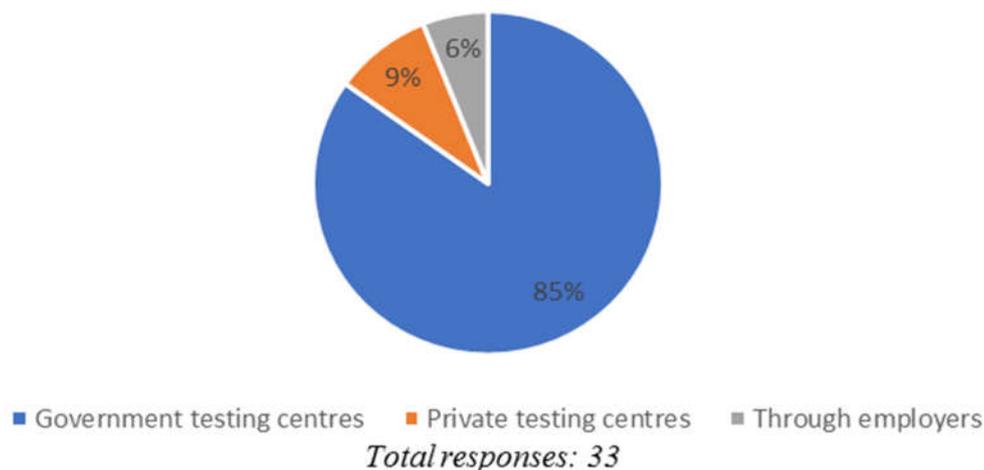
Only 53% said they knew about the helplines run by the government for providing assistance regarding COVID-19. Among those who knew of the helpline, 86% had never used it. Even among respondents who reported getting infected themselves or had family members or co-workers who were infected, all except one said they had not used the helpline. Ranjini, whose husband was infected, stated that when they tried the helpline, no one received their call. Domestic workers Vijaya and Pavithra also reported not being able to get through to the helplines.

**Do you know about the government helpline?**

<i>Response</i>	<i>Number</i>	<i>Percentage</i>
No	29	43
Yes	35	52
Unclear	3	5
Total	67	100

Despite this, services provided by the government such as COVID-19 Care centres, vaccination centres, testing centres were somewhat well-known and were most accessed or likely to be accessed. For instance, to the question of where they got tested or were likely to go to get tested, 84% of the respondents said they accessed or would access government testing services.

**Figure 9: Responses to where local worker respondents got or plan to get COVID-19 testing done**



For the 27 respondents who did get tested, 37% were likely administered the Rapid Antigen Tests (RAT) since they received their test results in a matter of hours. 41 percent said it took them 2 to 3 days to get their test results while 22% said it took them a week or more to get their test results.

41% of the respondents stated that the government or their employer had undertaken COVID-19 testing at their workplaces or residences. This included frontline workers, domestic workers, cab drivers who were tested in these locations. 56% said no such mass/random testing had taken place in their workplaces or during the course of their work. 60% of respondents stated that they knew they could access a COVID-19 Care centre in case they test positive and cannot isolate themselves at home.

*These responses indicate that large-scale testing and vaccination drives undertaken by government agencies is crucial for working class. This is especially so when a large section of employers are not undertaking regular testing for their workers.*

Among 14 respondents who did get vaccinated, 66% said they were vaccinated through government services. They accessed the vaccination centres on their own or with help of family/friends and/or employers. But some degree of vaccine hesitancy was noted among respondents. Some said they do not 'believe' in the vaccine and some others that they were 'afraid' of the vaccine. Rumours about vaccination-related deaths were likely to have been the cause for this hesitancy as also some severe side-effects after the first dose (such as body pain and weakness). *Large-scale public health awareness messaging by the government is essential to counter vaccine hesitancy and misconceptions about its efficacy in countering the infection.*

*Further, making available vaccines to all is crucial for working classes to be able to retain their livelihood.* Domestic workers we surveyed stated that their employers had asked them to return to work only if they were vaccinated. For instance, Pavithra, a domestic worker, recalled that when she had cough and fever, her employer allowed her to return to work only after she had shown a certificate declaring her to be negative. In Ranjini's case, her employer has told her not to return unless she has a vaccination certificate. *Going forward, this could potentially be an axis of discrimination if employers choose this as a way of determining who stays on in the workforce.*

Apart from one individual whose company paid for his hospital expenses, respondents who had themselves been infected or had friends/family members/co-workers infected reported that they accessed only government health-care services. If Rashmi, a hospital nurse, was quarantined at a COVID-19 care centre since she could not isolate at home, Rajanna, a garment worker, was ferried in an ambulance arranged by the BBMP and provided free hospital admission at a government health-care centre. Krishna, a library worker, narrated an instance of one of his infected co-workers who had been admitted to a private hospital was asked to pay 8 lakhs. He said, *"The family thought that their "family pack" insurance would cover the costs but it did not."* Domestic workers in our survey reported having spent between Rs. 12000 and Rs. 40000 for taking care of themselves or family members infected with COVID-19.

Even for those who were admitted to government hospitals, medicines have proved to be a major expense. Rajanna's family was asked to procure medicines from outside the hospital and ended up having to pay Rs. 15000. Rajanna was eventually terminated from his job as well and has been suffering financially.

### iii. Observations

- Public health infrastructure, especially COVID-19 care centres, hospitals and health centres need to be expanded extensively. These are the only form of health care that pandemic-affected workers can access and are willing to access.
- ESI Hospitals meant for workers need to be made available for workers on priority

- Government-led testing is essential in workplaces, public places and near residences of working classes.
- Vaccine hesitancy is significant. Public health messaging on the need for vaccines and their temporary health impact is necessary to build confidence among workers.
- Universal, free vaccination for all age groups is essential. Patchy reach of vaccination can impact workers with employers potentially preferring vaccinated over unvaccinated workers.

### 3. Impact on livelihoods

#### i. Adverse impact

82% of the respondents stated that the pandemic and government response in terms of the lockdown had adversely impacted their livelihood.

Cab drivers working with Ola and Uber we spoke to stated that they were severely affected by the pandemic and the lockdown, especially since they had loans on their cars that they needed to repay. With platform companies and the government refusing to increase incentives and fares and cab rides having significantly low demand, the desperation among this class of workers is high. Shiva, a cab driver, stated: *“The government agreed to give Rs. 5000 to drivers after a lot of union pressure. But only 4 out of every 10 people got this money. That too only 5000 rupees. This can barely help pay rent for a month. What about food and ration? How is this even remotely enough? I know so many people who have committed suicide. The government has not taken any pro-driver decision. Only anti-driver decisions have been taken.”*

#### ii. Reduction in wages

For 51% of the respondents, wages had reduced significantly. Some even reported erratic payments while some others were not sure if they would get full wages. Of the 41% of respondents who reported that they have the same wages as before, a majority were sanitation workers, anganwadi workers, library workers, garment workers and healthcare workers, all of whom receive monthly wages.

How has the wage changed over the past year?		
Responses	Number	Percentage
Reduced	36	51
Same	29	41
Unclear/No responses	6	8
Total	71	100

However, this does not translate to stable household incomes. Many reported that their spouses were out of work and that now households were dependent on wages (full or partial) of one

member. Narasamma, a sanitation worker, whose husband worked as a construction worker, stated, *“With two children at home, it is increasingly becoming harder to cope with a single earning member.”* Lakshmi, a garment worker, who lost her husband recently was feeling utterly helpless. She said, *“It has hits us very hard...I've lost my husband also recently. There are two elderly people in the house as well. I'm the only one who earning money now and I am struggling run a family. I've asked money also from people in my neighborhood. But no one is giving. I don't know what do. It seems so hard to give education for my kids. I still don't know what do.”*

iii. Intensity and quantum of work

56% of the respondents stated that their work had reduced while 23% stated that the amount of work they needed to do had remained at levels similar to before the pandemic. Domestic workers, sanitation workers, teachers were among the 21% of respondents who reported that their workload had increased.

<b>Has the amount of work reduced or increased over the past year?</b>		
<i>Responses</i>	<i>Number</i>	<i>Percentage</i>
Reduced	32	56
Increased	12	21
Same	13	23
Total	57	100

If those working in private sector, self-employed or domestic workers reported wage reductions, those employed in institutional settings such as hospitals and in the government sector (such as hospital attendants, Anganwadi workers and Pourakarmikas) had not had wage cuts. But despite the threat of COVID-19, increased risks associated with working now and increase in work-load, 95% of respondents, including the above frontline workers, stated that they could not or had not demanded better wages. This is likely because they may face threat of termination, and not be able to find new ones at a time when unemployment levels are rather high, or that employers have been unresponsive when demands are made

Given that the lockdown was announced in the middle of the month of April, 41% of the respondents reported that they had not received full wages for the month of April or did not know if they would receive full or partial wages. No respondent reported receiving advance wages in preparation of lockdown.

iv. Observations

- Working class households across the board have been impacted by the pandemic and the lockdown. This has happened either through loss or reduction of work of among earning members of the household.

- Some professions, particularly those working for platform companies such as Ola and Uber or street vendors, are far more impacted than monthly wage workers in the government sector whose wages are protected to some extent. This calls for a variegated policy and compensatory response by the government specific to each of the sectors.
- Despite enormous risks that follow working in a pandemic and despite the workload increasing, workers have not been able to demand higher wages.

#### 4. Food and Financial security

##### i. Capacity to manage during lockdown and possible extensions

Respondents reported great apprehension that they would be unable to manage daily living if the lockdown extended further. Mahesh, a cab driver, said that he may end up selling his car and a site he owns to repay his debts; Prakash, another cab driver, said that he may return to his village if the situation persists; and Shiva, also a cab driver, predicted that more transport workers might be driven to suicide if the government does not step in to alleviate the distress faced by workers in his sector.

Of the 65 respondents who answered the question on difficulties regarding food, 68% said they were already facing difficulties. Of the 60 respondents who answered the question on whether they had enough food stock to last the lockdown, 50% said they did not have or barely had enough food stock to last the current lockdown. On the question of borrowing money to prepare for the lockdown, 71% of the 44 respondents said they needed to borrow money.

##### ii. Reduced intake of food and anxieties about rent and loan repayments

Many reported having reduced food intake from three to two or one meal a day. Increased dependence on food grains from public distribution system was also reported as also the severe inadequacy of the quantum provided through the system. Manjula, a domestic worker said, *“the amount of rice given in the ration has reduced. It is not sufficient for the entire month. The prices in the shops have increased due to which I had to take out a loan to buy rice. I have reduced buying vegetables meat and milk to a very large extent.”*

Rent, which is a major expense for working classes, continued to be so. 75% of respondents said that their landlords had asked them to pay rent or they had paid themselves. Many expressed great apprehension on how they will pay the rent and anticipated that pressure from landlords are only going to increase further. Borrowing money to tide over the crisis, hoping that employers pay them full salaries or returning to their native villages were some of the options being considered by respondents.

Nearly 65% of the 49% who answered the question reported having debts, the repayment of which was likely to be affected by the lockdown. *“If the lockdown continues like this, we all will have to die. Because of corona we don't have jobs or food we will have to die,”* Vijaya, a domestic worker stated.

### iii. Observations

- Nutritional security of working classes is severely compromised by the loss and reduction of income due to the pandemic-induced lockdowns.
- Increase in prices of vegetables and groceries are further depleting capacity of working class households to access nutritious food sources.
- Severely inadequate rations provided through the public distribution system has meant that households are not able to be entirely reliant on state assistance for food during the pandemic.
- Rent and loan repayments are causing anxiety among workers since most access rented housing and are dependent on loans to meet household and education expenses. Cash assistance in this period is crucial for workers to offset the extreme deprivation staring at workers.

### 5. Expectations from the Government

Following are some of the forms of assistance that respondents expected from the government.

THE GOVERNMENT SHOULD HAVE CONSULTED PEOPLE BEFORE IMPOSING LOCKDOWN. WHAT DID LOCKDOWN ACHIEVE WITH THE FIRST LOCKDOWN? THE LOCKDOWN HAS GIVEN AN EXCUSE FOR THE COPS TO LOOT DRIVERS AND EXTORT MONEY. WHY DON'T THE GOVERNMENT DISCLOSE WHAT THEY DO WITH THE FINES? THEY SAID THEY COLLECTED 85 LAKHS LAST MONTH. WHAT DID THEY DO TO THE POOR?

DRIVERS ARE THE POOREST IN THE COUNTRY. HAS EITHER THE STATE OR CENTRAL GOVT DONE ANYTHING FOR US? NO ESI NO INSURANCE. WE SPEND 25K INR ON FUEL. HOW MUCH WE GIVE IN TAX. ATLEAST IN DEATH WE HOPE THE GOVERNMENT SHOULD ANNOUNCE.

QUESTION FOR ALL PARTIES: YOU COME DOOR-TO-DOOR TO ASK FOR VOTES. WHY CAN'T YOU COME NOW TO ASK ABOUT OUR WELL BEING. WHY ARE THE MLAS NOT VISTING US? CAN'T THEY USE A PART OF THEIR LOOT TO SAVE A FEW LIVES? NOBODY TO ASK US OR TALK TO US.

*Mahesh, cab driver*

- Extending EMIs on loans, if not loan waivers.
- Controlling inflation of prices in essential commodities
- Ensuring payment of compensation upon injury or death of an earning member in the family.
- Helping in procuring medicines.
- Provide PF, ESI and other health benefits.
- Increase quantum of ration provided from the PDS.

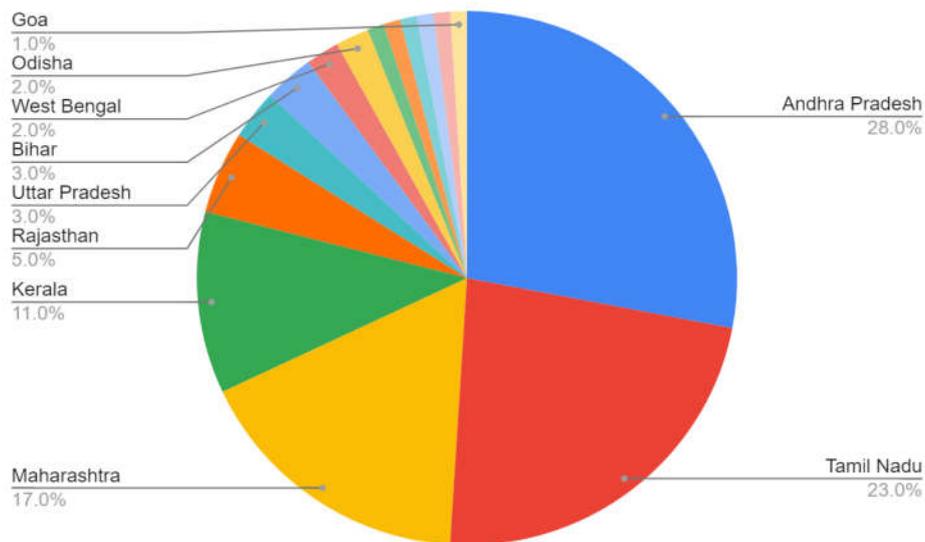
- Providing ration kits.
- Cash assistance to enable meeting daily and monthly expenses for groceries, food and rent.
- Waiver of electricity and water bills for the period of the lockdown.
- Setting up more COVID-19 care centres with better amenities.
- Increasing employment opportunities.

A significant percentage of workers do not have any expectation from the government. This is not because there is no expectation, rather it is a grim acknowledgment that the government would not do anything for them.

## Migrant Workers: Analysis of Survey Findings

The 2011 census data has recorded 33,75,486 in-migrants from other states to Karnataka. Of this, 15,64,457 were men and 18,11,029 were women. The key source states according to the 2011 census were Andhra Pradesh, Tamil Nadu, Maharashtra and Kerala.

**Figure 10: States from where migration takes place to Karnataka**



### 1. Profile of respondents

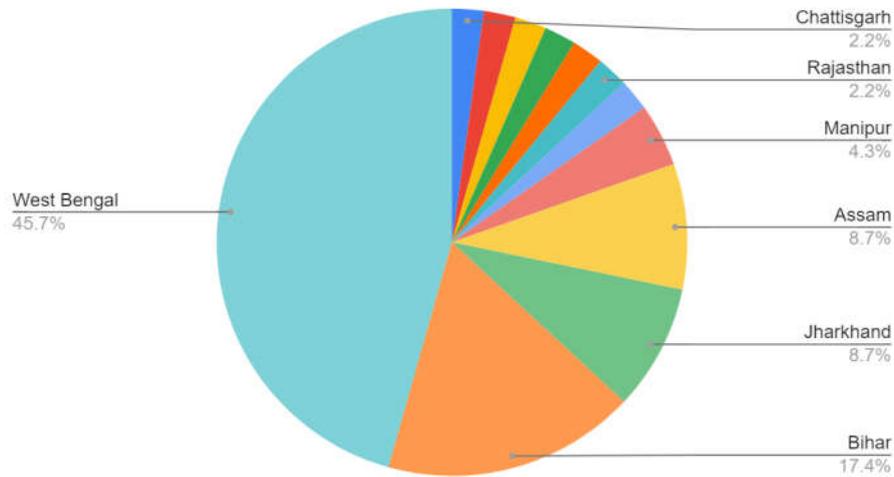
For the purposes of the study, 46 migrant workers were interviewed. One large source for this were the metro workers who formed 21 of the 46 interviewed. All the workers interviewed are men. AICCTU - Karnataka has been involved in mobilizing migrant workers for over a year. It has been the experience of the Union that it is easier to access male migrant workers than women. This is a challenge not only in the case of migrant workers, but workers in general, especially where there is an almost equal number of men and women workers.

The majority of the workers interviewed are from West Bengal followed by Bihar, Jharkhand and Assam. One of the reasons for this is because the activists currently involved in mobilising migrant workers also come from West Bengal and are therefore more connected to workers from this state. However, it is important to remember that after the lockdown in 2020, when Shramik trains were operated, the largest number of migrants registered on the Seva Sindhu website were from Bihar and Uttar Pradesh.

There is a discrepancy between the share of source states for migration into Karnataka according to the 2011 census and the profile of workers interviewed for this study. The reason for this lies in AICCTU's trajectory of migrant worker mobilisation in Bengaluru. AICCTU has

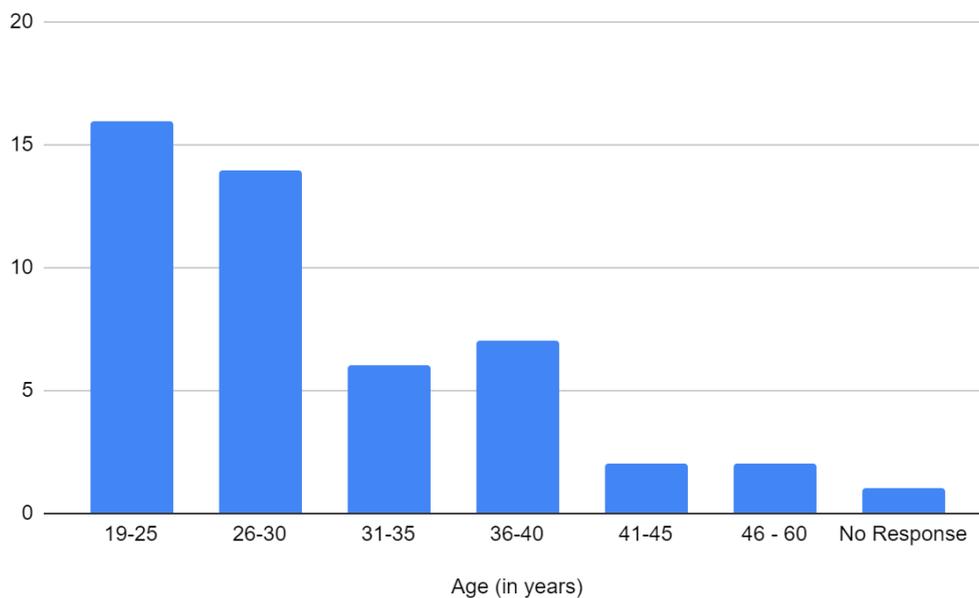
been working with migrant workers since the March 2020 lockdown, the majority of whom were from the north Indian states.

**Figure 11: Home states for migrant worker respondents**



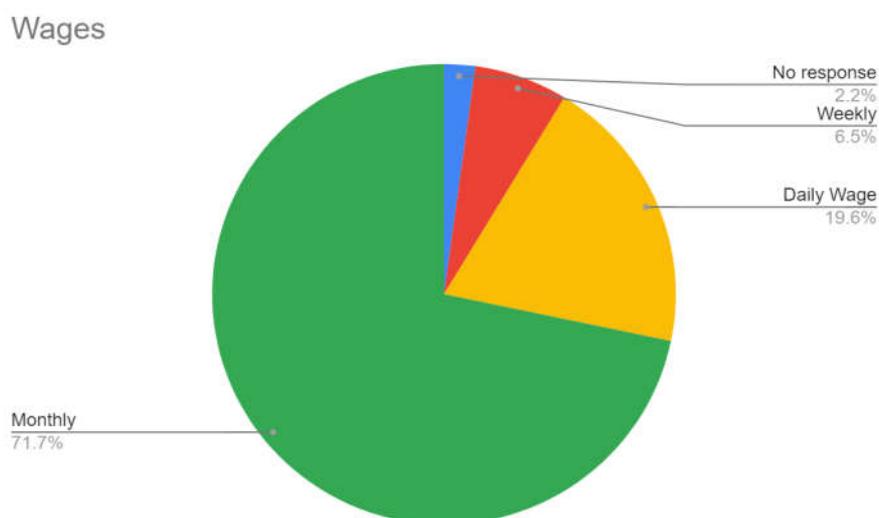
The average age of workers is 28.69 years, with minimum age being 19 years and maximum age being 56 years. Below is the age-wise break-up of the workers interviewed.

**Figure 12: Age profile of migrant worker respondents**



The average family size of the migrant workers interviewed is 5.38 members and the average number of earning members in the family is about 2, with one of these being the migrant workers themselves. Should a migrant worker having contracted the virus either incur large expenses or lose their life, it would have a serious impact on the families.

**Figure 13: Type of wages earned by migrant worker respondents**



The majority of workers are those who earn monthly wages. However, approximately 20% of the workers earned daily wages and who are therefore even more vulnerable to movement restrictions, lockdowns and illnesses which take away workdays.

## 2. Wages, Livelihoods and Housing

In the past year, workers have been doubly affected - one by the pandemic and the second, an irreversible impact on their livelihoods and income. The current study aims to understand how the second wave has affected the workers from the point of view of wages and livelihoods.

94.44% migrants reported that the spread of the virus, restrictions and lockdowns have affected them badly. 26.82% workers reported that wages had decreased and 39.13% said that wages had remained the same. Other than 1 worker, none of the others felt confident of even trying to negotiate for better wages given the financially precarious situation they are in. 21.73% workers reported that wages are pending. One of the workers in the R3 unit of Bengaluru Metro Rail Corporation Limited (BMRCL) said that a total of 42 workers have wages pending to a tune of Rs. 9 lakhs. 75% of daily wage and weekly wage earners reported getting work anywhere between 4-10 months of the year. All of them said that this was inadequate to meet their financial needs.

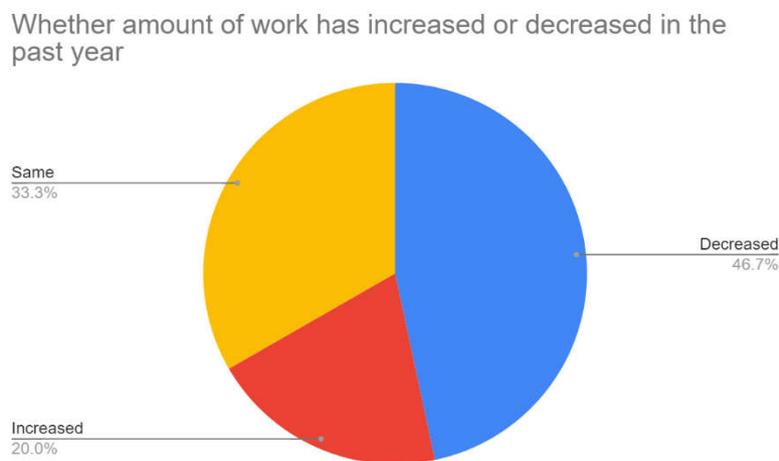
Several reported that there was either no work or that they were not receiving wages on time. The fear of a complete lockdown looms large on the workers since they will not have any work at all, like one of the Mirza, a tailor, said, *"I have no work and had to go back home"*. Hemant who works in BMRCL said, *"I came to Bengaluru in 2021 to work. I am a graduate. I wanted to earn money. So I started working with BMRCL. I got paid in January and February. But in March and April I did not get paid. Tired of waiting for the supervisor to pay my wages, I along with 7 people*

*left for my village on 16th April. I was also scared of corona. Everyone was talking there would be a lockdown so in fear and anticipation we rushed back home. The supervisor says he was also not getting paid. How can he pay us?"* Azhar, a restaurant worker, reported, *"Before COVID-19 my salary was Rs. 15,000 plus an occasional bonus. Generally there were some days of good business so I would get some bonus. Post COVID-19, my salary was Rs. 10,000. During lockdown I earn nothing"*. Ramesh, another worker with BMRCL said that they were promised wages but have not received it for the period that they have not been able to work due to the lockdown. Anup, another BMRCL worker said that he had not been paid for 2 months, that he was already struggling to buy foodgrains and will need to go back home should the lockdown continue. Lalit, who works with BMRCL experienced his helplessness when he said that he had not received wages for the past 2 months and that he could not go home until he was paid.

Non-receipt of wages is another concern for the workers. Many reported not having received wages for several months. Those in the restaurant sector have been overworked after restrictions were completely lifted after the earlier lockdown and yet were not paid revised wages. Abhijit, who works as a cook in a hotel, said, *"COVID-19 has really affected my job; even before the lockdown, I was being overworked by the hotel and had to work 12 hours a day"*. Most workers have faced extreme financial difficulty even affecting their ability to purchase food grains and to pay rent.

Many of the workers reported that employers have adopted a no work-no pay policy. 3.04% workers have been asked not to come for work. They will not be paid during this period. The employer of only 1 worker has asked him to come to work after a month. Imran, another worker in BMRCL, said, *"They cut our wages daily if we don't go to work"* and another worker said, *"No work No pay kind of situation occurred for the last six months"*. With the lockdown and closing down of several establishments, several workers fear that they will not be paid for this period either. Awaiz, a small shop owner who sells mobile recharge and ear phones, said that since he can keep his establishment open only till 10.00 am, he does not earn enough.

**Figure 14: Responses from migrant workers on whether amount of work has increased or decreased in the past year**



46% of the workers reported that work has decreased and 20% that work has increased. For those whose work has decreased are therefore earning less than they used to before the onset of COVID-19. In the case of those for whom work has increased, they are doing more work for the same pay, therefore not being compensated adequately for their work.

The majority of the workers live near their workplace and 6.52% stay within the work premises. 23.91% workers reported that they use company transport and therefore face no difficulty. However, for those who need to travel within the city the lockdown has been a challenge. Kishore, who works in housekeeping, said, *"I travel to my workplace on cycle, police are constantly inquiring unless id is shown."* Another worker said that local travel in Bengaluru has been a challenge since the bus strike which was followed by the lockdown. Gaurav, an electrician, said, *"Yes, it has increased since people are taking double the money (bus strike and COVID-19)".*

63.04% workers said they would stay back even if the lockdown is extended or even if the current pandemic situation continues, while 30.43% workers said that they either are looking forward to going home immediately, or that they will wait to see if the lockdown continues, in which case they would also return home since sustaining themselves financially in Bengaluru would not be possible. 6.52% workers said that if they return home, they do not plan to return to Bengaluru. For those who would like to return home, they said that this is also a challenge. It costs approximately Rs. 2000 for a train ticket, however train tickets are wait listed for several days. Flight tickets would cost anything between Rs. 5000 – Rs. 10,000 which is prohibitive for most workers.

Regarding how the workers are managing currently, no one has been offered advance wages to help them tide over the current lockdown. Akbar, who works in a shop, said, *"Will use savings and take whatever help is offered. If the lockdown is extended for a long time then I will want to head back home"*. Azhar, who works in a restaurant, said, *"I plan to survive with meagre savings; delay payment of rent on request to landlord; then borrow from somebody to go back to my hometown"*. However, the concern is not just about whether the worker will be able to sustain himself through the lockdown and pandemic or not but the concern is also how the current situation affects his family back home. Farukh, a waste picker, said, *"My survival is still ok; but my family is dependent on me since my wife has a meagre income. If the lockdown extends for too long, I might have to go back and work as an agricultural worker in another's field"*. Among those who are intending to stay, many said that paying rent will be a challenge. 1 worker said that he would try and negotiate with the landlord to allow him to pay the rent 1-2 months later.

Regarding housing, 24% of the non-metro workers stay in accommodation provided for by the employers. The remaining 76% rent their own accommodation. Rent ranges from Rs. 1000 - Rs. 6000 based on the type of accommodation. The rent for a pucca room costs upwards of Rs. 4500.

Sample details of the living conditions of some of the workers are below:

Sr. No.	Worker	Details of accommodation
1	Satish	No. of rooms: 2 Toilets: 2 No. of people: 6 Rent: Rs. 5000
2	Akbar	No. of rooms: 2 Toilet: 1 No. of people: 4-5
3	Ravi	No. of rooms: 2 No. of people: 6 Rent: Employer
4	Kishore	No. of people: 4 Rent: Rs. 6000
5	Azhar	No. of rooms: 2 Toilets: 1 No. of people: 5 Rent: Rs. 4000+electricity bill
6	Anil	No. of rooms: One-storeyed house Toilets: 3 No. of people: 6 Rent: Company
7	Gautam	No. of rooms: 1 Toilets: 1 No. of people: Rent: Company
9	Faroukh	No. of rooms: 1 Toilets: Common makeshift toilet No. of people: 1 Rent: Rs. 700 for water and electricity
10	Abdul Rehman	No. of rooms: 1 Toilets: common No. of people: 4 Rent: Rs. 1000
12	Mahesh	No. of rooms: 1 Toilets: 8-9 toilets for 150 people No. of people: 5 Rent: Company
13	Masood	No. of rooms: 1 Toilets: 2 No. of people: 1 Rent: Company
14	Amjad	No. of rooms: 1 Toilets: 2 people share a toilet No. of people: 1

		Rent: Company
15	Sunil	No. of rooms: 2 Toilets: 1 No. of people: 5 Rent: Rs. 6000
16	Awaiz	No. of rooms: 2 Toilets: No. of people: Rent: Rs. 5700
17	Abhijit	No. of rooms: 1 house Toilets: Every room has an attached bathroom No. of people: 15-20 Rent: Company
18	Harish	No. of rooms: 1 Toilets: 1 No. of people: 1 Rent: Rs. 4500
20	Shahrukh	No. of rooms: 1 Toilets: Common toilet No. of people: 4 Rent: Rs. 6000

Describing the nature of accommodation, Faroukh, a waste picker, said, “While I stay alone, the rest of my colleagues stay with families in the same kind of rooms. Common makeshift toilets are constructed over a drain that connects to the high drain, created by the residents here for relieving oneself. Bathing is to be done in the open by men and women both. Rent is not required, though electricity charges are Rs. 500 and water charges are Rs. 200”.

28% workers reported that the landlords have asked for the rent to be paid. Satish, a worker who lays tiles, reported that he has not been able to pay rent for the past 3 months. Mohammad who has been staying with a friend said, “House owner threatened due to non-payment of rent “

<b>Details of housing by BMRCL</b>		
<b>Sr. No.</b>	<b>Name</b>	<b>Details of Accommodation</b>
1	Imtiaz	No. of rooms: 1 Toilet: 20 toilets for 80 people No. of people: 5
2	Ramesh	No. of rooms: 1 Toilet: 32 toilets for a big colony No. of people: 6
3	Anoop	No. of rooms: 2 Toilet: 1

		No. of people: 5 people in each room
4	Sanjay	No. of rooms: 1 Toilet: 10 toilets for 70 people No. of people: 5
5	Lalit	No. of rooms: Small space Toilet: Common toilets
6	Rahul	No. of rooms: 3 Toilet: 4 toilets for 24 people No. of people: 9, 8 and 7 respectively
7	Rajiv	No. of rooms: 50 Toilet: 25 toilets for 250 people No. of people: 5 in each room
8	Salim	No. of rooms: 1 room, kitchen, 1 bathroom Toilet: 1 No. of people: 2 Rent: Rs. 200
9	Santosh	No. of rooms: 1 No. of people: 9
10	Yogesh	No. of rooms: 1 hall Toilet: 1 No. of people: 13
11	Mukesh	No. of rooms: 1 No. of people: 7
12	Raju	No. of rooms: 1 Size of room: 70 ft x 10 ft Toilet: 12 toilets for 250 people No. of people: 3
13	Praveen	No. of rooms: 1 Toilet: 10 toilets for 150 people No. of people: 20
14	Dheeraj	No. of rooms: 1 Size of room: 15 ft x 15 ft No. of people: 3
15	Syed	No. of rooms: 1 Size of room: 12 ft x 12 ft No. of people: 4-6
16	Imran	No. of rooms: 2 Toilet: 1 No. of people: 8

17	Harsha	No. of rooms: 1 Size of room: 16 ft x 16 ft Toilet: 20 toilets for 300 people No. of people: 3
18	Shreyas	No. of rooms: 1 Size of room: 10 ft x 10 ft Toilet: 1 No. of people: 2

Housing by BMRCL are in tin sheds and these rooms are congested. Sanjay, a foreman in BMRCL, said that, *“five people stay in 1 room, 10 toilets for 70 people, housing provided by the company”*. Raju, another BMRL worker said, *“There are 3 person in one room (70ft x 10ft) and 12 toilets for 250 persons”*.

Regarding loans, 36.95 percent reported that they have loans pending and 47.82% reported that they do not have any loans to repay. Azhar said that, *“I had borrowed Rs. 20,000 from a moneylender for the admission of my child to a private school. I have to pay Rs. 1000 per month as interest. It is not possible to pay now since income has stopped during lockdown”*.

There is an overall sense of the workers being resigned to the situation. Satish, who works as a tiles layer, said, *“It has broken us completely. Our previous employer didn't pay us our wage and ran away. We have lost all hope”*. Gautam, who works as a security guard, said, *“I don't feel anything. It has ruined my life”*, while another said he has made the situation his reality.

#### Observations

- Pending wages is a critical issue for workers. The government needs to take necessary steps to ensure that employers do not withhold wages and that steps are taken to ensure wages are paid on time.
- There is an overall crisis in employment and livelihoods. Work is decreasing, wages are falling, employers are cutting down on the number of workers they employ resulting in an extra burden of work for the workers who are retained.
- Workers are struggling to pay rent. House owners are not able to accommodate delayed payments beyond 1-2 months and expecting them to differ payments for extended periods of time is not realistic. The government needs to ensure that workers have enough cash flow in their hands to be able to pay for basic necessities like housing.
- Accommodation provided by BMRCL and other companies does not match with the basic human needs. It is congested and does not support the necessary physical distance to be maintained in these times. Housing regulations is a necessary step that the government needs to take.
- Loan waivers in the case of loans taken from banks and cash support in the case of loans from money lenders is necessary to help workers find relief from the stress of continued debt.

### 3. COVID-19: Prevention, Treatment and Vaccination

The second wave has been particularly ruthless due to the fast-spreading variant of the COVID-19, vast numbers of those infected were supported by limited infrastructure which is difficult to access for patients from across different economic strata of society. Language barriers and lack of a local support system exacerbate the experience for migrant workers.

37% of the workers were concerned that they would be infected by the virus, while 56% were not too worried about this.

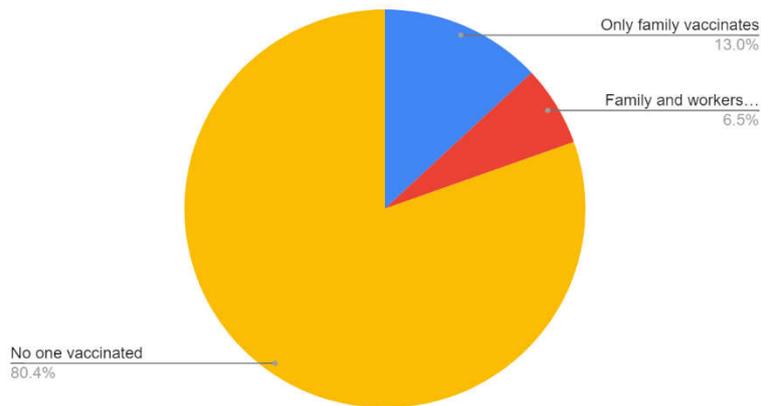
In terms of employers taking care of the health needs of the workers, 43% reported that employers were providing one or the other of masks, sanitisers, gloves and physical distancing. 32% reported that these facilities were being provided and 9 percent reported that they received none of these and that they had to source their own masks and sanitisers.

While 50% of the workers knew where to go should they develop symptoms, 41% had no idea what needed to be done. 63% of the workers reported that there were no protective measures undertaken at their place of residence and/or work. 23% reported that some preventive actions like insisting on using face masks, regular sanitisation of the areas, regular meetings to discuss COVID-19 appropriate behaviour.

On the question regarding whether the government has conducted COVID-19 test either at their place of residence or workplace, out of the 39 workers who responded to the question, 46% said they were tested and 51% said they had not been tested. 32 workers responded to the question on if they had to get a COVID-19 test done, whether they preferred government or private testing centres, 53% said that they have chosen to go to a government testing centre because it was free and only 12% said they opted to go to a private testing centre, mainly because the government testing centre was far away or that the government testing centre would take longer to issue the report. 31% of the workers reported that they have not taken a COVID-19 test. On the issue of payment, Rajiv, who works in BMRCL said he was tested at the airport and had to pay Rs. 3,200 for this. The average time it took for the workers to receive the result was 2 days.

On the issue of vaccinations, an overwhelming 80% of the workers reported that neither they nor their family members had been vaccinated. Only 13% reported that some family members had received either one or both doses of the vaccine. Given that the majority of the workers interviewed were younger than 45 years, only 3 workers reported having received the vaccine. One of the workers expressed an initial apprehension when his family was getting vaccinated. There appears to have been some vaccine hesitancy, which the government needs to address.

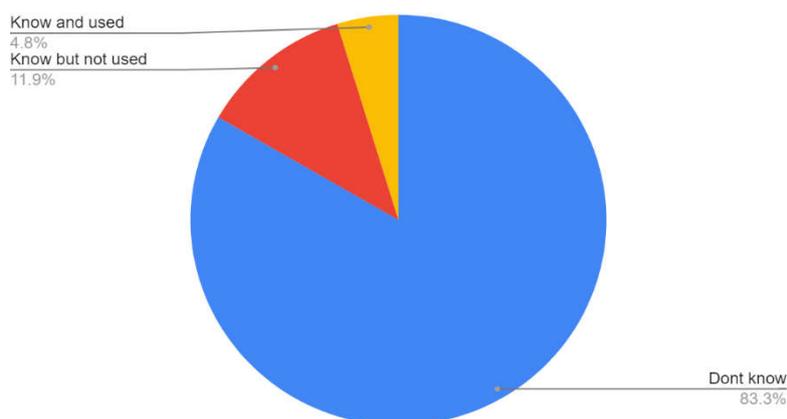
**Figure 15: Responses from migrant workers on whether they were vaccinated**



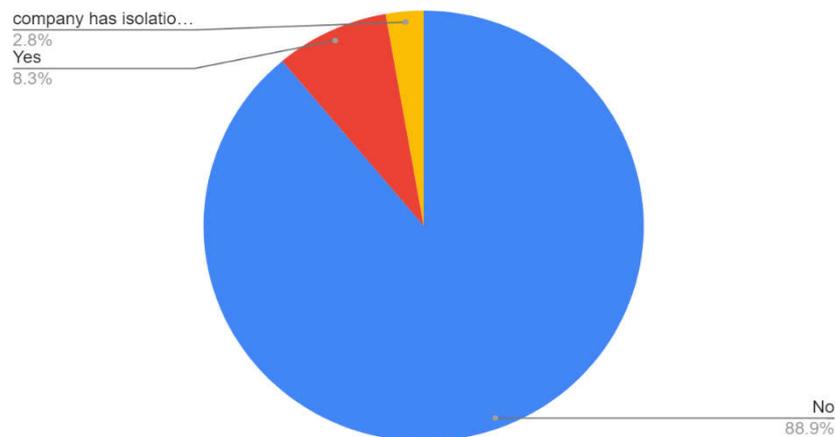
None of the workers reported having contracted COVID-19. Only 6 of the 46 (14.63%) workers reported have known either a family member, neighbour or co-workers having been infected by the coronavirus. Out of the 6, one of the workers was given a month's leave, another was isolated and other workers tested, one more worker was sent to a quarantine centre. Two workers were admitted to a hospital and in one case with support from the *thekedar*. Three workers passed away, including one who could not find a hospital bed in time. Sanjay, a worker with BMRCL said that when the result of one of his co-workers was positive, he was isolated and all other workers were tested.

83 percent of the workers are unaware of the government helpline and 84% do not know that should they develop COVID-19 symptoms, that they can go to a COVID-19 Care Centre, should they not have isolation facilities at home

**Figure 16: Responses from migrant workers on whether they knew about government helpline**



**Figure 17: Responses from migrant worker on whether they know about Covid Care Centre**



### Observations

- It is critical to note that vaccinations for those below 45 years of age, was rolled out and withdrawn for insufficient stock of vaccines. 93.8% of the migrant workers interviewed are below 45 years. In the absence of other forms of protection at the workplace and residence, like use and availability of masks and sanitisers, regular testing and adequate access to health care in case of an infection, the majority of the workers are vulnerable to being infected by the coronavirus.
- Workers colonies are characterised by dense populations. Since not many efforts for prevention are made at the community level, it is critical that the government take proactive steps to equip each colony/areas with adequate primary care facilities. Periodical testing should also be done so that early detection of the illness is possible thereby arresting its spread.
- Since migrant workers are unfamiliar with Kannada and other local languages, adequate measures to communicate the different facilities by the government like testing centres, COVID-19 care centres, triage centres etc. are done in the worker's local language.

#### 4. Food Security

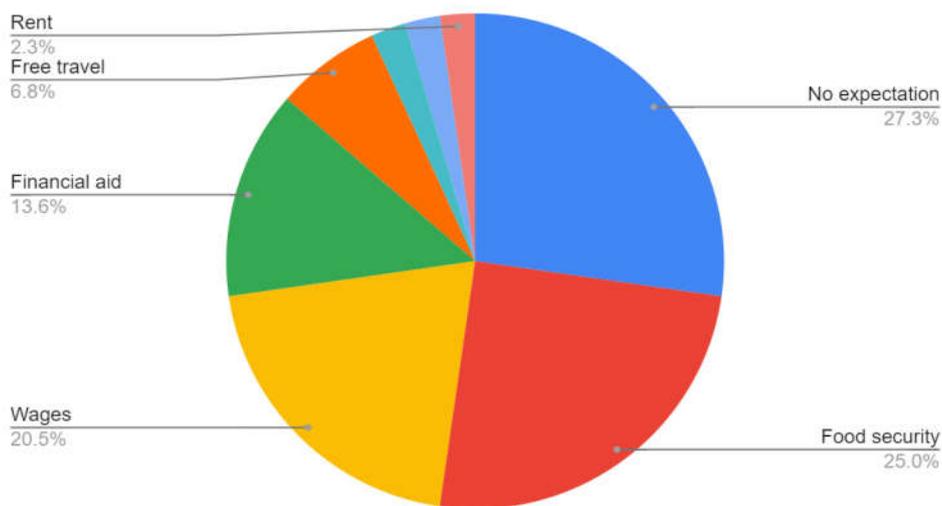
The survey briefly looked at how secure the workers were vis-a-vis food. 23.91% workers reported that they are facing challenges in their ability to eat 3 meals a day. Some of the workers receive food from the company they work in. However, in some cases like that of Sachin, a carpenter, who said, *"The company provides it. They cut 80 rupees per day from our salaries"*. At least 3 workers reported having had to borrow money to buy food grains. Akbar said, *"I am taking whatever help is offered by friends, etc. and using savings very stringently. If I can spend Rs. 20 per day instead of Rs. 50, I am trying to do that"*.

15.21% workers reported that they have already borrowed money to purchase food grains for the current lockdown, some others have said that should the lockdown extend further, they will need to borrow money.

## 5. Expectations from the Government

A significant percentage of migrant workers do not have any expectation from the government. Based on their experience of the lockdown in 2020 when migrant workers had been left to fend for themselves, the workers have little hope that they will receive any relief from the government. Rahul, a supervisor in BMRCL, said, *“What can they do, we need to help the government. It looks like they should do more testing”*. Murtuza, who works in a factory manufacturing bags said, *“the government is playing with their lives, we demand that workers be compensated for lockdown loss of livelihood”*. Dheeraj and Syed, who work in BMRCL and Simplex respectively and both of whom hail from West Bengal, respectively said, *“I’m not from Bengaluru so I don’t think I can’t expect much from them”* and *“I’m from West Bengal. What expectations can I have from Karnataka government?”*. Akbar, who works in a shop said, *“There should be help regarding food and water, and lockdown should be imposed if necessary, and those who cannot survive (financially) during lockdown should be offered financial assistance by the government”*.

**Figure 18: Responses from migrant workers on expectations from the government**



News reports suggest that migrant workers have been returning to their home states since the night curfews have been declared in Karnataka fearing another 2020-like situation this year too.

## Filling in the Gaps by Voluntary Organizations

While this report is primarily focussed on the state of workers during the 2<sup>nd</sup> wave of COVID-19 and the pandemic, it is civil society and voluntary organisations, who cater to the health needs of all persons, but are particularly sensitive to the needs of the disenfranchised like the workers, who have played a crucial role in filling the gap created by an ineffective government. It is therefore important to understand what their experience has been in helping reach medical aid to those who need it.

From April, 2021, it has been seen that there has been a massive outpouring of health related requests on various social media platforms, including Twitter and Instagram. Even on Whatsapp, each group has become full of requests for assistance, primarily around provision of beds, oxygen and essential medicines including Remdesivir. Most groups have been taken over by desperate requests for assistance, and many groups have been created specifically for COVID-19 relief in Bengaluru. In a single such group, an analysis of the daily data recorded over 60 instances of desperate aid being sought. There are a number of leads which circulate around groups for many days despite no longer being functional. Numbers which circulate are often switched off or unreachable. In a large number of cases there are subsequent messages that the person involved has passed away.

An analysis of tweets on twitter during the survey period highlighted that there has been a massive failure of the State resources, helplines and procedures, forcing people to take to social media platforms. Most people were taking recourse to social media after already trying the BBMP and other government helplines and receiving no assistance. Several requests specifically state that the government procedures have been followed but no help has been received, and other leads are requested in view of the crisis situation patients are in. Leads of oxygen, beds, medicines and medical services, etc are uploaded by a number of citizen-based collectives and volunteers who have been helping out in the pandemic. It was notices that despite of a number of these messages on twitter tagging politicians and bureaucrats, in a majority of cases, no response is received from them at all. On the other hand, requests where volunteer groups are tagged receive much more traction and responses even if not resolution.

Given the extent of the crisis during the 2<sup>nd</sup> wave, many representatives of voluntary organisations were either unavailable for a conversation or had little to speak with us. We were therefore able to speak to 4 organisations. These organisations are playing a vital role and the following services were being provided across the 4 organisations:

- Healthcare support for marginalized communities,
- provide health consultation as well through nurses and doctors

- Medical support: Beds, medicine, oxygen,
- Food support
- Emotional counselling
- Help with funerals

3 of the 4 organisations reported that they receive more than 100 calls a day. One organisation said that they have responded to at least 2000 people till now. One of the larger organisations, said that they receive thousands of calls and there are still hundreds of missed calls. Each request is verified and prioritised according to the medical condition of the patients. Teams have been formed within the organisation based on the task and then take up each case accordingly. The organisations reported that it has become very difficult since there is low supply of oxygen.

One organisation worked only in the Whitefield area, 2 across Bengaluru city and 1 in the entire state. All the organisations had a few core staff and several volunteers (in one instance over a 100) who ran the entire operation.

### 1. Testing

The volunteer groups were unanimous in stating that testing centres and hospitals are overburdened and are collapsing under pressure. No home testing is happening. According to them the testing centres were working well. However the results are coming back only after 3-4 days, hence BU No. is unavailable necessary to access COVID-19 health care was delayed. Because of this, several cases were being admitted under SARI case, which is an interim case for symptomatic individuals who have not received their BU No. yet. One of the voluntary organisations reported that there is a lot of error in the test results and even positive cases are being reported as negative and thus a patient is not able to get the BU number, depriving them of the BBMP bed allotment, even though there are symptoms and dropping oxygen levels.

### 2. Hospital beds

One organisation said they are able to resolve about 70% of the calls they receive. Another organisations said that not more than 5% requests for a hospital bed are met per day. One organisation said, sometimes they get 5-6 beds a day out of 10 requests. However, on some days, they have not been able to secure even a single one. One of the larger organisations said only 2-3 people out of more than 1000 people receive Intensive Care Unit (ICU) beds. Medicines are better available but well short of what is needed.

One of the organisations, said that there is very poor knowledge of the disease. Remdesivir is being used as an emergency drug which does not help, since it needs to be used as soon as symptoms start showing for it to work properly. Plasma treatment is not too effective but people seem to look to it as last resort. Lack of public knowledge leads people to take wrong decisions which escalates the crisis of medical infrastructure. One of the organisations said, it is important for the government to educate people so that they can take appropriate decisions regarding the disease. Hospitals also need to have a realistic approach.

### 3. Experience with the government

Some of the organisations interact with the BBMP for allotment of beds and Remdesivir. The government was not prepared. They were busy with elections. Now the government does not have resources. They have not been able to engage NGOs properly either. Government officials are often non responsive. They seem to have given in to the situation because they know they have no solution.

### 4. Experience of interaction with patients, family members of patients/ deceased

Family members are distressed as the second wave is very harsh; and entire families are getting infected and not just 1 person; so doctors have treated 6-7 family members, including children at once. Representatives of the organisation talk to them and try to give them hope and console them. Also, the volunteers try to provide them with food and medication at their houses or the place where they have quarantined. People are struggling to get beds. There is a lot of competition leading to anxiety among people. There is severe scarcity of oxygen and price of cylinders is 5 times that of the usual (Rs.50,000 – Rs.60,000), leading to deaths. There is scarcity of slots in crematoriums and long waiting hours for the same. Ambulances are booked for up to 2-3 days for carrying dead bodies.

### 5. Expectations from the Government

The voluntary organizations we spoke to pointed out from their experience on what the role of the government should be:

- A connection between the government helpline and the organisations would streamline the present process. A ward level connection to hospitals is necessary, along with real time data.
- There have been times, that despite ICU beds being available, the information has not been put out. The government needs to evolve a mechanism to ensure that timely information is available
- The government should reach out more to the organizations and support them atleast financially
- A general improvement of medical infrastructure is need. Medical education of people is necessary. The hospitals need to have better communication with patients as well.
- There is a need for speedy testing and testing at home facilities to identify patients and respond quickly

## Conclusions

The irrational and undemocratic lockdown of last year had led to the economy being devastated to an extent that has not been in recent decades. The impact of this devastation has been documented by multiple groups.

According to the report<sup>4</sup> of the Centre for Monitoring Indian Economy, a leading business information company, April 2021 turned out to be worse than expectations with the labour participation rate continuing to drop sharply. It states that, perhaps, this fall is the result of the local lockdowns in several states. Referring to the lockdowns in various states across the country, it concludes that: *“The lockdowns could have denied people from seeking employment and caused a fall in labour participation. But, the economy also could not provide adequate jobs to those who sought jobs. So, the strain in the labour markets was not entirely because of the partial lockdowns. It was largely because the economy simply could not provide employment to large numbers who sought work.”* It goes on to state that: *“Prospects for jobs look bleak during 2021-22. The second wave of Covid-19 has stalled economic recovery. Professional forecasting agencies have been scaling back their projections for the year. New investments that could create jobs in large numbers are unlikely to be made during the year. Capacity utilisation was low at around 66.6 per cent as per the RBI’s OBICUS. This is unlikely to have improved since then. The government may be required to provide support under the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) once again this year to absorb some of the stress on livelihoods. In April 2021, 301 million persons were provided jobs under the scheme. This is more than twice the employment provided under the scheme in April 2020.”* However, there is no similar employment guarantee scheme in urban areas which implies that the stress on the poor and working classes is going to be extreme and they face destitution.

The number of people who are poor, increased by 75 million as per research post the lockdown of 2020, as per a study by the Pew Institute. This is nothing short of alarming.

The details of how life changed for workers was documented in detail in the report titled ‘State of Working India 2021’ published by the Azim Premji University documented the dire state of workers in India after the lockdown and first round of the pandemic. The report states that *“...Our analysis shows that the pandemic has further increased informality and led to a severe decline in earnings for the majority of workers resulting in a sudden increase in poverty. Women and younger workers have been disproportionately affected. Households have coped by reducing food intake, borrowing, and selling assets. Government relief has helped avoid the most severe*

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<sup>4</sup> “Job losses mount in April”, available at <https://unemploymentinindia.cmie.com/kommon/bin/sr.php?kall=wtabnav&tab=4080>

*forms of distress, but the reach of support measures is incomplete, leaving out some of the most vulnerable workers and households. We find that additional government support is urgently needed now for two reasons - compensating for the losses sustained during the first year and anticipating the impact of the second wave..."*

Although experts had warned of the onset of a second wave of COVID-19 in Karnataka in November 2020 itself, the State did little to keep its health infrastructure prepared. This was the report dated November 2020 titled "Advisory on Recognition and Containment Measures for Second Wave of COVID-19 in Karnataka" submitted to the State Government by the Technical Advisory Committee for COVID-19. The Report recommended that the State should, by January first week, keep ready the clinical facilities at an October 2020 level in terms of beds, ICUs, ICU-ventilators, oxygen availability, vital drugs, and other infrastructure, both in government and private hospitals, including ambulance services. It also recommended that restriction of mass gatherings such as fairs and festivals, religious congregations, and cultural events. However, the State government, which had initially announced (and subsequently rolled back) certain restrictions including night curfew during the New Year week, did not consider the report seriously. Further declaring elections was the biggest blunder. It is now accepted that as a result, there has been a rapid surge and the situation has gone out of control. The Government had all the time to review and prepare, and yet failed to do so.

In spite of this, there has been no attempts to address the needs of the working class by the central government or the government of Karnataka over the past year. A comment by one of the street vendors of Bengaluru Jilla Beedhi Vyapari Sanghatanegala Okkuta, Shri Madegowda was telling - *"Earlier, if a family of four came, they would buy four plates of chaat. Now they buy just one plate and the kids share, the parents don't eat. No one has money to spend"*. This was the situation before the second wave.

As far as health readiness goes, we must remember that the Prime Minister and the BJP both have been repeatedly saying India won the war against the virus.

The devastated economy and the unscientific, callous nature of the response of the state to the pandemic are two aspects to keep in mind as we begin to understand the current situation.

### 1. Wages, livelihoods and food security

The first lockdown in 2020 has already had a far-reaching impact on the workers. Pre and post the 2020 lockdown, wages have already seen a reduction. In several sectors like the garments industry, which has permission to run at 50% capacity several factories have reduced workers but are making them deliver a lot more in the same time, adding a lot of pressure and burden on the workers to perform as per requirement or face retrenchment. Workers have always had the weaker hand at bargaining for better wages and work conditions, which the 2020 lockdown has exacerbated. A report by GATWU and the Alternative Law Forum shows how the pandemic was used by garment factories to force workers to resign and deprive them of their

compensation. Just as work was picking up, the current lockdown has been a nail in the coffin. The lockdown has been necessitated due to the negligence and unpreparedness of the government to take care of the health requirements of the second wave. This has further affected the work available and impacted the extent of wages paid.

Repeated restrictions and lockdowns, however necessary they are for to control the spread of the coronavirus has also affected the mobility of workers within the city to reach their places of work. For migrant workers, the uncertainty of the lockdowns, living outside their homes with no income has meant that they either have lived in Bangalore without work but incurring expenses here or going home and waiting for the situation to improve and not being able find adequate work in their hometowns.

Our survey documented the fact that the lockdown has caused the same kinds of issues like last time – workers not being paid for full month, daily wage earners like cab drivers and street vendors having no income for instance. But what is to be noted is that neither did the government do anything to anticipate this nor did they do anything to address it once the issues cropped up. In fact it was reported that the government desisted from calling the first part of the lockdown as a ‘lockdown’ so they do not have to announce relief measures. The Rural Development and Panchayat Raj minister Shri Eshwarappa, when asked for monthly relief to be paid to workers even said *“Are we printing notes that we can pay people”* ?

Even in terms of food security, the situation is alarming. We must remember that the pandemic last time seems to have set off a nutrition crisis. <sup>5</sup>

This being the case it was only expected that this is an issue to be addressed. Last year, the government supplied cooked food packets through trade unions, free food through Indira canteens and dry rations, which was done after protests and orders from the High Court. However, this year, no such assistance was available at the time the lockdown was announced. It was only later amidst pressure that the Government agreed to provide free food through Indira Canteen, but did not provide any dry ration. Even here, the government is not concerned about how the workers will reach the Indira canteens, which are the sites for food distribution. While workers we spoke to were very clear that they expected at least food supplies to be provided through the PDS system, the government has done little in this regard. While the government has now announced that the quantity of rice will be doubled, they are not even willing to supply Dal or vegetable oil. Many groups including our union had suggested community kitchens as a way of providing nutritious food and employment, but even suggestions such as these (which neighbouring states have implemented) have been ignored.

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<sup>5</sup> <https://www.newindianexpress.com/states/karnataka/2020/nov/23/coronavirus-fans-child-starvation-epidemic-in-karnataka-2226820.html>

No proactive steps have been taken by the government to secure the rights and welfare of the workers, demonstrating their absolute lack of concern for them.

As a result of the callous and unconcerned attitude of the government, workers today are left with grappling with the illness on the one hand and surviving daily life on the other. There is a serious crisis of cash flow affecting their ability to pay rent, purchase provisions and repay loans, sometimes taken for something as necessary as education of their children. There is a resultant anxiety for some and a sense of having given up on hope for others. A stark and revealing reality is that the workers having felt let down by the government repeatedly has left them without any expectations from the government.

## 2. COVID-19: Prevention, Treatment and Vaccination

Our study showed that workers faced several obstacles in dealing with COVID-19. It appears that in the past year, there has neither been a ramping up of public health facilities nor any preventive measures. In fact our study shows that public health facilities like testing were less than last year. There seems to be no lessons learnt in managing the pandemic. Last year, the government had analysed how triaging was most important and it had to be done locally, this year triage centres were opened in May 2<sup>nd</sup> week only.

We must remember that workers stay in congested areas, whether in accommodation provided by the employer or places they rent on their own. They are therefore far more vulnerable to contracting COVID-19. The one weapon they have against the virus is vaccination. It is condemnable that the government has made no concerted effort to vaccinate those living in such congested areas. Among the local workers 85% were from the age 31-50 age group and for migrant workers, 93% were below 45 years. This makes a very small percentage of workers eligible for vaccination as the current policy of the government. While India was busy showing off its vaccine production prowess and being a *Vishwa Guru* to the world, the government 'forgot' that we the second populous country in the world would also need this resource. The implication has been that the government has had to delay the roll out vaccinations for the 18 - 45 years age group. Accessibility to vaccine has also been limited with PHCs being extremely crowded, and the vaccine getting over by 10.00 in the morning. The decision of the Government to require mandatory registration of those who are to be vaccinated on an all-english online application (COWIN) make access to immunization furthermore difficulty, for those with no access to mobile phones.

Despite early warnings, both the Central and the State government has been ill-prepared in handling the surge in COVID-19 cases as is exemplified by the unavailability of ICUs and beds all over Bengaluru. The failure of the central government to ensure the provision oxygen as required by Karnataka, made it an extremely precious commodity.

While many patients in the city who has contracted the virus have struggled to find ambulances, ICU and oxygenated beds, ventilators, medicines and slots in crematoriums, workers stand at another level of disadvantage. Not knowing about the government helplines and having limited access to other helplines and support systems run by voluntary organisations means that their ability to access the necessary infrastructure is delayed affected the prognosis and outcome of the illness. The government helpline has also been found to be of little help. There have been several examples where frontline workers like pourakarmikas, doctors, nurses, crematorium workers and others who have been relentlessly working right through the pandemic and lockdown not finding beds, oxygen and medicine on time and succumbing to the illness. An all-India survey has shown that almost 55% of all ICU's procured have been through clout or connections<sup>6</sup>. Migrant workers face a double whammy since language barriers and a biased attitude prohibits information to percolate to these communities. It is poignant when atleast 2 workers said that they cannot expect anything from the Karnataka government since they are from West Bengal. Besides, their experiences last year, when Corporators were distributing milk for free, did not distribute to migrant workers and only to people in the voters list.

### 3. General status of health infrastructure in Bangalore

There have been 9340 people who died in Bengaluru as on May 15, 2021. The study shows that many of these were preventable deaths and the deaths occurred because the health infrastructure was vastly inadequate. What the study shows is that – we did not have an adequate number of beds, that despite the efforts of the courts and the state government the union government failed to provide as much oxygen as required, the state government did not anticipate how much medicines were required leading to a shortage. Each of these are aspects that could have been prevented.

The voluntary organisations in one voice said that it appeared that the government had given up on the situation and were not responsive to calls for support from these organisations and the people. When the High Court of Karnataka instructed the centre to allocate 1200 MT oxygen to Karnataka so that its needs can be met, the central government moved the Supreme Court against this order. Yet, as recently as January, India's exports of oxygen was 700% than the usual export figures, another megalomaniac decision at the cost of lakhs of lives in India and thousands in Karnataka. This is classic example of the Hindi proverb '*Diya tale andhera*' or 'darkness under a lamp'. The government has abdicated its responsibility of being the first port of call of any health crises that people of the entire country and state are facing.

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<sup>6</sup> <https://www.newindianexpress.com/cities/bengaluru/2021/apr/21/55-of-patients-pulled-strings-for-icu-beds-oxygen-2292738.html>

## Recommendations

### 1. Health aspects

#### i. ***Ensuring Adequate supply of medical facilities***

- a) **Strengthening Public Health Infrastructure:** Public health infrastructure, especially COVID-19 care centres, hospitals and health Centres, on which the working class entirely depend on, need to be upgraded and expanded extensively. The medical infrastructure including oxygen, beds, and medicines must be ramped up.
- b) **Oxygen, Bed, and Medication shortages:** In coordination with the Central Government, the State Government must procure adequate supply of oxygen along with buffer stocks. The details of requests placed, oxygen supply granted, procurements, and distribution to various districts and hospitals must be placed publicly on a regular basis. State Government must take immediate steps in coordination with BBMP to ramp up ICU beds and High Dependency Unit (HDU) beds availability across the State, including conversion of identified public buildings. Medication required for the treatment of COVID-19 such as Remdesivir and Tocilizumab must be acquired in advance, having assessed the requirements, along with buffer stocks. Local production must be incentivized.
- c) **Priority in ESI Hospitals:** Workers must be provided medical treatment of priority in ESI Hospitals.
- d) **Compensation for COVID-19 deaths:** In case of Covid-related deaths among BPL families, the family must be be paid compensation of Rs. 10 lakhs.

#### ii. ***Testing and facilities***

- a) **COVID-19 testing camps:** State Government must immediately organize free COVID-19 testing camps in all slums, working class layouts and colonies, migrant and construction worker labour camps and colonies, along with distribution of masks and sanitizers across the State. Information regarding the free COVID-19 testing camps and their schedules must be made publicly available at least 10 days in advance so that adequate testing is carried out. Results of the testing must be released within 24-48 hours to ensure that quick remedial steps are taken. Testing must be conducted in all slum areas and working class areas.
- b) **Sanitizing areas:** All slums, working class layouts and colonies, migrant and construction worker labour camps and colonies must be sanitized on a weekly basis.

- c) Random testing: Random testing of the public at hotspots for transmission must be restarted, such as bus stations, railway stations, airports, and markets. Especially since containment zones are not being utilized by the State during the second wave, random testing must be conducted in densely populated areas, with a special focus on slums.

### iii. *Quarantine facilities*

- a) Home quarantine facilities: Persons required to undergo home quarantine must be provided with “Home Quarantine Kits” which would contain Personal Protection Equipment (PPE) kits, masks, gloves, sanitizer, oximeter, thermometer, Vitamin D, Vitamin C, Zincovit, cough syrups, Dolo/Paracetamol, steroids (when required), and inhalers (when required). This must be provided free of cost to families who cannot afford the same.
- b) Covid Care Centres (CCC): Covid Care Centers must be increased in number for more decentralization and must be established at ward/community level with adequate beds and facilities to ensure proper isolation and treatment of COVID-19 patients free of cost.

### iv. *Treatment*

- a) The Covid Care Centres (CCC) shall be the first point of contact for those requiring hospitalization. These CCCs must have emergency oxygen stock as well as necessary medications. Arrangements for any person requiring hospitalization including ICU shall be provided by the CCC. Every CCC shall have atleast 2 ambulances for the purpose of bringing people to the CCC or to shift them to the hospitals.
- b) All treatment and medical arrangements shall be provided free of cost.

### v. *Awareness*

- a) Information: There is a dire lack of basic information among the general public in the State which is causing panic and fear. Intense information dissemination is the need of the hour. Information dissemination can be done by video broadcasts on all TV channels in all languages, along with official videos, posters, and information being circulated on social media and WhatsApp. It must be constantly reiterated that no stigma is attached to a positive result, and action will be taken against those stigmatizing COVID-19 patients.
- b) Helplines: Most workers are not aware of the helplines for COVID-19 support. The few that reached out to the helplines did not receive support. Steps must be taken to increase awareness regarding the helpline numbers. It must also be ensured that helpline desks are adequately staffed and equipped to provide 24/7 help.

- c) Awareness for Migrant workers: Government must specifically keep in mind that there are vast numbers of Migrant workers in Karnataka state, and helplines and awareness programmes must also be enabled to handle their needs as well as to reach them.

**vi. Vaccination**

- a) Universal vaccination: All persons must be given free vaccination, to be provided within a fixed period of time. A priority list must be created to distribute vaccination amongst those most vulnerable on account of shortage of vaccines. The Government must also push for centralized procurement of vaccines, and localized distribution. Legal barriers to vaccine availability must be removed, and the Government must explore mitigating measures such as compulsory licensing and waiver of Intellectual Property Rights (IPRs).
- b) Method of vaccination: The system of requiring prior online registration for vaccination along with documentation is inherently exclusionary and in violation of the right to equality. The Government must undertake door-to-door vaccination and establish vaccination camps to ensure free and universal vaccination. Additionally, vaccination must be administered at every block level, in CHCs, PHCs, government hospitals, schools, colleges, etc.
- c) Vaccination timelines: With the suspension of vaccination for persons from 18-45 years of age as on May 12, 2021, the Government must provide a timeline as to when vaccination will restart, and the method in which vaccination will be carried out along with details of procurement and supply to various districts.
- d) Workers' camps: Free vaccination camps must be organised in all labour camps, worker colonies, migrant worker colonies and slums
- e) Vaccine information: The Government should make publicly available information regarding vaccination procurement, payments made, and orders placed. Information dissemination should contain simplified results of vaccine trials, any post-vaccination deaths or complications, and must dispel vaccination hesitancy.

**2. Livelihood**

**i. Compensation**

- a) COVID-19 compensation packages: Government must declare a COVID-19 Financial Compensation package benefiting all Below Poverty Line (BPL) families, residents of slums (identified, declared or otherwise), contract and casual workers receiving wages below Rs. 15,000/-, domestic workers, street vendors, construction workers, waste-pickers, manual scavengers, Powrakarmikas, garment workers, plantation workers and

other sections of the unorganised sector. The package is a must for allowing maintaining a dignified life during the lockdown period.

**ii. *Protection of Livelihood***

- a) Urban Employment Guarantee Scheme: Urban Employment Guarantee Scheme in line with the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) should be initiated to ensure employment for those in urban areas
- b) Ensure Job Security: Introduce legislation to make job security a right, abolishing all forms of contract and casual labour and ensuring that those workers are made permanent
- c) Protection of livelihood: Government of Karnataka must take all necessary steps to ensure that no worker is terminated, and full payment of wages is made. In line with the Circulars dated May 10, 2021 issued by the Government of Karnataka directing employers not to terminate construction workers, to pay wages, sanitize their residences, and pay wages, similar directions to be issued to other industries to ensure the protection of livelihood of workers.
- d) Transportation to workers and Protection against Police Harassment: Although the Government has permitted allows for certain works to continue, workers are in fact unable to go, due to lack of transportation. There is also no safeguard against police harassment, in case they are travelling in private vehicles. Immediate steps need to be taken to ensure provision of transportation and prevent police harassment.
- e) Payment of wages: It is seen that in a large number of establishments, wages have not been paid for the periods prior to the lockdown and it is unsure if wages will be paid during the lockdown. This has led to complete desperation amongst workers. Necessary orders must be issued directing payment of full wages for the lockdown period irrespective of whether work has been undertaken.
- f) State as model employer: Where the State is the employer, it must act as a model employer and ensure the fullest protection of rights of its workers, including workers in BMRCCL and Bengaluru Smart City, from full payment of wages, to healthcare to provision of proper living conditions to non-termination of employment.
- g) Arrears of wages: Workers in various sectors, including garments, suffered in the last lockdown as many companies refused to pay salaries. The Labour department must ensure that companies pay the salary or ensure government relief is provided.
- h) Wages helpline: Labour Department must set up a helpline for workers who are not paid wages and who have complaints in regard to termination, and immediate remedial steps must be taken.

- i) Strengthening of Labour Department: Government must take all necessary steps to strengthen the Labour Department in order to enable it to ensure immediate remedial action for deductions in wages/non-payment of wages.
- j) Social security: In regard to workers in the unorganized sector, the Karnataka State Unorganised Worker Social Security Board must step up and take responsibility to provide social security. This must not be limited to those registered under the Act.

**iii. Rent, loan and utility waivers**

- a) Rent Waiver: The Government must issue necessary orders directing house-owners not to insist on payment of rent for the lockdown period and a period of two months after the lockdown ends. It must also issue orders to ensure no evictions of any persons are conducted in this period.
- b) Loan moratoriums: The Government must issue necessary order directing loan repayment moratorium across the state of Karnataka for the months of April and May. It must be clarified that the said order is applicable to private and public lenders, individuals and institutions.
- c) Loan waivers: The Government must declare waiving of loans owed by workers to Micro Finance Institutions (MFIs), banks and private lenders.
- d) Interest free loans: At this time of social and economic crisis, the State Government must provide interest-free loans to those in need based on a transparent policy. Loans must be prolonged recovery periods, without any requirement of securities, and with minimal documentation required.
- e) Waivers on utilities: The Government must waive electricity and water bills to provide financial security to its citizens who are suffering at the hands of a pandemic and lockdown.

**iv. Food Security**

- a) Ration kits: The State Government, in coordination with local municipal corporations, must ensure food security by free distribution of ration kits consisting of rice, wheat, ragi, masala, cooking oil, salt, sugar, etc. to suffice for a period of one month. The Government must also implement the Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY) to all persons in PDS shops without insistence on ration cards.
- b) Indira canteens: Per the BBMP's decision to provide food packets at Indira Canteens, steps must be taken to ensure that when households are located far away from the Indira Canteens, they are provided food at their doorstep.

- c) Community kitchens: Community kitchens should be set up to ensure decentralization of food assistance. Support can be taken from street vendors to run such community kitchens. An example may be drawn from the Kerala model of community kitchens.
- d) Food Help-line: The Government must set up a help-line that caters to food security specifically, and must ensure provision of food in a time-bound manner on receiving any such requests. Publicity must be given to these helplines.

### 3. Sector Specific Recommendations

#### *i. Migrant Workers*

- a) Helpline: A specific helpline must be created to address needs of migrant workers with operators are fluent in Kannada and Hindi languages. The operators of the helpline must be enabled to give real assistance to those who call, including
- Travel assistance
  - Assistance with non-payment of wages/ termination of employment
  - Health assistance
  - Information assistance etc.
  - This helpline must be widely publicized through social media posters and auto announcements, along with posters to be circulated in various languages.
- b) State assistance: Steps must be taken to that any worker who desires to return to his native place must be provided travel assistance to return home.
- c) COVID-19 safety measures: Government must ensure that masks, sanitizer, ration kits etc. are distributed at migrant worker colonies specifically as also at railway stations.
- d) Provision of safe living conditions: The government must take proactive steps to ensure safe living condition for workers, including undertaking regular fumigation of these areas, have intense awareness campaigns and equip each colony / areas with adequate primary care facilities.
- e) Periodical testing should also be done so that early detection of the illness is possible thereby arresting its spread.
- f) Temporary shelters must be established to ensure migrant workers have facilities until the lockdown is lifted.

#### *ii. Hospital and Frontline Workers*

- a) Employers must ensure quality safety equipment, COVID-19 quarantine facility while on duty with food and other facilities for stay

- b) Risk allowance of Rs. 10,000/- per month must be provided to all Group – D housekeeping staff in recognition of their service during the pandemic
- c) Immediate medical attention must be provided in case these workers show symptoms of COVID-19.
- d) Institutional quarantine facility for isolation must be provided for those workers who require it
- e) Timely payment of salary must be mandated and ensured by the Labour department
- f) Workers above 45 years of age must be recused from work, with payment of full salary and benefits.
- g) Sick Leave with Pay: If any worker is suffering from any of the symptoms, they must be mandatorily granted sick and casual paid leave for 28 days.
- h) Employers must ensure provision of food during working hours in view of the lockdown.

**iii. Sanitation Workers**

- a) Government must ensure that pourkarmikas and their families are covered under the Pradhan Mantri Garib Kalyan Yojana and are entitled to compensation of Rs. 50 Lakhs if they lose their life due to COVID-19.
- b) Government must ensure the provision of priority vaccination to pourakarmikas and their families
- c) Government must ensure Risk allowance of Rs. 15,000/- to all pourakarmikas
- d) Health check-up and daily screenings must be provided as follows including daily thermal screening, a master health check-up, regular health check once a month. Their health must be monitored through the health check-up card or book given to each pourakarmika.
- e) Government must identify workers who are suffering from co-morbidities and ensure that they are provided sick leave with pay
- f) Provision of complete and adequate safety equipment
- g) Government must ensure that workers and their families are provided complete medical treatment, in the event of being tested positive
- h) Government must ensure the provision of all basic facilities including drinking water, food, toilet, restroom and facilities with soap and water.
- i) Government must ensure the provision for transportation facility to be made for all pourakarmikas

**iv. Gig-Workers**

- a) Gig workers must be recognized as workers and ensured all rights including job security and social security.
- b) Government must issue necessary order mandating employers to
  - ensure provision of personal protective equipment such as gloves, N95 masks, sanitisers, gloves, face-shield, etc.
  - provide COVID-19 risk incentive.
  - Ensure regular testing of the workers
  - Provide health and life insurance benefits
  - Provide free medical treatment in case they test positive for COVID-19
- c) Government must ensure toilet, water & food supply for workers at various areas across in the city
- d) Government must provide for priority vaccination of gig workers.

**v. Domestic Workers**

- a) Domestic workers must be allowed to work or alternatively be given full wages without imposition of any conditionalities such as prior vaccine or RT-PCR test.
- b) Directions must be issued not to terminate any domestic worker and steps must be taken against employers who violate the same.
- c) Karnataka State Unorganised Workers Social Security Board must take immediate steps to bring a COVID-19 compensation scheme specifically for the Domestic worker sector

**vi. Cab-drivers and Auto-drivers**

- a) Government must issue necessary order waiving interest on the vehicle loans
- b) Government must issue necessary orders to prevent police harassment
- c) Provision of regular testing of the workers, free medical treatment, and health and life insurance benefits must be mandated
- d) Government must ensure toilet, water & food supply for drivers at various areas across in the city
- e) Government must provide for priority vaccination of drivers.

**vii. Street Vendors**

- a) Government must issue necessary orders to prevent police harassment against street vendors and ensure that they are able to vend throughout the day.
- b) Street vendors should be employed in community kitchens in slums and other working class areas to provide employment and protect food security
- c) Provision of regular testing of the workers, free medical treatment, and health and life insurance benefits must be mandated
- d) Government must provide for priority vaccination of street vendors.

**viii. Garment Workers**

- a) Government must issue necessary order mandating employers to make full payment of wages on time, that workers must not be terminated and establishments should not be closed. There must be strict enforcement of the order.
- b) Government must issue necessary order mandating employers to provide transportation for workers in view of lockdown
- c) Employers must ensure payment of risk allowance to all garment workers
- d) Government must issue necessary order mandating employers to provide full and adequate safety equipment including N95 mask, gloves, hand sanitiser etc.
- e) Provision of regular testing of the workers, free medical treatment, and health and life insurance benefits must be mandated
- f) Government must provide for priority vaccination of garment workers.

**ix. Metro workers, Bengaluru Smart City Workers and Other construction workers**

- a) The employer must organise free COVID-19 testing camps in all labour camps, worker colonies, migrant worker colonies and slums along with distribution of masks and sanitisers. These areas should be sanitized on a weekly basis.
- b) The employer must provide free treatment and paid leave for workers who test positive for COVID-19
- c) Free vaccination camps must be organised in these camps as well.
- d) Workers must be provided proper dignified and sanitary living conditions with all basic amenities that allow them to practice physical distancing.
- e) Employers must ensure full payment of wages to all workers and to undertake and ensure that no lay-offs or retrenchments will be made

**x. *Other concerns***

- a) Social media: State must set up responsive government officials/ help-handles to respond to distress calls. Especially when users point to failure of government mechanisms, due follow up must be made
- b) Movement passes: Volunteer passes have to be issued to ensure to the Trade Unions, volunteer organizations and social workers so that they can undertake relief work.
- c) Digital divide: Government must take steps to bridge the digital divide that is preventing those without access to technology from availing COVID-19 resources. Pamphlets, newspaper information, auto announcements, radio communications, and TV broadcasts must be utilized.
- d) Government coordination with Voluntary Organizations: A connection between the government helpline and the organisations would streamline the present process. A ward level connection to hospitals is necessary, along with real time data.
- e) Preparation: In view of predictions of an upcoming third wave, all precautionary steps must be taken to strengthen medical infrastructure and protect livelihoods of workers, to ensure that the lives of workers do not face a similar disaster yet again.

# ANNEXURES

## 1. Questionnaire for Workers

### I. Basic details

1. Name
2. Gender
3. Occupation
4. Place of Work
5. Wage: Daily/Weekly/Monthly
6. Native place
7. State
8. Age
9. Caste
10. Number of family members
11. Number of earning family members

### II. Health – prevention

12. Are you concerned that you might get infected with coronavirus while working?
13. What personal precautions are you able to take or has been provided by your employer?
  - 13.1. Physical distancing
  - 13.2. Mask
  - 13.3. Gloves
  - 13.4. Sanitizers
14. Do you know where to go if you or people around you start to get symptoms?
15. Are there any community measures being undertaken in the areas you are residing?

### III. Health – COVID-19 Testing

16. Has the government conducted COVID-19 testing in your workplace / home?
17. If you needed to get tested, did you access a government or private testing centre? Why did you make this choice? How much did it cost you?
18. How long did it take for you to receive your result?

### IV. Health – Vaccination

19. Have you and your family members got vaccinated for COVID-19? Have you got one dose or both the doses?
20. Where did you get vaccinated? Who arranged for the vaccination – Government, employer, yourself?
21. What was your experience of getting vaccination?

### V. Health – COVID-19 Infection

22. Have you, any of your family members or co-workers (in Bengaluru) got infected by the coronavirus? Have you or your family members needed hospital admission for COVID-19?

23. What steps were taken when they tested positive? Detailed description of who was contacted and how they received treatment.
24. Please describe your experience of getting a hospital bed and/or oxygen, and/or ventilator. Please describe your experience of getting medicines (remdesivir/tocilizumab).
25. Was there any death....? How did you carry out the last rites?
26. What was the expenditure at each stage? Did you have to take a loan?
27. Do you know about the government helpline? If you have used it, what was your experience?
28. Do you know that if you test positive and have mild/moderate COVID-19, you can shift to COVID-19 Care Centre run by the BBMP in case your house is not conducive to home quarantine?

#### VI. Job/livelihood issues – separate daily wage and monthly wage

29. How has COVID-19 affected your livelihood? How are you coping with it?
30. How are you travelling to work? Is there any additional cost? Are you facing difficulties getting to work? Is there any problem with transportation or the police? Please detail
31. How has the wage changed over the past year? When have you received your last wage?
32. Do you plan to stay in Bengaluru or head home?
  - 32.1. If staying in Bengaluru:
    - 1.1. What difficulties in paying rent?
    - 1.2. What difficulties in travelling in the city?
  - 32.2. If heading home
    - 2.1. How do you plan to travel home?
    - 2.2. How expensive is it to head home now?
    - 2.3. Will it be difficult to return to Bengaluru?
33. How do you plan to carry on if lockdown extends further?
34. Given the COVID-19 threat and increased risks, are you able to demand better wages?
35. What kind of help do you expect from the government?
36. If you are a daily wage earner, how many days in a month have you been able to work for the past year?
37. If monthly wage workers,
  - 37.1. Has your employer asked you not to come to work? When have they asked you to return to work? If your employer has not asked to stop working, do you expect that they will do so shortly?
  - 37.2. Have they paid you wages for the full month or have promised wages for the full month? Have they offered you advance wages or any other benefits?
  - 37.3. Has the amount of work reduced or increased over the past year?

#### VII. Food Security

38. Are you facing difficulty regarding food? How are you overcoming it?
39. Do you have enough food to tide over the current lockdown?
  - 39.1. If yes, did you have to borrow money to prepare for the lockdown?
  - 39.2. If not, how do you plan to ensure that you have food during the lockdown?

### **Additional questions for migrant workers**

38. Do you plan to stay in Bengaluru or head home?
  - 38.1. If staying in Bengaluru:
    - 1.1. What difficulties in paying rent?
    - 1.2. What difficulties in travelling in the city?
  - 38.2. If heading home
    - 2.1. How do you plan to travel home?
    - 2.2. How expensive is it to head home now?
    - 2.3. Will it be difficult to return to Bengaluru?

### **VIII. Housing and loans**

40. How big is your house? How many people stay in the house? How many toilets are available for how many people? Do you live in a rented house? How much rent do you pay?
41. Has your employer provided housing? Is there any impact because of lockdown
42. Has your landlord asked for rent for the lockdown period?
43. Do you have outstanding loans that will be affected?

## 2. Questionnaire for Voluntary Organisations

### I. Basic Information

- e) Name of the volunteer
- f) Organisation
- g) What is the nature of support you are providing
- h) Which parts of Bengaluru does the volunteer / organisation operate in?

### II. About the work done

- 5. What is the size of the team?
- 6. Please describe how you organise yourselves and the processes you have in place
- 7. Please describe your experiences regarding your interactions with the testing centres/hospitals/burial grounds
- 8. Please describe your experiences with the people you interact with during the course of your volunteering (e.g. patients, family members of patients / deceased, those you provide food to etc.)
- 9. Any additional information you would like to share?

### III. Relationship with the government

- 10. Do you associate with any government department for your work? What is the nature of the association?
- 11. Please describe your experiences regarding your interactions with the government.
- 12. In the context of your areas of volunteering, what do you think the role of the government should be?

### IV. Reg. Provision of Medical Treatment (If nature of volunteering is providing access to medical/health care)

- 13. How many people have approached you for the provision of medical treatment/beds/ICU beds?
- 14. What is the procedure that you have been following to ensure such provision? Has there been a change in such procedure over the last few days?
- 15. How many people have been able to receive such beds/ICU beds/medicine/other treatment and how many people have not been able to receive it?
- 16. In cases where they were not able to access the required medical facility, what eventually happened? Why were they not able to access the facility?
- 17. In your opinion, how prepared was the government to ensure the provision of beds/ICU beds/Oxygen/ medicines?
- 18. In your opinion, what are the steps needed to be taken by the government at this stage?