

## ISSUE BRIEF

**Covid-19 in India – Recommendations for ‘Urgent Action Human Rights Due Diligence’ for Lead Firms Sourcing Agricultural Goods<sup>1</sup>***Dr. Berit Knaak & Prof. Dr. Dorothee Baumann-Pauly***The context of the second wave of Covid-19 in India**

India is strongly hit by a second wave of Covid-19 and the healthcare infrastructure reaches its limits.<sup>2</sup> Taking measures to contain the spread of Covid-19 is crucial.<sup>3</sup> The rural belt in India is less severely affected than its densely populated cities, however, the number of cases is rising quickly and the estimated number of unreported cases is high.<sup>4</sup> Healthcare facilities are experiencing a dire shortage of oxygen and operate at lower standards in rural areas, i.e., fewer equipment and trained personnel.<sup>5</sup> Unlike during the first surge of Covid-19, inter-state migration is less pronounced, yet this situation remains subject to change.<sup>6</sup>

While the current rate of increase in new cases is significantly higher than that reported during the first wave,<sup>7</sup> the current lockdown is not as strict as the lockdown during the first wave. Lockdowns in India are issued at a state level and in case of high infection rates, local containment zones are created (e.g., for local markets).<sup>8</sup> Transportation remains accessible as an essential service (similar to food, fuel, pharmacies, and banks), but access may be more restricted in practice depending on the regional situation.<sup>9</sup>

Vaccination programs have been ongoing since mid-January 2021 and currently as of May, people aged 18 and over are receiving vaccinations.<sup>10</sup> Besides local authorities and healthcare facilities, vaccinations and testing are also offered in other public facilities such as schools that have been sanitized and transformed

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<sup>1</sup> Insights of this issue brief are based on initial evidence from primary and secondary research on supply chain resilience and human rights in the agriculture sector during the pandemic, conducted between January and May 2021.

<sup>2</sup> See, e.g., Jamkhandikar, S., & Ghoshal, D. (2021, April 20). Many Indians struggle to get coronavirus tests as cases rocket. *Reuters*. <https://www.reuters.com/world/india/many-indians-struggle-get-coronavirus-tests-cases-rocket-2021-04-20/>; The Lancet COVID-19 Commission India Task Force (2021, April 30). *Managing India's second COVID-19 wave: Urgent steps*. <https://covid19commission.org/regional-task-force-india>.

<sup>3</sup> See, e.g., Seshadri, M.S., & John, T.J. (2021, May 12). The second wave of Covid and rural India. *New Indian Express*. <https://www.newindianexpress.com/opinions/2021/may/12/the-second-wave-of-covid-and-rural-india-2301360.html>; Sinha, A. (2021, May 8). *The Indian Express*. <https://indianexpress.com/article/india/covid-second-wave-rural-india-coronavirus-cases-7306422/>.

<sup>4</sup> See, e.g., BBC Visual and Data Journalism Team. (2021, April 29). Covid-19 in India: Cases, deaths and oxygen supply. *BBC News*. <https://www.bbc.com/news/world-asia-india-56891016>; Noronha, R. (2021, May 1). Ground report: How Covid-19 has affected India's rural areas. *India Today*. <https://www.indiatoday.in/magazine/cover-story/story/20210510-ground-report-how-covid-19-has-affected-india-s-rural-areas-1796993-2021-05-01>; Yeung, J. (2021, April 28). As Covid sweeps India, experts say cases and deaths are going unreported. *CNN*. <https://edition.cnn.com/2021/04/27/india/india-covid-underreporting-intl-hnk-dst/index.html>.

<sup>5</sup> See, e.g., Mukul, P., & Sasi, A. (2021, May 11) Vaccine inequity gets worse: Rural India, smaller hospitals hit. *The Indian Express*. <https://indianexpress.com/article/india/vaccine-inequity-gets-worse-rural-india-smaller-hospitals-hit-7310043/>; Yeung, J. (2021, April 28), note 3; Krishnan, M. (2021, May 5). COVID in rural India poses parallel health care crisis. *DW*. <https://www.dw.com/en/covid-in-rural-india-poses-parallel-health-care-crisis/a-57433472>.

<sup>6</sup> See, e.g., Nath, D. (2021, April 15). Migrant workers vulnerable again, say activists. *The Hindu*. <https://www.thehindu.com/news/national/migrant-workers-vulnerable-again-say-activists/article34330006.ece>; Praveen, M.P. (2021, May 7). ‘Unlike last time, no mad scramble by migrants to leave before lockdown’. *The Hindu*. <https://www.thehindu.com/news/national/kerala/unlike-last-time-no-max-scramble-by-migrants-to-leave-before-lockdown/article34504892.ece>.

<sup>7</sup> See, e.g., The Lancet COVID-19 Commission India Task Force (2021, April 30), note 1.

<sup>8</sup> See, e.g., The Lancet COVID-19 Commission India Task Force (2021, April 30). *Checklist: Containment strategies for reducing COVID-19 cases in India*. <https://covid19commission.org/regional-task-force-india>; Kar, S. (2021, April 26). Containment, local restrictions as major approach: Centre's new guidelines for states to flatten COVID curve. *India.com News Desk*. <https://www.india.com/news/india/containment-local-restrictions-as-major-approach-centres-new-guidelines-for-states-to-flatten-curve-4616991/>.

<sup>9</sup> See, e.g., Kar (2021, April 26), note 7; The Hindu Bengaluru Bureau (2021, April 28). COVID-19: Fourteen-day lockdown begins in Karnataka. *The Hindu*. <https://www.thehindu.com/news/national/karnataka/covid-19-fourteen-day-lockdown-begins-in-karnataka/article34429726.ece>.

<sup>10</sup> See, e.g., Ministry of Health and Family Welfare (2021, May 6). *SOPs on COVID-19 vaccination of persons without prescribed identity cards through CoWIN*. Government of India. <https://www.mohfw.gov.in/#site-advisories>, <https://www.mohfw.gov.in/pdf/SOPforCOVID19Vaccination-ofPersonswithoutPrescribedIdentityCards.pdf>.

into testing and vaccination centers.<sup>11</sup> However, the overall rate of vaccination among the population is still low and delayed due to shortages in vaccination supply.<sup>12</sup>

Everyone in India is eligible to receive public healthcare (including workers in the informal economy), but an identity card is required for vaccinations.<sup>13</sup> Acknowledging the fact that not all citizens have an identity card, the government is devising options to facilitate equal access to vaccinations.<sup>14</sup> In addition to health risks, the pandemic puts pressure on the economy, with effects on, e.g., employment rates, supply chains flows, and inflation rates.<sup>15</sup> The effects of the pandemic hit the poorer population the hardest.<sup>16</sup> Providing emergency relief is as important for the immediate impact as it will be to contain the medium-term effects.

### Challenges to providing relief during the pandemic

- *Medical care*<sup>17</sup>: limited availability of supplies for vaccines and oxygen to treat severe cases of Covid-19, number of Covid-19 cases exceeds the capacity of hospitals, backlog of Covid-19 tests might delay breaking transmission chains
- *Information dissemination*<sup>18</sup>: misinformation about the pandemic, social media as an important source of information and self-organization of support as social media platforms are used to circulate real-time information, but such information is disseminated often within closed groups and possibly with limited reach of rural population
- *Fraud and corruption*<sup>19</sup>: attempts to lure citizens into providing personal data (allegedly as a requirement for registering for vaccinations) that may be used to access personal bank accounts or to create fraudulent accounts, overpricing of medical treatment and charging medical fees without service provision
- *Wage and income insecurity*<sup>20</sup>: less prevalent where workers are guaranteed employment for a certain period of time, reports of unpaid wages in 2020 and 2021 in different states and industries (including in the agricultural sector)
- *Potential risk for child labor*<sup>21</sup>: the pandemic affects structural factors that make children's engagement in work more likely (including children who are orphaned, families losing employment)

<sup>11</sup> See, e.g., Business Today (2021, May 5). ICMR revises COVID-19 testing guidelines; no RT-PCR needed if you've tested positive via RAT. *Business Today*. <https://www.businesstoday.in/current/economy-politics/icmr-revises-covid-19-testing-guidelines-no-rt-pcr-needed-if-youve-tested-positive-via-rat/story/438285.html>.

<sup>12</sup> See, e.g., WHO (2021, May 12). WHO Coronavirus (COVID-19) Dashboard. *World Health Organization*. <https://covid19.who.int/re-gion/searo/country/in>; Our World in Data (2021, May 12) Coronavirus (COVID-19) Vaccinations. *Global Change Data Lab*. <https://our-worldindata.org/covid-vaccinations>; The Economic Times (2021, April 30). Supply uncertain, multiple states set to delay vaccination. *India Times*. <https://economictimes.indiatimes.com/news/india/supply-uncertain-multiple-states-set-to-delay-vaccination/articleshow/82326604.cms>.

<sup>13</sup> See, e.g., Ministry of Health and Family Welfare (2021, May 12). *Questions and Answers: Get correct information on India's vaccine drive here*. Government of India. [https://www.mohfw.gov.in/covid\\_vaccination/vaccination/questions-and-answers.html](https://www.mohfw.gov.in/covid_vaccination/vaccination/questions-and-answers.html).

<sup>14</sup> See, e.g., Ministry of Health and Family Welfare (2021, May 6), note 9.

<sup>15</sup> See, e.g., Aanchal Magazine (2021, May 12). Virus spread in rural areas may hit recovery further. *The Indian Express*. <https://indianexpress.com/article/india/covid-virus-spread-in-rural-areas-may-hit-recovery-further-7311413/>; Mishra, A.R. (2021, May 5). Growth setback likely as rural India begins to reel from Covid-19. *Mint*. <https://www.livemint.com/economy/growth-setback-likely-as-bharat-faces-2nd-wave-11620153341837.html>.

<sup>16</sup> See, e.g., Misra, S., & Patel, T. (2021, January 22). The Inequality Virus—India Supplement 2021. *Oxfam India*. <https://www.oxfamindia.org/press-release/inequality-virus-india-supplement-2021>.

<sup>17</sup> See, e.g., Mukul, P., & Sasi, A. (2021, May 11), note 4; Krishnan, M. (2021, May 4) COVID: Why is India facing an oxygen shortage? *DW*. <https://www.dw.com/en/india-covid-oxygen-shortage/a-57425951>.

<sup>18</sup> See, e.g., The Lancet COVID-19 Commission India Task Force (2021, April 30), note 1; The Hindu Bengaluru Bureau (2021, April 28), note 8; Siddique, A., Rahman, T., Pakrashi, D., Islam, A., & Ahmed, F. (2020, November). Raising COVID-19 awareness in rural communities: A randomized experiment in Bangladesh and India. *Munich Papers in Political Economy*, 09, TUM School of Governance at the Technical University of Munich, <https://www.bhub.org/project/delivering-covid-19-information-across-the-digital-divide/>; Devaiah, D. (2021, May 12).

<sup>19</sup> See, e.g., Krishnan, M. (2021, May 11). India's COVID crisis spawns black market for oxygen, drugs. *DW*. <https://www.dw.com/en/india-covid-black-market/a-57496221>; Press Trust of India (2021, January 1). Beware of fraud in name of Covid-19 vaccine: Noida police to people. *Business Standard*. [https://www.business-standard.com/article/current-affairs/beware-of-fraud-in-name-of-covid-19-vaccine-noida-police-to-people-121010100996\\_1.html](https://www.business-standard.com/article/current-affairs/beware-of-fraud-in-name-of-covid-19-vaccine-noida-police-to-people-121010100996_1.html); Pandey, V., & Nazmi, S. (2021, April 29). India Covid-19: Deadly second wave spreads from cities to small towns. *BBC*. <https://www.bbc.com/news/world-asia-india-56913047>.

<sup>20</sup> See, e.g., Nath (2021, April 15), note 5; Mathew, A. (2021, February 3). In Uttar Pradesh, sugarcane farmers not paid for 2020, get 'zero price' receipts for 2021. *National Herald India*. <https://www.nationalheraldindia.com/india/in-uttar-pradesh-sugarcane-farmers-not-paid-for-2020-get-zero-price-receipts-for-2021>.

<sup>21</sup> See, e.g., Kataria, S. (2020, September 21) India's Nobel laureate fears upsurge in child labour as pandemic shrivels economy. *Reuters*. <https://www.reuters.com/article/us-health-coronavirus-india-child-exploi-idUSKCN26C01C>; Sethuraman, R., Bhattacharjee, N., & Monnappa, C. (2021, May 6). Pleas for help in India as COVID-19 leaves children without carers. *Reuters*. <https://www.reuters.com/world/india/pleas-help>

## Recommendations for urgent action human rights due diligence

Lead firms in global agriculture supply chains must conduct urgent action human rights due diligence to mitigate immediate as well as longer-term human rights risks related to the pandemic. Measures need to *integrate all supply chain partners to adapt to specific local contexts and the fast-changing parameters of the pandemic.*

The first wave of the pandemic highlighted the positive impact of maintaining *economic processes*:

- *Involving traders*: leverage the proximity of traders to the farm level, identify suppliers and farmers who employ temporary workers (as those are at highest risk of losing employment, accommodation, and food security)<sup>22</sup>
- *Maintaining procurement processes*: accommodate farmers' limited sources of income and their reduced ability to pay wages during the pandemic (e.g., harvesting times might be prolonged due to smaller workforce), ensure income security for supply chain partners and workers

In order to choose effective ways of action, corporations need *detailed information* from the ground, which can be gathered and applied through the following methods:

- *Roundtable discussions with supply chain partners*: convene a timely, informal meeting with representatives from all relevant stages in the upstream supply chain (e.g., from mills, roasters and refineries, traders and agronomists, farmers and workers), identify the most urgent needs of employees and communities within companies' operational contexts, clarify individual and coordinated options for providing relief (e.g., adapt timeframe or terms of payment for orders and wages, offer financial support and/or infrastructure support)
- *Support the work of local organizations*<sup>23</sup>: exchange information about locally active support networks, coordinate or partner with regional actors for distributing relief among communities to avoid replicating or delaying efforts, collaborate with trusted local community leaders

The initial results further show opportunities for *providing support via existing relationships to the farm level*:

- *Administrative support*: assist supply chain partners or workers in administrative or legal tasks (e.g., application for essential services pass, inform about registration for vaccination)
- *Infrastructure*: leverage corporate infrastructure and distribution networks to support governmental and civil society organizations and regional initiatives
- *Workers' insurance*: continue and expand efforts to identify workers without IDs (as this is needed to receive vaccinations), maintain trainings for workers to inform them about their eligibility to government relief and insurance schemes
- *Information and education*<sup>24</sup>: relay official information to help dissolve myths about Covid-19, and create awareness of Covid-19 among workers, especially where literacy levels are low
- *Material support*: ensure the availability of personal protective equipment and hygiene products, facilitate access to Covid-19 testing kits, and advise on a safe workplace set-up, including housing for migrant workers

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[india-covid-19-leaves-children-without-carers-2021-05-06/](#); Kaur, N., & Byard, R.W. (2021). Prevalence and potential consequences of child labour in India and the possible impact of COVID-19 – A contemporary overview. *Medicine, Science and the Law*.

<sup>22</sup> See, e.g., Nath (2021, April 15), note 5.

<sup>23</sup> See, e.g., Rapid Rural Community Response to COVID-19 (RCRC) (2021, May 5). Responding to the second wave of COVID-19 in rural India. *India Development Review*. <https://idronline.org/responding-to-the-second-wave-of-covid-19-in-rural-india/>; Tripathi, R. (2021, May 11). States told to coordinate with 1,000 NGOs to contain covid. *India Times*. <https://economictimes.indiatimes.com/news/india/states-told-to-coordinate-with-1000-ngos-to-contain-covid/articleshow/82540185.cms>.

<sup>24</sup> See, e.g., Mukul, P., & Sasi, A. (2021, May 11), note 4; Siddique et al. (2020, November), note 17; Seshadri, M.S., & John, T.J. (2021, May 12), note 2.