



Fieldwork was conducted amongst factory workers- locals, inter-district and inter-state migrants. Being an auto parts factory, the main activity involved processing large metal sheets into auto parts, involving processes like searing, pressing, welding and assembly work.

Both factories did not have clinics inside the factory. There were first aid kits that were kept at the guards room at the entrance, from where workers could get medicines.

“you can hear it before you see it”

-field observation about the nature of work in the factory

This sub-study explored the work environment in an auto parts factory in Uttarakhand, in north India. Due to labour turnover issues in one factory, the study had to incorporate two factories, located close to each other as it's site(s).

These were tier-2 factories in the automobile value chain in a cluster focused on commercial segments and two-wheelers. Workers started coming to this cluster since mid 2000s.

Work rhythms were quite intense with 12 hour shift, daily targets and working on Sundays. Heat, noise, standing for long hours, injuries and cuts were shared as characteristic to the work environment in both the factories.



Migrant neighbourhoods

Migrant workers living in these neighbourhoods often share toilets, bathrooms and pay high rents for 8'8 ft rooms, where families of 4 or more live together. In most cases, workers rely on hand pumps for their drinking water.



First-line treatment

Pain killers, fever suppressants, antiseptic creams and bandages are the everyday recourse for body pain, flashing in the eye, fatigue and minor cuts on the skin at the factory.



Health ecology

An ESI pharmacy, 1 medical college, and atleast 50 private pharmacies surround the industrial township. Reliance on private medical service providers is high in this urban cluster.