FRONTLINE WORKERS AND THE COVID-19 PANDEMIC

Gokulnath Govindan

STATE CAPACITY INITIATIVE
CENTRE FOR POLICY RESEARCH
NEW DELHI

State Capacity Initiative Working Paper No. 2022-6
July 2022

STATE CAPACITY INITIATIVE | CENTRE FOR POLICY RESEARCH

The **State Capacity Initiative** at the Centre for Policy Research is an interdisciplinary research and practice programme focused on addressing the challenges of the 21st-century Indian state. The purpose of this initiative is to place the critical challenges of building state capacity at the heart of the field of policy research in India, where it has always belonged but remains surprisingly marginalised. We, therefore, start with first principles and ground ourselves in existing realities to deepen and expand the understanding of the challenges and possibilities of building state capacity in a democratic and federal India. Our programme of work focuses on the changing roles of the Indian state: institutional design, implementation and administrative capacity; the challenges of regulatory and fiscal capacity; and the complex and changing relations between society, politics and state capacity in India.

ACKNOWLEDGEMENTS

This working paper has benefited immensely from Dr Mekhala Krishnamurthy (Senior Fellow, State Capacity Initiative at Centre for Policy Research), who not only encouraged me to write this paper but had insightful feedback with every draft of this essay. I am also immensely grateful to all the workers and union members who took time out of their hectic schedules to talk to me about their struggles in this crisis. I also thank Aditya Unnikrishnan and Sonakshi Sharma, for being patient enough to help me work through my arguments. Finally, I am indebted to Arushi Gupta, for being a constant source of motivation, while helping me navigate my arguments, structure and anxieties.

SUGGESTED CITATION FOR THIS WORKING PAPER:

Govindan, Gokulnath (2022, July). *Frontline Workers and the Covid-19 Pandemic*. Centre for Policy Research, State Capacity Initiative Working Paper No.2022.6

AUTHOR

Gokulnath Govindan is a Research Associate at the State Capacity Initiative, CPR.

I welcome feedback and comments, which will help improve subsequent versions of this work. Please write to me at gokulnath@cprindia.org

FRONTLINE WORKERS AND THE COVID-19 PANDEMIC

SUMMARY

The Covid-19 pandemic proved to be a global disaster that took countless lives, many of whom were frontline functionaries deployed to contain this crisis. As a result, the Indian state, unlike before, had to acknowledge the risk that accompanied their workers in this crisis. They promised them vaccination, health & life insurance, amongst other material benefits to protect, insure and motivate such cadres. The paper attempts to study these promises, in particular its vaccination and insurance policies, to better understand what it meant to be a frontline worker in this crisis. Did the Indian administration account for all at-risk workers and their context, or did they simply exclude many of them in their policies ? The essay, at its core, will answer this question as it examines the Indian state's capacity to celebrate its frontline workers.

INTRODUCTION

On 19th March 2020, in the midst of a pandemic-induced lockdown, India's Prime Minister asked its citizens to stand at their doorway, balcony or in front of their windows to salute and applaud the country's doctors, nurses, government servants and so on (2020). He noted that "for the last two months," frontline workers[1] have been working day and night to "stand firmly between us and the Corona pandemic" (ibid.). They had risked their lives defending this country and for that reason, it was only fair that they got recognized for their public service. As a result, three days after his announcement, neighbourhoods across India stepped out with great gusto to celebrate all such workers. In a rare moment in our country's history, the state and the public alike came together to acknowledge its grassroots bureaucracy[2].

While academia has studied frontline workers for a long time--- from Herbert Kaufman's "forest ranger" (1960) to M.S Sreerekha's work on anganwadi workers (2017) ---, the category has rarely found administrative recognition. Unlike the higher civil service[3], India's frontline bureaucracy has seen little to no policy discussions on their public service. Most of them are overworked, underappreciated and largely ignored when it comes to drafting policies that account for their motivations, working conditions, training or recruitment (Majumdar & Mooji 2011; Vasan & Ramakrishna 2010; Vasan 2002; Mavalankar et al. 2010; Singh 2016; Sreerekha 2017). In fact, before this crisis, the state had rarely used the term frontline worker, much less defined it to account for their everyday responsibilities.

Individual cadres, like police constables or school teachers, were discussed for their specific service, but there was no state-approved category that identified teachers, firefighters, tidal watchers and others for being the first line of India's bureaucracy. There was no collective imagination or discussion for these workers, and as a result, the administration had never invested in establishing their category, much like they did with the higher civil servants[4]. Unlike inspectors, engineers, or training instructors, the frontline cadres had no common uniform title across departments and sectors that acknowledged them for having field-level/public-facing responsibilities[5].

Such lack of recognition meant that the state had seldom made efforts to both understand as well as value their grassroots bureaucracy. As an example, many frontline functionaries routinely travel for their work. A lekhpal's job requires them to survey people, map properties and resolve on-site disputes. Likewise, forest guards have to patrol their jurisdiction every day while ANMs (Auxiliary Nurse Midwives) are needed to visit every house in their village. Ideally, the government should offer all these workers adequate travel/vehicle/transport allowance. But in most cases, the state simply did not recognize their fieldwork and offered them little to no reimbursement.

---

[1] A frontline worker is loosely defined as a government employee, usually low status, who has field-level/public-facing responsibilities.

[2] Within the context of this essay, frontline workers and grassroots bureaucracy are synonymous with one another.

[3] VT Krishnamachari Committee Report 1960; Administrative Reforms Commission 1966 & 2005; Sarkaria Commission 1983; National Training Policy 1996 & 2012; Yugandhar Committee Report 2003; Surinder Nath Committee Report 2003; Hota committee report 2004; Kiran Aggarwal committee 2014; Niti Aayog Reports etc. These are some of the reports published in relation to the country's higher civil service.

[4] It is worth noting that Group C/Group D/Class IV employees may include frontline workers, but these groups are divided based on income.

[5] Excise Inspectors, Labour Inspectors, Food Inspectors; All these inspectors have different responsibilities but they all share regulatory functions and therefore, are called inspectors. Likewise, engineers (Electrical Engineers, Signal Engineers (Railways)) in the system undertake different tasks but all of them have a technical role in government.

While the Uttar Pradesh government chose to pay lekhpals the same allowance as a junior division clerk tasked with a desk job, Meghalaya's administration scrapped such payments for their ANMs. Karnataka's forest guards, on the other hand, were only given a bicycle allowance to patrol kilometres of wild jungles. The state, in opting to give them little to no allowance, was dismissing the fact that their everyday responsibilities required them to travel for fieldwork. In short, they did not even value their service enough to establish the basic conditions all workers would need to do good in their jobs.

The Indian state consistently chose to ignore their struggles, needs or the risk they took as they failed to acknowledge their public service. The Covid-19 pandemic, as we saw earlier, appears to have changed that narrative. The magnitude of the crisis forced all administrations in the country to acknowledge the risk these workers carried on duty. Unlike before, it mattered to be a frontline worker in this crisis. The title was used both formally and informally and had symbolic, as well as material value.

On top of being nationally applauded, the government of India also commemorated its covid warriors by celebrating the country's 74th Independence day in their honour. In certain states like Tamil Nadu, the education department had even instructed their schools to invite frontline workers as chief guests in their ceremonies (Koushik & Ramakrishnan 2020). Simultaneously, both tiers of the government also drafted policies to celebrate, protect and reassure their workers. Many of them were prioritised for vaccination and were promised health and life insurance coverage. In certain parts of the country, they were even offered other monetary incentives, including an increase in salary for a stipulated period (Das 2021; Sinha 2021).

The paper, at its core, will try to better understand this shift in approach. In doing so, it will examine what it meant to be a frontline worker in this crisis. Who were the ones who were honoured exclusively in speeches and who were the ones who also saw material benefits? Did their policies include all cadres at risk of work-related exposure or were they limited to a certain pool of covid warriors? What happened to a worker when they were officially acknowledged by the government? Did they all avail benefits or were there procedural complications with each policy? These are all questions that the essay will answer and it will do so by examining three Covid-specific policies; vaccination, health and life insurance[6].

The union government, instead of opting to strictly prioritise vaccination based on age, as they had in the United Kingdom, chose to also prioritise healthcare and frontline workers (2021). While the term frontline worker had found informal recognition early on in this crisis, it was the centre's vaccination scheme that formalised its status by defining the category. As mentioned earlier, the state had never had an official title for its frontline workers. The vaccination policy, in that context, was one of the few schemes that sanctioned the title by listing cadres who fell within their definition of a frontline worker.

The inclusions and exclusions of this policy allow us to comment on the Indian state's capacity to

[6] It is worth noting that while I chose to emphasize on vaccination and insurance policies, there is a larger story around PPE kits and other forms of protection and incentives. I chose not to focus on them, but they are equally important. To read more on it: https://accountabilityindia.in/publication/experiences-of-frontline-workers-in-rajasthan-and-himachal-pradesh-during-the-covid-19-pandemic/

recognise at-risk workers in this pandemic. It helps us take note of the state's perception of these workers, which is crucial to capture if one hopes to examine what it meant to be a frontline worker in this crisis. The first half of the essay, therefore, will study the vaccination policy and its definitions to better understand who counted as a frontline worker in this crisis.

That being said, acknowledgment is not just about being identified in a policy. It is also about availing benefits that were promised as a result of being recognized in those schemes. For that reason, the latter half of the essay will review life and health insurance policies[7] to discern how easy or difficult it was for these workers to make use of said benefits. What was the claim-making process like in these schemes and what were the different ways in which eligible workers were denied their packages? It is only when we answer these questions that one can comment on what it meant to be an approved worker in this crisis.

To do all of this, I undertook a mixed-methods approach to collecting data. The central level policies were easy to track, but the state-level schemes required a lot of collation. I used government websites, circulars and existing case law resources to make a database of my own. It maps publicly available covid-related notifications for each state, from April 2020 to December 2021[8]. This includes information on their insurance coverage, vaccine policies, monetary incentives and scheme clarifications. Additionally, to better understand the problems that came with executing each policy, I made use of case law databases to analyse a wide range of grievances filed by frontline workers or their families.

Simultaneously, I also examined media reports to take note of the demands made by different workers in this pandemic. Building on that, I had phone interviews with those worker unions and at-risk cadres to better understand their role in this pandemic, alongside the steps their government had taken to protect/motivate them. In particular, I had interviews with a sub-engineer, a CGHS employee, electricity workers, lekhpals, staff nurses and forest guards. To summarise, the arguments made here are a consequence of state policy documents, media reports, case laws and worker interviews.

The purpose of this paper is to map out state behaviour in the pandemic. It is to understand the nature of our government's acknowledgement in this crisis. In doing so, it hopes to begin a larger conversation on the relationship between the Indian state and its frontline functionaries. After all, the pandemic may be a unique moment in history, but the observations made during this crisis can teach us a whole lot about how capable the Indian state is when it comes to its grassroots bureaucracy.

---

[7] A point worth noting is that these two schemes do not address their beneficiaries as frontline workers. In the case of life insurance policies, most administrations have a list of approved workers, who informally are called frontline workers but have no official definition in the scheme. In the case of health insurance policies, most schemes cover all their employees and therefore, there is no need to have a separate category. So, technically, neither of these policies are just about frontline workers. The points being made in that section would apply to any beneficiary in those schemes but that doesn't make it any less important because all of it still applies to the frontline worker.

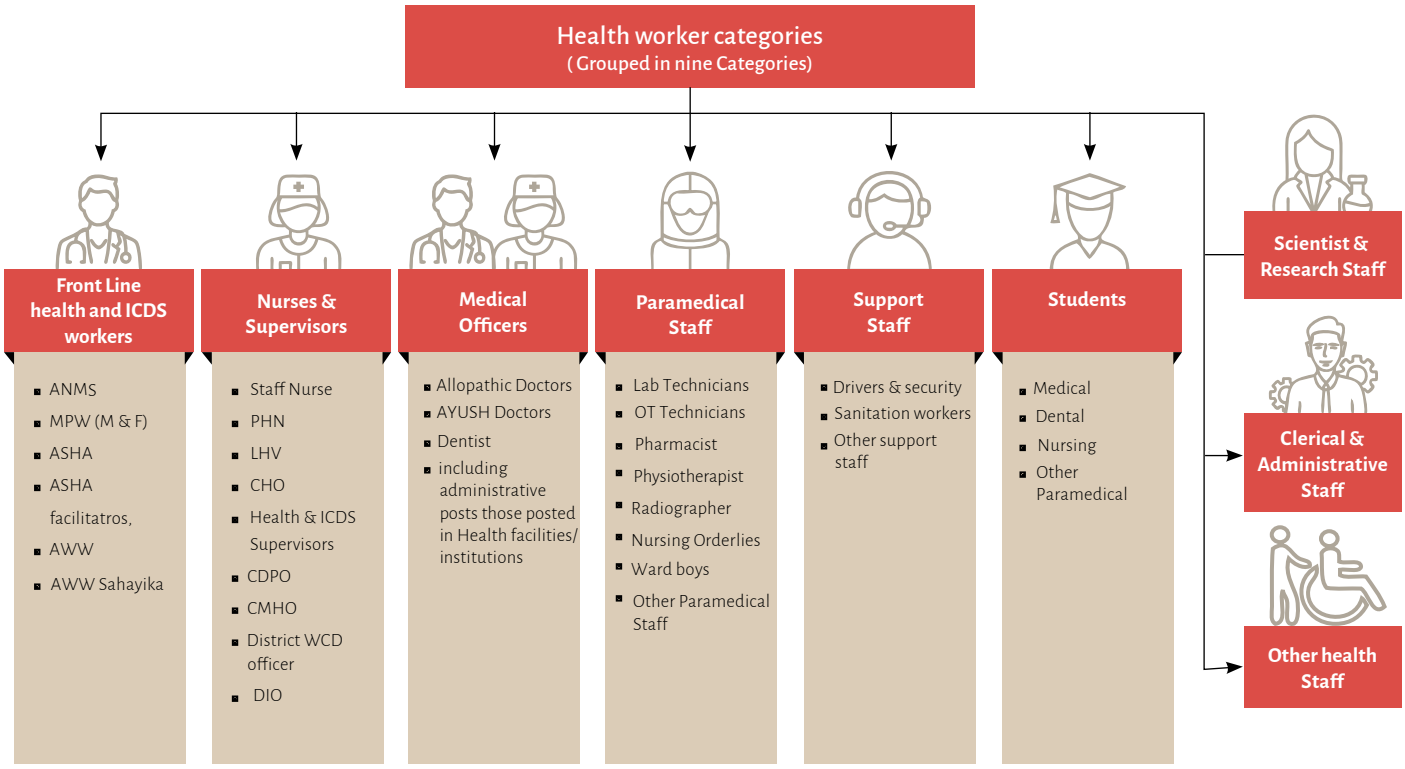
[8] By publicly available, I also mean digitally available. I did get access to some circulars from worker unions but those were rare. The database, therefore, does not claim to include every published notification, but it does still accounts for a large pool of government orders/circulars.

1.1 VACCINATION: DEFINITIONS AND EXCLUSIONS

By December 2020, the Government of India began its preparations to roll out vaccines for Covid-19. As per NEGVAC's[9] recommendations, the vaccine was to be introduced in a phased manner, wherein priority was given to healthcare and frontline workers. To establish said priority, the state first had to define and list the two groups. The health workers were described as "health care service providers and other workers in health care settings; both in government and private sector including ICDS workers" (GoI 2021). They were then divided into nine groups, each listing its own set of personnel (See fig. 1).

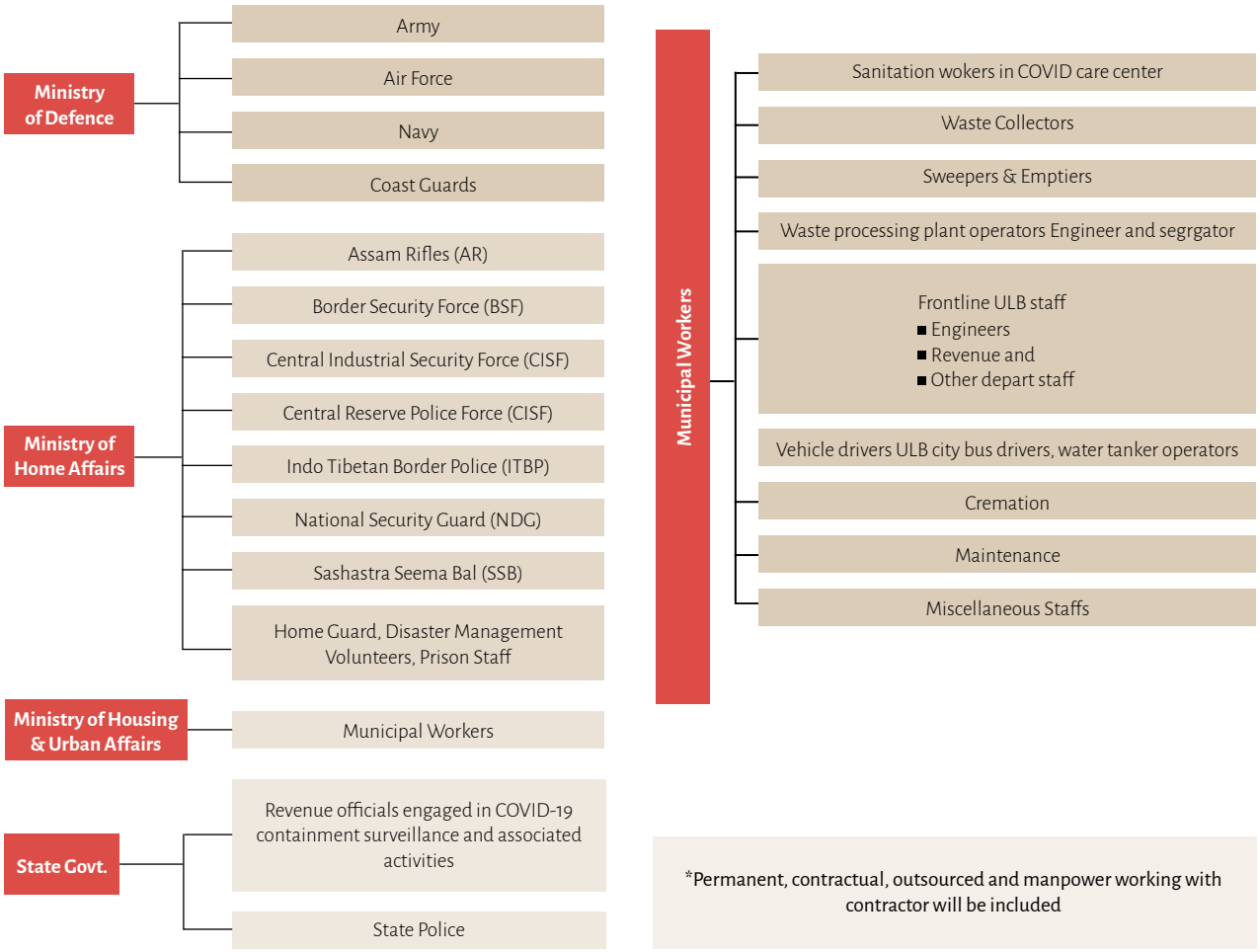
In contrast, frontline workers were not as clearly defined. The operational guideline simply declared that the category consisted of "personnel from state and central police organisation; armed forces; home guards and civil defence volunteers including disaster management volunteers and municipal workers (excluding HCWs), prison staff, revenue officials engaged in containment and surveillance activities etc." (GoI 2020) . The Municipal workers were further defined as "all workers who were engaged in providing any form of public health, sanitation and waste management services for the city or town" (GoI 2020).

FIGURE 1: Health, Frontline and Municipal worker categories, as depicted in the MoHFW's Operational Guidelines for COVID-19 vaccination



[9] National Expert Group on Vaccine Administration

Frontline workers are personnel from following departments



At the outset, the above-described lists and definitions were principally in line with other countries. While many of them, such as Spain, Germany or Australia opted to list their prioritized group, others like the United States of America chose to define their divisions before listing workers within those definitions. India opted for both these scenarios, but nothing about their approach was atypical. They had accounted for the obvious workers in healthcare and security personnel, alongside at-risk groups in terms of their age and medical condition. On a surface level, one could argue that the state had responded as well as most other administrations. That being said, the purpose of this paper is not to study relative acknowledgement. Instead, it is to measure the Indian state's capacity to commend its grassroots cadre. This meant pinning down all those frontline workers who were at risk of work-related exposure to the Covid-19 virus.

Within that framework, there is no denying that the union government's guideline had missed out on several employees. We are going to divide those exclusions into two categories. The first one includes those who played a role in containing this deadly disease, while the second group entails those who made sure that the Indian state was functional in other avenues. For instance, the firefighters belong to the first group. They played a massive role in disinfecting hospitals, railway stations, public institutions and other such sites of value (The Hindu 2020; TOI 2020). The same was also true for oxygen plant employees and postal workers. While the former was fundamental to distributing oxygen cylinders and concentrators, the latter ensured delivery of lifesaving medicines, PPE kits, pensions, test samples, cash to DBT (Direct Benefit Transfer) beneficiaries and much more. (Mishra 2020; Agarwal 2020).

Conversely, an electricity department employee did not play a direct role in containing this crisis, but they ensured regular power supply to hospitals, oxygen plants and other essential institutions. Later on, they also worked in tandem with the fire department to ensure that all of the country's overstressed hospitals were no safety hazards. The crisis had led to an increase in hospital fires[10]. As a result, the electrical inspector's audit, alongside that of the fire safety officer proved to be an essential service. The pandemic-induced lockdown had also led to an increase in hunting, poaching, and illegal trade (Variyar 2020; Mungi & Kumar 2021). The forest guards, as a result, had to be more vigilant and work extra hours to protect the country's wildlife. The same was also true for transport corporation employees, who, despite having no covid commitments, had worked day and night to bring back migrant workers.

Both these groups, therefore, comprised of essential workers in this crisis. They differed in the nature of their duties, but that was not enough to argue that one was more important than the other. Yet, when it came to their vaccination policy, the union government had only prioritised the former of the two groups. A revenue worker may or may not be eligible, but "revenue officials engaged in containment and surveillance activities" were very much included. The union government's rationale for selection was not based on the risk workers carried. Instead, when it came to non-healthcare staff, they only accounted for cadres involved in trying to contain this crisis. In such a context, I would assert that the first group of workers were all anomalies in getting excluded.

Nothing about their service informed us that they did not meet the state's criteria. Moreover, it was also not a situation wherein the union government was unaware of their service. When the union government launched a dashboard titled "covid warriors" in April 2020, they did not just account for the workers listed above. They also honoured their 2,71,082 postal and 49,972 fire service employees. The government did consider both these cadres to be frontline warriors, despite excluding them from their prioritised list. Therefore, the state may have had individual rationale to justify exclusions in the first group, but it was not a result of them having no covid responsibilities.

In contrast, the government unanimously dismissed the second set of workers because they had little to no role in fighting this pandemic. They were still crucial to running the everyday state but had a limited role in actively curbing this health crisis. Some would justify this by arguing that when compared to the people on the centre's list, these workers were not as exposed to the virus. That may apply to some remote workers but it was simply not true for cadres with active field-level duties. If veterinary employees were asked to visit every livestock owner to vaccinate their cattle for foot-and-mouth disease without being vaccinated themselves, they were as exposed to the virus as any member of the police or a municipal corporation[11]. The fact that 700 animal husbandry officials tested positive in Maharashtra alone while on duty was proof that these groups of workers were as vulnerable as the ones listed by the union government (PTI 2021).

---

[10] Prior to the pandemic, most hospitals were never capped to their full potential. Therefore, the buildings were not equipped to handle such load, which then led to overload, electrical shortages etc.

[11] The Rajasthan Government had asked them to do this before November 2020, but it is unclear if the workers actually did it. The point, either way, is in relation to the state's expectation and how it contradicts with their own actions.

Nevertheless, when it came to their non-covid responsibilities, the state simply failed to recognize these workers, even when they presumed their service. To give an example, parts of North East India, in addition to the pandemic, had to also deal with bouts of African Swine Fever (ASF), bird and Swine flu (PTI 2021; Mahapatra et al. 2021). All three of them had the potential to be highly contagious. As a result, they required livestock/meat inspectors, veterinary employees, and forest guards/rangers (for wild pigs) to work with cattle owners to contain its spread. The cadres involved had to identify infected farms, put them in quarantine, cull the population if needed, dispose of their carcasses and decontaminate those areas. These were all essential tasks, and the state expected their workers to do all of them, even when they were not prioritized for vaccination.

Likewise, the Uttar Pradesh government deployed primary school teachers and staff members to help conduct local body elections in April 2021. They were all assigned polling duty across the state, even though none of them were vaccinated. Despite requests by the teacher's union to postpone these elections and prioritise them for vaccination, the administration stood its ground and ignored all their appeals (Pandey 2021; Gupta 2021). In doing that, the state established that while elections were important enough that they could not be postponed, the same level of significance was not bestowed on the teachers deployed to conduct them. The workers, therefore, had no choice but to submit to their instructions. As a result, more than 500 teachers and staff members died due to a Covid-19 infection (ibid.). To summarize, workers with non-covid responsibilities were not only performing important tasks but were also risking their lives doing them. Yet, the vaccination policy had unanimously dismissed them from their definition of a frontline worker.

1.2 ADDITIONS, RESPONSE AND REJECTIONS

The Uttar Pradesh government did not just fail lekhpals because they were not proactive in offering their cadre an adequate allowance. They also fell through because they did nothing about it, even when their union demanded it. In a similar vein, state failure in this pandemic cannot be explained only through the union government's selective definitions. It also needs to account for their response when it came to the different actors who opposed their listing. The use of the words "different actors" here is deliberate because, unlike other worker-centric protests, the demand for an expansive list was not limited to their unions. The operational guideline also saw an equally strong reaction from certain state governments, departments and ministries.

For instance, Somesh Kumar, Telangana's Chief Secretary, immediately urged Rajiv Gauba, the Union Cabinet Secretary, to include Panchayati raj workers in their list of prioritised cadres[12] (The Hindu 2021). Likewise, Jishnu Baruah, Assam's Chief Secretary, made a plea to the union government to add "journalists, teachers and everyone in the police department". Even the country's Finance Ministry wrote a letter to the Health Ministry and the Ministry of Home Affairs, requesting them to consider priority vaccination for

[12] The Panchayati Raj Workers are a slightly complicated cadre to place in this discussion. They were not a part of the original list, which was surprising since their urban counterparts were a part of that list. But, later on, around May 2021, when the Supreme Court of India would intervene and ask them their position in regard to vaccinating Panchayati Raj workers, the centre would claim that they had prioritised them since the beginning.

"bankers and employees of the National Payments Corp. of India (NPCI)" (Ghosh & Leo 2021). Eventually, when the centre failed to consider any of their requests, a small number of state governments even took matters into their own hands as they began expanding on the original list.

The Odisha Government, in a series of letters dated 30th March, 4th May and 13th May 2021, incorporated 27 new workers to their list; including but not limited to electricity workers, railway staff, forest officials, banking staff, journalists, oxygen plant employees and livestock inspectors (2021). Similarly, the Chhattisgarh government expanded their list to include lawyers, journalists, anganwadi workers, mitanins, PDS shop owners, kotwar, state PSU employees and much more (PTI May 2021). The Goan cabinet approved priority for all state and union government employees, as certified by their respective heads of departments (2021). Following pressure from the workers and the public alike, Kerala's administration embraced 32 new workers to the list. This would include judicial officers, field workers of the Meteorology Department, field workers of Metro rail, ambulance drivers, bank employees, Air India field officers, police trainees etc[13] (ANI 2021).

While unique to this situation, their response itself was not surprising. After all, most of India's ground-level bureaucracy had always been within the purview of their respective state administration. They were warier of their service and its significance to running the everyday state. They were also the ones accountable for these non-covid responsibilities. In revisiting the last section, it was the Rajasthan government who asked their veterinary employees to vaccinate all cattle. Likewise, the Uttar Pradesh government deployed its teachers on election duty. The states, in short, were stuck in a situation wherein they had no say in drafting the prioritised list, but at the same time, also had these commitments wherein they required these excluded workers to perform. As a result, some stuck to the list, while others chose to stand up for more workers.

Ideally, the centre should either have let them formulate their own lists or they should have come together to draft a catalogue of workers, that covered all local, national, covid and non-covid commitments. In either of those scenarios, it was imperative for both tiers of the Indian government to work together in tandem. But instead, the government of India chose to disregard their spirit of cooperative federalism, as they approved a list without consulting anyone from their state governments (Agrawal 2020; Burman 2020). Consequently, the states had to work with a list they had no say in, while also dealing with the legitimate demands of their employees, who they needed to run their administration. In such a context, it was not surprising that some states chose to prioritise more workers.

Unfortunately, the centre did not respond well to these additions. While they opted to ignore worker demands and protests, they could not do the same with their state counterparts. Accordingly, in a letter to all chief secretaries of states and union territories, dated 15th May 2021, Union Health Secretary Rajesh Bhushan warned all state governments from adding any more cadres to the existing list of prioritised workers. He claimed that "the FLWs categories and their definition ha[d] been very clearly communicated

[13] It is worth noting that only a few states opted to react in this manner. There were others who had completely backed the union government's listing.

by the Ministry of Health and Family Welfare (MoHFW) and no change in the categories of FLWS and their definition ha[d] been made by the Government of India" (PTI 2021). Therefore, if the states chose to vaccinate any more workers, they would have had to procure their own doses[14].

Rather than expanding on their lists to include cadres they had previously ignored, the union government doubled down on their definitions. In doing so, they made it evident that they never planned on including anyone but their healthcare workers and a few other obvious cadres. The strong reactions from state governments or departments did not matter because their definitions were not drafted with the principle to include all at-risk workers. Even when they had access to a much larger stock of vaccine doses, their list of prioritised workers remained the same. Their conceptualization only had space for corona warriors.

Their definition of a frontline worker was always contextual to this crisis[15], but even within that context, they missed out on many people who were equally at risk of being infected. This essay began with the assumption that the pandemic had forced the Indian state to celebrate its frontline workers. Unlike before, the risk taken by these cadres was so high that the government could no longer ignore their public service. While this was true on some level, the exclusions in this policy inform us that the state most certainly did not account for many of their field-level workers. Their capabilities, by choice or otherwise, were limited to those who fit their perception of fighting this deadly virus.

2.1 BEYOND THE TITLE

When going through the different sets of union letters[16] requesting the status of a frontline worker, a note that caught my attention was that of the Maharashtra State Pharmacy Council (2021). The letter was addressed to the Ministry of Health & Family Welfare, wherein they argued that pharmacists should be given precedence in matters of vaccination. The council claimed that they had "rendered tireless service" in this pandemic and even referenced the covid warrior dashboard to submit that the state had accepted them as corona warriors. Accordingly, they maintained that the centre should treat them as "true warriors" by enlisting them to get vaccinated in advance.

While nothing about their approach was unusual, the demand itself came as a surprise because in going back to the operational guideline, all pharmacists, private and government, were listed under "paramedical

---

[14] Under the National COVID vaccination programme, Govt. of India was the only party responsible for acquiring vaccines. This changed, as of 1st May 2021, when the liberalised pricing and accelerated national covid-19 vaccination strategy became effective. As per the new plan, vaccine manufacturers would supply 50% of their monthly doses to the Union Government. The remaining 50% will be divided among State Governments and Private companies. The assumption was that the Govt. of India's supply would strictly be reserved for healthcare workers, frontline workers and people above the age of 45 years (2021). The state and the private sector would take care of everyone else, including all the workers not mentioned in their list. Under this policy, the centre was justified in their letter since they never planned on vaccinating all their employees. This would once again change in June 2021, wherein following a supreme court intervention, the centre had to once again take charge of all vaccine procurement.

[15] This is to say that the title, in this crisis, never had intentions to include all their frontline workers. For instance, a lighthouse keeper is a frontline worker but because their everyday work involves little to no human interaction, they would never be called one in this pandemic.

[16] Since the title had material value in this crisis, many worker unions had written letters requesting their government to offer them the title of a frontline worker.

staff". Yet, the cadre had to write letters to the health ministry to get prioritised for vaccination. Despite being listed, no state, except for Goa had considered them to be healthcare workers[17].

The focus, till now, was mostly on cadres who deserved the status but for different reasons, had not been accepted. Consequently, the discussion we have not had was about those who did get recognized as frontline or corona warriors. The above-described example helps us begin that conversation. It highlights that when studying recognition in public service, being eligible is only one-half of the process. A longer, often much harder second half is being able to avail those benefits. For that reason, it is important to move beyond the title and analyse the aftermath of being identified in this crisis.

A closer look at the country's life and health insurance schemes will help us begin that analysis. Outside of the state's vaccination strategy, the two most important policies in question were their insurance packages. While one promised health coverage, the other ensured financial security for the worker's family, if the worst was to happen. Consequently, they were important to study in general but they were more so for our essay since they entail a long claim-making process. Unlike vaccination, both these schemes involved a whole lot of additional steps that a worker would have to keep in mind if they hoped to avail their benefits. The subsequent sections will make note of those steps to try and explain the exclusions that came up, even when the worker was an acknowledged beneficiary.

2.2 LIFE INSURANCE & EX-GRATIA

On 30th March 2020, the Govt. of India announced the "Pradhan Mantri Garib Kalyan Package," an accidental life insurance scheme for its healthcare workers. The package covered "loss of life due to Covid-19 and accidental death on account of Covid-19 duty" (MoHFW 2020). All healthcare cadresincluding community and private health workers, were eligible for a cover of Rs. 50 lakh under this scheme. No other frontline worker was eligible for this programme. Although, unlike with vaccination, the centre was much less rigid in matters of state involvement. Accordingly, many state governments went on to sanction their life insurance or ex-gratia schemes[18] .

For instance, Haryana introduced a new policy wherein all personnel, not covered by the central scheme, were assured some amount of payment. The doctors were guaranteed Rs. 50 lakh; nurses, police and security personnel Rs. 30 lakh; paramedics Rs. 20 lakh; class IV employees Rs. 10 lakh and every other government employee Rs. 1 lakh[19]. The Rajasthan government promised a package of Rs. 50 lakh to their patwaris, gram sewaks, constables and other employees, who were not protected by the PMGKP. Likewise, the state of Mizoram committed Rs. 20 lakh for all public servants, not governed by Central Civil Service

[17] I tried to get in touch with the council to understand why they had not cited the guideline to claim that they had also been recognized in the operational guideline. But unfortunately, I was unable to get a clear-cut answer.

[18] The primary difference being that ex-gratia payments are thought of as a favour, something that is at the discretion of the individual/ institution offering that payment.

[19] Later on, they changed their policy. After 8th June 2021, all of Haryana's government employees on covid-19 duty, including "regular, ad-hoc, temporary, work charged, daily wages, honorarium based and Guest teachers" were insured for a sum of Rs. 20 lakh. All other workers, who died due to covid-19 while working for the state were paid a sum of Rs. 5 lakh.

(Pension) Rules, 1972 and not covered by the PMGKP. Punjab and Odisha, on the other hand, insured all its covid warriors including those who were covered by the centre for a lump sum of Rs. 50 lakh.

At the same time, the West Bengal government promised a "death benefit" of Rs 10 lakh to a range of workers; including but not limited to all permanent, contractual or part-time employees of the health & family welfare department, conservancy staff of Urban development, State Police personnel, ICDS workers and chemists etc. While the states mentioned till now made efforts to cover a large group of workers, most others had emphasized on a select few cadres. In particular, they had doubled down on the centre's policy to focus on healthcare workers. The Govt. of NCT of Delhi approved an ex-gratia of Rs. 1 crore, but it was only meant for health care providers treating covid-19 patients. The same was also true for states like Andhra Pradesh and Nagaland, who only covered their healthcare workers.

In short, even with the involvement of state governments, it was not as if all frontline workers were covered under a life insurance package. Much like the vaccination narrative, there were a ton of exclusions. Depending on where you were situated, coupled with the nature of your cadre, a worker was either promised a lump sum or was completely dismissed by both tiers of the Indian government. The policy was plagued with subnational variations and a worker had to take note of all these differences if they hoped to understand their status. The difference in these schemes was not limited to their monetary promise or their criterion for eligibility. The claimants also had to account for other factors such as the tenure of each policy.

The state of Punjab may have passed an order promising Rs. 50 lakh to its beneficiaries, but the duration of that package was from April 1st 2020 to July 31st 2020. A second circular was released to extend this to 31st December 2020, before a final order (till now) was passed extending their scheme to 30th March 2021. Likewise, West Bengal's "special dispensation" was initially applicable till 15th May 2020. It got subsequent extensions but the last order in this regard was valid till 30th September 2020. This meant that after that date, a worker's family qualified to avail benefits would fail to claim them because the scheme was no longer active. A policy, therefore, could promise coverage to all its workers but it may still exclude many of them, simply because they lost their lives after the scheme's deadline.

So the first step to a successful application was making sure that their request was made before the tenure of that respective policy. Then, the beneficiary had to make sure that the worker's cadre was part of those packages. After that, the deceased worker's next of kin had to prove their time and cause of death. Since most policies were only applicable in case of covid-related deaths, the claimant had to produce documents that confirmed the nature of a worker's demise. Additionally, they also had to prove that the worker died or was infected while on active covid duty. To better understand this, we will look at all required papers for the Pradhan Mantri Garib Kalyan package.

In addition to their basic form, each beneficiary had to produce "an identity proof of the deceased; an identity proof of the claimant; a proof of relationship between the two; a laboratory report certifying a positive test for Covid-19; a death summary drafted by their respective hospital; an original death

certificate and finally, a document sanctioned by the worker's employer to prove that their institution had deployed them to take care of Covid-19 patients" (GoI 2020). In case the request was made by relatives of a community health worker (ASHAs), the employer's certificate had to come from the Medical Officer, supervising their Primary Health Centre. In case the worker in question was a private doctor, the beneficiary also had to prove that the union or the state government had called them for their service.

If a beneficiary failed to produce any one of these certificates, or if their documents were not convincing enough, the state could simply dismiss their application. In fact, they had done so with multiple workers. In *B. Varalakshmi v. The Secretary to Government of India and Ors.*, the petitioner, who was the wife of a deceased medical practitioner, claimed that the state had wrongly denied her insurance coverage (2021). She argued that her husband, who was a retired civil surgeon, had been treating Covid-19 patients till the day he started feeling sick. Following that, he was rushed to a hospital, wherein his condition was so severe that the doctors skipped the R.T.P.C.R test to directly conduct a CT-Chest Covid Screening Test. His results came back positive but despite their best efforts, the husband passed away. She then tried to apply for the central insurance package but her application was declined because the lab report required was an R.T.P.C.R test.[20]

In *Kiran Bhaskar Surgade v. Director, Health Department, Government of Maharashtra and Ors*, the deceased worker in question was a private doctor[21] (2020). Hence, the claimant was expected to submit a document that proved her husband's requisitionary status. The document she offered was a Navi Mumbai Municipal Corporation notice, which had asked the doctor to open up his dispensary. She claimed that following the notice, her husband had begun taking in patients, which then led to him falling prey to this deadly disease. The government, unfortunately, dismissed her application because they were not convinced by the NMMC notice. They argued that the order had simply instructed the doctor to restart his clinic. It had not asked him to take in covid-19 patients. Therefore, there was no reason to assume that the worker in question was called upon to contain this crisis[22].

The same logic was also used by the Delhi government in *Pooja vs State Of GNCT Of Delhi & Ors* to dismiss two police officers who had died of covid while on field duty. The state justified its rejection of the officers by claiming that since these police officers were not posted in hospitals, they did not fit the criterion of active covid duty. It was not enough that the constable was on duty, patrolling his jurisdiction to ensure curfew. The government argued that for them to be active, a worker had to be posted in a hospital[23] (Thapliyal 2022). In short, the Delhi government made use of the same principle used by the centre to deny vaccine priority to reject life insurance applications. The rationale in that scheme became a technicality in their policy to deny eligible workers their insurance coverage.

[20] The Madras High Court ruled in her favour. That, however, doesn't change the fact that the state had dismissed them on this technicality

[21] I understand that the example in this case is that of a private doctor but the point being made here is more in relation with how the process was more important than the purpose.

[22] The Bombay High Court ruled in favour of the state. The claimant then moved to the Supreme Court. While there is no update on the verdict, the Court has raised questions regarding the need for a proof of requisition.

These examples illustrate that the Indian government, much like with its other welfare policies, had emphasised more on the process than its purpose. While it was not unusual to have checks and balances, especially considering the monetary value being dispersed, the problem with such expectations of evidence was that many rightful beneficiaries simply missed out on technicalities. The purpose of this section was to look at how technical these policies were while establishing the degree of knowledge that a worker would need to safely navigate them. As observed throughout the discussion, no scheme was designed with the worker in their mind.

Most administrations expected a deceased employee's next of kin to do a whole lot before they could apply to a particular scheme. Even then, there was no guarantee that their application would be approved. In such a context, it felt as if the government seemed more invested in dismissing the possibility of a false application than making sure that all rightful beneficiaries were awarded their promised payments. The policy was drafted in a manner, wherein there was no scope for bureaucratic flexibility. The documents had to be perfect for the worker's family to collect their benefits. A failure to do so either meant delays or instant dismissals.

2.3 HEALTH INSURANCE

A life insurance package, much like the vaccination policy, was about a single line of benefit. They were about one thing and that one thing only. While the former was about getting vaccinated, the latter was about getting insurance coverage. Yet, we observed in the last section that availing those payments could easily get complicated. These complications increase twofold when we get down to studying the country's health insurance policies. Unlike the schemes discussed till now, they were not about a single line of benefit. They entailed an array of interests ranging from medical procedures to nutrition to surgeries and much more. On top of that, they were also not a one-and-done policy. As long as an employee was within the scheme's financial ceiling, there was no limit on the number of times it could be used by their respective beneficiaries.

The process, therefore, was far more complex and required the worker to keep in mind even more things, when applying for their reimbursements or packages[24]. But, before we get to those complications, we will first need to make note of the different health schemes that were prevalent in the country. While the Central Government Health Scheme (CGHS) covered all union government employees[25], retirees and their respective dependents, the state government employees were reliant on their respective local policies to get insured. Much like life insurance policies, a state-level worker's benefits were dependent on their state of employment[26].

For instance, Karnataka offered its employees a cashless health programme in Jyothi Sanjeevini Scheme. As its beneficiary, any state government employee or their dependents were eligible for healthcare services,

[23] This rejection, by the way, came after Delhi's Chief Minister, Arvind Kejriwal had condoned the constable's death and promised his family ex-gratia in return.

[24] To clarify, even though health insurance policies had more complications, this was not to argue that it was easier to avail one over the other.

services, amounting to Rs 1.5 lakh per annum. Likewise, the Punjab Government offered coverage, up to Rs. 3 lakh, under their Punjab Government Employees Pensioners Health Insurance Scheme[27]. Other states, such as Kerala and Assam offered up to Rs 2 and 3 lakh per annum respectively, with the former of the 2 states even approving an additional Rs 6 lakh for critical ailments.

These variations across policy were not limited to a scheme's financial ceiling. States also differed in their eligibility criterion. While many only covered their personnel, Punjab and Kerala also accounted for All India service officers, stationed in their respective states. While most also covered pensioners, Karnataka's policy did not account for them. In some instances, the workers were not even covered through an exclusive policy. To give an example, class 3 and class 4 employees in Gujarat were insured through the Mukhyamantri Amrutam "MA" & "MA Vatsalya" Yojana, a scheme that was prominently meant to protect below poverty line or lower-income families in the state. While some were cashless schemes, others required the worker to go through a process of reimbursement.

In short, a beneficiary had to keep all this in mind, if they wanted to adequately use and understand their policy. It was not enough to know that a scheme offered medical treatment. It was also equally important to understand the nature of the treatment being offered. For instance, all CGHS beneficiaries were eligible for covid-related treatment in any of their govt. or empanelled hospitals (2020). Most services in government hospitals/CGHS clinics were either free or could be reimbursed. In the case of empanelled hospitals, the workers had to pay a subsidised rate, which was then reimbursed in case of an emergency[28]. This rate varied from state to state and in some cases, hospital to hospital[29]. When admitted, a beneficiary was placed in an isolation ward till their test results came back. Following that, they were either moved to a general ward, wherein normal CGHS rates applied, or to Covid wards, wherein prescribed rates applied.

Additionally, no empanelled hospital could refuse treatment to a CGHS beneficiary. As per the office memorandum dated 22nd December 2020, even in situations where the hospital had no more beds, they must still ensure "necessary treatment to stabilize the patient and transport" them to the nearest empanelled hospital for further care. In case of home quarantine, the patient was eligible for Telemedicine service through the e-Sanjivani portal. While they were reimbursed for essential medicine bought during their home quarantine, this did not include Remdesivir or Tocilizumab. Those were only reserved for hospitalised patients. With the approval of a senior physician, beneficiaries could also purchase a nebuliser, for up to Rs. 3000. They were also reimbursed for one pulse oximeter per family, for up to Rs. 1200. As per the new Provident Fund rules, they were entitled to a medical advance of Rs. 1 lakh without documentation, in case of "emergency hospitalization on account of serious life-threatening illness including Covid-19". If vaccinated at a government hospital, the beneficiary was reimbursed while for private hospitals, they were charged Rs 250 per dose.

---

[25] The scheme does not cover people employed in defense and railway departments.

[26] It is worth reiterating that most health insurance packages covered all government employees. It doesn't matter in our case because they still include frontline workers.

[27] In a situation where the 3 lakh gets exhausted, "coverage of the family shall be met through the Buffer Sum Insured of Rs 25 Crore available to each and every beneficiary of the group, on group floater basis, to be maintained by the Insurance Company" (PGEPHIS).

[28] They need to produce an emergency certificate, an invoice with a breakup amount and a discharge summary to avail reimbursement. They can also avail reimbursement in non-emergency situations, but that requires an approval in advance.

[29] In states where rates had yet to be fixed, CGHS has declared that they will be charged the rates applicable in Delhi (Chandana 2020).

The scheme, therefore, did offer a wide range of benefits. That being said, if a beneficiary wanted to use all of it, they had to keep track of all the different circulars that explained those particular benefits. None of these decisions were made together and some were even released after long intervals. As an example, the circular on a medical advance was published in June 2021, while some of the early orders on availing medicines came out in June 2020. Some clarifications, such as the one on vaccination reimbursement, were a result of grievances filed by union government employees. This meant that many workers had to work with no information or misinformation on certain treatments/ medication till a clarifying circular was approved. While this was understandable since most policy decisions in moments of crisis were dynamic and ever-evolving, it also led to moments of uncertainty and confusion for many of its beneficiaries.

In fact, when I enquired details regarding the reimbursement policy in empanelled hospitals, many union government employees and retirees were confused or misinformed. Some claimed that there was no reimbursement while others would inform me otherwise. Eventually, I had to get in touch with a CGHS employee to fully understand their protocol. Details matter in a health insurance scheme. Therefore, it is very important that the government effectively communicates those details. The problem with CGHS lay in the fact that there were many circulars and no protocol to better navigate their orders. At the very least, they could have published all these notifications in one place. It was unfair to expect a worker who got sick risking their life on duty to also try and figure out multiple sets of government circulars[30].

This problem in question was even more pronounced in case of state-level notifications. When compared to CGHS, state government orders were often less clear, covered a much smaller mandate and were frequently vague in terms of crucial information. For instance, the Mizoram government, as per a notification dated 9th September 2020, ensured "free treatment" for all non-permanent frontline workers on covid-19 duty (2020). But, the order never elaborated on what was covered, or who a frontline worker was, within this promise of "free treatment"[31]. To their credit, they did release a subsequent circular on 29th July 2021 to clarify these details but it doesn't change the fact that workers had to rely on an unclear circular for almost an entire year (2021). Moreover, even with this notification, the workers did have to look up other documents to take note of what entailed within Mizoram's standard norms of covid treatment.

Most state governments had a smaller mandate, fewer notifications, and were often drafted with minimal clarity. As a result, the lack of information was much more prominent in these orders, forcing people to interpret or assume benefits/limitations. To give another example, Tamil Nadu government employees were guaranteed medical treatment under their New health insurance scheme. The state published an order on 24th June 2020, wherein they laid out their existing package rates for critical and non-critical covid care (2020). Unfortunately, the state had only listed out details for non-critical care in individual rooms, and not general wards. The workers, as a result, assumed that their reimbursement for the general ward admission would be the same as an individual room admission (Rs. 7500 per day).

[30] Now, some could argue that the circular may offer less information, but these workers will have access to informal networks that guide them. While that may be true, the criticism here still stands because the state should not depend on such networks. Instead, they should ensure that their own documents are readily available so that anyone in the system can easily access them, without relying on other people.

[31] This is even more confusing than the previous example since reimbursement in AP is through an existing scheme, so one is aware of the general benefits of that package. In Mizoram's case, all that is promised is free treatment. There is no mention of a scheme.

But, the insurance agency only paid them Rs. 5000 per day. As a result, the Tamil Nadu Government Employees Association complained claiming that they were not being adequately reimbursed (Hindu correspondent 2021. The insurance agency, in response, argued that they could not use the June notification because it did not have any rates for general wards. Instead, they chose to use a different circular that could account for general wards[32]. The problem, however, was that the order they cited was a whole different scheme; the Chief Minister's Comprehensive Health Insurance Scheme[33](2021. In short, the circular cited by the workers had the right scheme but the wrong room. The one cited by the agency had the wrong scheme but the right room. A single moment of obscurity on the part of the state led to a whole range of frustrations and pointless delays.

In certain situations, this confusion and lack of communication also resulted in the dismissal of a worker's reimbursement application. In *Isabella Booma vs The Principal Secretary*, the petitioner was a government worker whose health insurance application was denied by the Tamil Nadu Government. Her husband had been diagnosed with covid and she had spent a total of Rs. 8 lakh, to get him treated for the same. Unfortunately, she did not read the policy's limitations before admitting him, because she put him up for non-critical care in a non-empanelled hospital. The National Health insurance scheme did not cover non-critical care in such hospitals. As a result, the state government denied her application.

The state, therefore, not only lacked clarity but was also rigid with its conditions. Most of them paid no attention to easing the claim-making process for their workers. This lack of effort is made most obvious when we take note of how little some administrations did to make their process far more lucid. The Rajasthan government, for instance, passed an order on 27th May 2021 titled "Simplification of procedure for treatment and reimbursement related to COVID -19 infections under Rajasthan Civil Services (Medical Attendance) Rules, 2013". The 3-page document essentially served as a collated government order that lists details regarding different forms of covid-related treatment. It clarified information on testing, home quarantine, medicines, specialised investigations, telemedicine service and food supplements.

The document was not without its problems, but it still was a major step in the right direction. At the very least, the state understood that reading through multiple orders, on top of their medical attendance rules was unnecessary. Likewise, few administrations like Tamil Nadu or Uttar Pradesh also acknowledged that a beneficiary should ideally not have to deal with a hospital in this moment of crisis. As a result, they offered their workers cashless insurance, wherein the state dealt directly with the hospitals. Now, this too had its implementation woes, wherein private hospitals would refuse admission to many cashless policy beneficiaries, but the point being made here is that there were ways in which all administrations could have made the process far more accessible (2021).

These steps matter, as much as the policy itself because it informs the worker that the government was invested in helping them avail their rightful benefits. A lack of which, as we saw with life or health insurance schemes, indicates that the government is more invested in dismissing applications,

[32] The use of the word could here is deliberate. It was not a case where this particular case had a fixed rate for general wards. Instead, it had one rate that applied to any form of non-critical care. Therefore, you could justify it as also applying to the general ward.

[33] CMCHIS is a mass insurance scheme for all residents of Tamil Nadu whose annual income is less than Rs. 72,000/-

as opposed to ensuring that all potential beneficiaries can avail their packages. To reiterate, all state-approved acknowledgement was incomplete in this pandemic if it failed to account for such procedural woes and obstacles. It was not enough to include cadres in their policy. It was equally important to make sure that such schemes were drafted with the intention to make them as accessible to the worker as possible.

CONCLUSION: BEYOND THE PANDEMIC

In his essay titled "Portrait of an Inessential Government Worker," Michael Lewis narrates the story of Art Allen, the only Oceanographer in the US Coast Guard's Search and Rescue Division. Throughout his career, Allen managed to build gadgets that could measure ocean currents and winds; experimented with "63 classes of objects" to study the nature of their drift; took the lead in drafting a new protocol that mapped probabilities to better allocate "search resources" and much more (2019). In this process, he became a central figure in the department, and a go-to worker when it came to the coast guard's search and rescue missions. Lewis describes multiple instances where his research and on-ground intellect proved to play a major role in saving someone's life. Unsurprisingly, he was also nominated for SAMMIES in 2019, a public service award that celebrates excellence in the federal government. To summarise, it seemed as if his work was not just influential but was also acknowledged.

Yet, a few months prior to this nomination, when the American state had announced a 35-day government shutdown, Allen was asked to go home since his work was deemed to be a non-essential operation. Much like with immigration court judges, food safety inspectors and many more, the lone oceanographer was simply told that his public service was not essential. In a matter of 3 months, the state that furloughed Allen by claiming that he did not fit the definition of an "employee who is performing emergency work involving the safety of human life", would also celebrate him for having saved thousands of human lives.

While a 35-day government shutdown is no global pandemic, Allen's example illustrates that the observations made in this essay are neither exclusive to the Covid-19 crisis nor the Indian state. In all these examples, the state had failed their employees. The country's vaccination policy had exclusions because the union government had ignored cadres with crucial but non-covid responsibilities. In doing so, they missed out on all workers who had no role in containing this crisis but were massive when it came to ensuring electricity, mail, transport and so on. Likewise, the state government's failure to effectively communicate their policies or their approach to rejecting beneficiaries on technicalities was a consequence of drafting policies that did not keep the worker and their context in mind.

Be it the police constable whose duty was not considered active for insurance coverage, the teachers who were important to conduct elections but not enough to get vaccinated, or Arthur Allen, the state had made all of them feel ignored and unheard. Even when the administration had intended to celebrate their frontline workers, they were met with exclusions and dismissals that resulted in suspensions, financial loss and deaths. The question that then remains is how does one bring forth

change in this dynamic? It is evident that while political intent is crucial to any reform in this context, it is far from enough if a government truly hopes to protect, motivate and insure its workers.

To do that, the state needs to consistently invest in its frontline workers. The word invest here is not limited to financial inputs. While additional capital is a part of that conversation, the effort I refer to in that statement has more to do with policy discussions, procedural clarity and service acknowledgement. As mentioned earlier, before this crisis, the Indian state had rarely used the term frontline worker. They had never had a collective understanding of workers who were the first line of India's bureaucracy. This meant that they had rarely made efforts to understand and value their public service.

Once again, they may discuss individual cadres because of their sectoral significance but the state has never invested in a vision/plan for the collective that is frontline workers. It is only when they do that on a regular basis, that we can expect them to be capable of effectively utilising and acknowledging their workers, be it in a pandemic or otherwise. To list who is inessential, both Indian and American governments had to understand and value the routine responsibilities of a frontline cadre. They had to examine the consequences of what happens when they shut down the services offered by each and every cadre. With India, they also had to account for an additional step, wherein they should have examined the repercussions of valuing a worker's service while dismissing the risk they carried on duty.

It is only when a state values the everyday service and fieldwork of a food safety inspector or a fireman that they will have the capacity to define them as essential or inessential. It is only then that they can measure the risk carried on by each cadre, which is crucial for policies on insurance coverage and monetary benefits. Moreover, consistent investment in the worker as a collective is also how the state can rectify problems of effective communication. Understanding their service and the policies that affect them is key to offering procedural clarifications on all policies that promise them benefits. While the monetary value assigned in this crisis to each package was unique to this moment, the act of availing insurance coverage was not a new process. If the Indian government had invested in better ways to collate information or communicate those details to their workers, it could have made things simpler for many of their workers.

There is no denying that the Indian government had made efforts to protect, insure and motivate their workers, but the absence of long-term investment meant that they were bound to have exclusions and dismissals. The move forward is to keep this sense of acknowledgement for these cadres alive, because to reform the state's relationship with its frontline workers, the bare minimum that it needs to do is to value its workers and their service, not just as individuals but as a collective that represents them and their policies on the ground.

BIBLIOGRAPHY

Administrative Reforms Commission. (1966). Interim report of the Administrative Reforms Commission on problems of Redress of Citizens Grievances.

Agarwal, Priyangi (2020, August 17th). How the pandemic brought the postman back. *Times of India*. https://timesofindia.indiatimes.com/india/how-the-pandemic-brought-the-postman-back/articleshow/77585633.cms

Agrawal, P. (2020). COVID-19 and dwindling Indian federalism. *Economic and Political Weekly*, 55(26-27), 14-16.

ANI (2020, April 12th). Mumbai fire department uses mist blowing machine to disinfect Dharavi, amid rising COVID-19 cases. *Times of India*. https://timesofindia.indiatimes.com/city/mumbai/mumbai-fire-department-uses-mist-blowing-machine-to-disinfect-dharavi-amid-rising-covid-19-cases/articleshow/75108983.cms

ANI (2021, June 03rd). Kerala adds 11 more categories in priority group for Covid-19 vaccination. *Hindustan Times*. https://www.hindustantimes.com/india-news/kerala-adds-11-more-categories-in-priority-group-for-covid-19-vaccination-101622689988232.html

Australian Government (2021). Priority groups for COVID-19 Vaccination Program: Phase 1B. https://www.health.gov.au/sites/default/files/documents/2021/03/priority-groups-for-covid-19-vaccination-program-phase-1b_1.pdf

B. Varalakshmi v. The Secretary to Government of India and Ors.,W.P.(MD) No.7997 of 2021 (Madras High Court 15th June 2021). https://indiankanoon.org/doc/2541510/

Bajaj Finance Markets. Jyothi Sanjeevini Scheme Details. https://www.bajajfinservmarkets.in/insurance/health-insurance/jyothi-sanjeevini-scheme.html

Burman, A. (2020). How COVID-19 is changing Indian federalism. *Carnegie India*, July, 28.

Centers for Disease Control and Prevention (2021) Interim List of Categories of Essential Workers Mapped to Standardized Industry Codes and Titles. https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html

Chandana, Himani (2020). CGHS patients to pay Delhi rates for Covid treatment at private hospitals until states decide. *The Print*. https://theprint.in/health/cghs-patients-to-pay-delhi-rates-for-covid-treatment-at-private-hospitals-until-states-decide/459059/

Dash, Sanchita (2022, March 22nd). Spectacular images show how millions of Indians clapped and banged utensils following Modi's coronavirus message. *Business Insider*. https://www.businessinsider.in/india/news/images-show-how-millions-of-indians-clapped-and-banged-utensils-following-modis-coronavirus-message/articleshow/74760412.cms

Employees Provident Fund Organization (2021). Medical advance without documentation in cases of emergency hospitalization on account of serious life-threatening illness including Covid reg. *Ministry of Labour* & Employment. https://www.epfindia.gov.in/site_docs/PDFs/Circulars/Y2021-2022/HRM8_MedicalAdvance_470.pdf

Government of Goa (2021, May 7th). Notification Public Health. https://www.goa.gov.in/wp-content/uploads/2021/05/Notification-Public-Health-Dt-07-05-2021.pdf

Government of Haryana (2021). Arrangement for Employees. https://haryanacmoffice.gov.in/arrangements-employees

Government of Haryana (2021). Awarding Special ex-gratia grant/Special Compassionate Financial Assistance to the families of Corona Warriors and employees who expire due to Covid disease. *General Administration Department*. http://csharyana.gov.in/WriteReadData/Notifications%20&%20Orders/General%20Services-II/12010.pdf

Government of India (2020). Covid Warriors. https://covidwarriors.gov.in/

Government of Kerala. Medical Insurance for State Employees and Pensioners. https://medisep.kerala.gov.in/

Government of Mizoram (2020). Notification No.D-33011/21/2019-HFW (nCOV)/Vol.I/36. https://health.mizoram.gov.in/uploads/attachments/3698aba3efcb0585f3ad1a2ebb0c06e6/free-treatment-of-covid-19-patients.pdf

Government of Mizoram (2021). Notification No. D.33011/21/2021-HFW(nCOv)/Pt.1. https://health.mizoram.gov.in/uploads/attachments/460b8a534f7e3fc324abe9a5fd69ab88/posts-609-20210729-free-covid-treatment-neum-etc.pdf

Government of Mizoram (2021). Insurance for Frontline Workers for Covid-19. *Directorate of Information & Public Relations*. https://dipr.mizoram.gov.in/post/insurance-for-frontline-workers-for-covid-19

Government of NCT of Delhi (2020). Insurance/Ex-Gratia in r/o death of healthcare workers due to Covid-19. *Directorate General of Health Services*. https://rmlh.nic.in/WriteReadData/LINKS/insurance0e473d4c-7772-446d-8737-b96a705ff2f5.pdf

Government of Odisha (2020). Order. *Revenue and Disaster Management Department*. https://www.manupatrafast.com/covid_19/Odisha/Govt/Announcement%20of%20Rs%2050%20lakh%20coverage%20for%20employees%20who%20are%20on%20COVID19%20duty.pdf

Government of Odisha (2021, May 5th). Covid-19 Vaccination of additional categories of Frontline Workers (FLWs) – Reg. https://health.odisha.gov.in/pdf/COVID-19-Vaccination-additional-categories-Frontline-Workers-18052021.pdf

Government of Punjab (2020). Guidelines for Ex-Gratia Grant of Rs.50 Lakh for Dependant Members/ Legal Heirs of Govt. Employees, who Die on Duty While Fighting Against Covid-19.http://www.manupatrafast.in/covid_19/Punjab/Govt/Finance%20Department%20notifies%20guidelines%20ex%20Gratia%20grant%20of%20Rs%2050%20Lakh%20depen%20membersleg%20heirs%20Govt%20emp%20die%20duty%20while%20fighti%20agai%20covid19.pdf

Government of Rajasthan (2020). Corona Virus Ke liye Rajya Sarkar Ka Bada Faisla. http://www.manupatrafast.in/covid_19/Rajasthan/Govt/Rs%2050%20lakh%20aid%20to%20all%20categories%20of%20employees%20who%20lose%20their%20life%20to%20corona%20while%20on%20duty.pdf

Government of Rajasthan (2021). Simplification of procedure for treatment and reimbursement related to COVID -19. *Finance Department*. https://energy.rajasthan.gov.in/content/dam/raj/energy/corporate-one-lines-viewer/pdf/ordercirculars/FROrder/F&R%201409.pdf

Government of Tamil Nadu (2020). Inclusion of New Packages for treatment of Critical and Non-Critical care for COVID-19 positive cases covered under New Health Insurance Scheme for Employees and Pensioners – Payment to the private hospitals – Fixation of ceiling rates – Orders - Issued. *Department of Finance*. https://cms.tn.gov.in/sites/default/files/go/fin_e_280_2020.pdf

Government of Tamil Nadu (2020). Tamil Nadu Health Systems Project – Covid-19 – Inclusion of New Packages for treatments and testing of Covid-19 for beneficiaries under CMCHIS/General Public in empanelled private hospitals and labs – Payment to the private hospitals. *Health and Family Welfare Department*. https://www.cmchistn.com/covid/G.O(MS).240-1.pdf

Government of West Bengal (2020). Notification. *Health & Family Welfare Department*. https://www.wbhealth.gov.in/uploaded_files/corona/Order_28_7_2020.pdf

Gupta, Shivani (2021, May 24th). State-level workers' assocn of 100 govt depts claims at least 518 workers died of COVID after poll duty in UP. *Gaon Connection*. https://en.gaonconnection.com/covid-deaths-uttar-pradesh-panchayat-elections-teachers-workers-yogi-adityanath-compensation-second-wave/

Hota Committee. (2004). Committee on civil service reform.

Kalita, Kangkan (2020). Assam set to roll out new health scheme for 4.3 lakh govt. employees. *Times of India*. https://timesofindia.indiatimes.com/city/guwahati/assam-set-to-roll-out-new-health-scheme-for-4-3-lakh-govt-employees/articleshow/79705390.cms

Kingdon, G. G., & Teal, F. (2008). Teacher unions, teacher pay and student performance in India: A pupil fixed effects approach.

Kiran Aggarwal Committee. (2014). Report of the *Committee to Review the Content and Duration of Induction Training of IAS Officers*. Government of India.

Kiran Bhaskar Surgade v. Director, Health Department, Government of Maharashtra and Ors., Writ Petititon (L) NO. 93840 Of 2020 (High Court of judicature at Bombay 9th March 2021). https://indiankanoon.org/doc/43946639/

Krishnamachari, V. T., & Planning Commission. (1962). *Report on Indian and state administrative services and problems of district administration*. Planning Commission, Government of India, New Delhi.

Lewis, Michael (2019). Portrait of an Inessential Government Worker. *Bloomberg*. https://www.bloomberg.com/opinion/articles/2019-10-15/lifesaving-coast-guard-scientist-reflects-on-government-service

Mahapatra, Richard et al (2021, July 08th). African swine fever: Forgotten contagion. *Down to Earth*. https://www.downtoearth.org.in/news/food/african-swine-fever-forgotten-contagion-77850

Maharashtra State Pharmacy Council (2021 February 22nd). https://mspcindia.org/Download/Ltr_MOHW_COVID.pdf

Marathe, S., & Sreerekha's, O. M. (2017). State without Honour.

Mavalankar, D., Vora, K., & Sharma, B. (2010). The midwifery role of the auxiliary nurse midwife. *Health providers in India: On the frontlines of change*, 38-56.

Ministry of Health and Family Welfare (2020, December 28th). COVID-19 Vaccines: Operational Guidelines. https://www.mohfw.gov.in/pdf/COVID19VaccineOG111Chapter16.pdf

Ministry of Health and Family Welfare (2021). COVID-19 Vaccination: Health Care and Frontline Workers Guide to Covid-19 Vaccination Process. https://www.nccr.gov.in/sites/default/files/COVID19VaccinationGuide_0.pdf

Ministry of Health and Family Welfare (2021). Pradhan Mantri Garib Kalyan Package: Insurance Scheme for Health Workers Fighting COVID-19. https://www.mohfw.gov.in/pdf/FAQPradhanMantriGaribKalyanPackageInsuranceSchemeforHealthWorkersFightingCOVID19.pdf

Mishra, Lalatendu (2020, June 14th). Coronavirus | Despite odds, India Post ensures essential services during lockdown. *The Hindu*. https://www.thehindu.com/news/national/coronavirus-despite-odds-india-post-ensures-essential-services-during-lockdown/article31824172.ece

Mungi, Ninad Avinash & Kumar, Ujjwal (2021, 22nd June). Frontline forest workers: 'Heroes in the strife' of the COVID-19 lockdown. https://www.downtoearth.org.in/blog/wildlife-biodiversity/frontline-forest-workers-heroes-in-the-strife-of-the-covid-19-lockdown-77594

Pandey, Akhilesh (2021, June 14th). "Every day I was in fear": How the lives of UP's teachers were risked for an election. *The Caravan*. https://caravanmagazine.in/health/how-the-lives-of-up-teachers-were-risked-for-an-election

Press Trust of India (2021, May 9th). COVID-19 vaccination: Chhattisgarh expands frontline workers category. *Livemint*. https://www.livemint.com/news/india/covid19-vaccination-chhattisgarh-expands-frontline-worker-category-11620571363544.html

Press Trust of India (2021 May 15th). Adhere to approved categories of frontline workers for Covid vaccination: Centre to states. *The Economic Times*. https://economictimes.indiatimes.com/news/india/adhere-to-approved-categories-of-frontline-workers-for-covid-vaccination-centre-to-states/articleshow/82665028.cms?from=mdr

Press Trust of India (2020, December 8). Officer unions demand to include bankers as frontline COVID warriors for vaccination. *Economic Times*. https://economictimes.indiatimes.com/news/politics-and-nation/officer-unions-demand-to-include-bankers-as-frontline-covid-warriors-for-vaccination/articleshow/79624520.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

Press Trust of India (2021, May 31st). Covid-19: Maharashtra veterinarians demand status of frontline workers. *The Times of India*. http://timesofindia.indiatimes.com/articleshow/82605533.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

Press Trust of India (2021, July 14th). Nearly 39,000 Pigs Died in Assam Due to African Swine Fever in Last 18 Months. *News18*. https://www.news18.com/news/india/nearly-39000-pigs-died-in-assam-due-to-african-swine-fever-in-last-18-months-3963422.html

Second Administrative Reforms Commission. (2008). *Tenth Report: Refurbishing Personnel Administration* (No. 10; Second Administrative Reforms Commission Reports). Government of India.

Shayan Ghosh and Leroy Leo (2021, April 08th). Finance Ministry requests to prioritise vaccines for bankers, NPCI staff. *Livemint*. https://www.livemint.com/news/india/finance-ministry-requests-to-prioritise-vaccines-for-bankers-npci-staff-11617886570964.html

Siemens-Betriebskrankenkasse (2021). Covid-19 vaccinations: Information around the vaccination against the coronavirus SARS-CoV-2. https://www.sbk.org/sbk-en/advice/services/stay-healthy/vaccinations/covid-19-vaccinations/

Singh, A. P. (2017). Coping with work stress in police employees. *Journal of police and criminal psychology*, 32(3), 225-235.

Singh, M. P. (1989). Whither Indian Federalism: The Sarkaria Commission Report and Beyond. *Punjab Journal of Politics*, 13(1, 2), 17-31.

Staff Reporter (2020, April 4th). COVID-19 | Kerala fire services personnel emerge as mighty disinfectant squad. *The Hindu*. https://www.thehindu.com/news/national/kerala/firefighters-step-in-to-check-covid-19-spread/article31251620.ece?__cf_chl_captcha_tk__=pmd_kFP7H3u2QUR7JL8IhEASMkoSZfUWXPERnYUwdZGnLJM-1634272463-0-gqNtZGzNA1CjcnBszRNl

Surinder Nath Committee. (2003). Report of the Group Constituted to Review the System of Performance Appraisal, Promotion, Empanelment and Placement for the All India Services and other Group "A" Services (p. 64). Government of India. https://dopt.gov.in/executivesummary

Thapliyal, Nupur. Not Entitled To Ex Gratia Compensation If Deceased Not Deployed For Dedicated COVID 19 Duty: Delhi Govt Tells High Court. *LiveLaw.in* https://www.livelaw.in/news-updates/ex-gratia-compensation-deceased-deployed-dedicated-covid-19-duty-delhi-govt-high-court-191109

The Hindu (2021). TN government employees complain about low insurance amount paid for COVID-19 treatment. *The Hindu*. https://www.thehindu.com/news/national/tamil-nadu/tn-government-employees-complain-about-low-insurance-amount-paid-for-covid-19-treatment/article34449757.ece

The Hindu (2021). Private hospitals deny cashless treatment under CM's insurance scheme. *The Hindu*. https://www.thehindu.com/news/cities/Madurai/cm/article34607524.ece

The Hindu (2021, January 10th). 'Give priority to PR workers'. *The Hindu*. https://www.thehindu.com/news/cities/Hyderabad/give-priority-to-pr-workers/article33539918.ece

The Public Health Commission (2021). Strategy Covid-19 Vaccination. https://www.vacunacovid.gob.es/

Variyar, Purva (2020, April 20th). Protecting India's Forests in the Time of COVID. *Wildlife Conservation Trust*. https://www.wildlifeconservationtrust.org/protecting-indias-forests-in-the-time-of-covid/

Yugandhar Committee. (2003). *Report of the Committee to Review In-Service Training of the IAS officers*. Department of Personnel and Training, Government of India

STATE CAPACITY INITIATIVE

CENTRE FOR POLICY RESEARCH

DHARMA MARG, CHANAKYAPURI,
NEW DELHI – 110021 INDIA

TEL: +91 (11) 26872746 (4 LINES)
FAX: +91 (11) 26872746
cprindia@cprindia.org