

Manipur records first COVID-19 case

Lockdown in Northeast; Assam MLAs to donate salary for anti-virus fund

SPECIAL CORRESPONDENT
GUWAHATI/IMPHAL

Assam became the last of the eight northeastern States to go into lockdown mode on Tuesday after a 23-year-old woman from Manipur became the region's first to test positive for COVID-19 pandemic.

The woman was found infected with the virus on Tuesday morning following a medical examination conducted at a laboratory in Imphal's Jawaharlal Nehru Institute of Medical Sciences. Her parents, both college lecturers, and other family members have been quarantined with the police cordoning off the house.

Officials in Manipur said the woman, a student of biomedicine at Bristol University in United Kingdom, had arrived in Kolkata via Delhi on March 19. Her brother joined her in Kolkata from Atlanta, U.S. Both stayed in a hotel in Kolkata and arrived in Imphal on March 21 by a flight via Agartala, Tripura.



A girl buying surgical masks in Imphal. ■ FILE PHOTO

Last week, the Manipur government had made a list of 99 people who had arrived from various COVID-19-hit countries. The woman's name was not on the list.

Attended a wedding
"She fell sick on Monday and was admitted in the hospital. We have taken away 12 members of her family and others and kept them under close observation," said K. Rajo, the State's Director of Health. Reports suggest she had attended a wedding before she tested positive.

Later, Chief Minister N. Biren Singh took to social me-

dia requesting the people to shut themselves in for their own good. "I urge those who returned from foreign countries to honestly declare their travel history," he said.

The authorities in southern Assam's Hailakandi district filed an FIR against a man who had arrived from abroad on Monday but did not report at the nearest police station or health station as mandated. "Departmental action for immediate suspension is also being drawn against the father, a government employee, for concealing information," Deputy Commissioner Keerthi Jalli

said.

Members of the family had misled the authorities by saying he would arrive after three days but an enquiry revealed he had already reached home.

Officials said 721 people, who had come from abroad and other parts of India, have been home quarantined.

All the 126 legislators in the Assam Assembly on Tuesday pledged a month's pay for a fund set up by CM Sarbananda Sonowal to combat COVID-19.

The authorities in Meghalaya capital Shillong on Tuesday introduced the odd-even formula for private vehicles to enable people to fetch essentials. Such vehicles bearing even and odd registration numbers would be allowed to move within a limited area on even and odd dates.

The All Manipur Newspaper Distributors and Hawkers Association on Tuesday announced they will stop delivering newspapers to homes and offices till March 31.

Kolkata at a standstill



A view of deserted flyovers in Kolkata on Tuesday during the lockdown in the wake of COVID-19 pandemic. ■ PTI

Don't venture out of homes: Naveen

Safety of your family members is in your hands, says Odisha Chief Minister

STAFF REPORTER
BHUBANESWAR

Chief Minister Naveen Patnaik on Tuesday appealed to the people to take oath in the name of their parents for staying at home in the wake of pandemic COVID-19.

"Safety of your family members is in your hands. Entry of COVID-19 into your home depends on your behaviour. If you are cautious, the virus cannot enter your home," said Mr. Patnaik in his address to the State following lockdown for all 30 districts.

'Take oath'

"Take daily oath in the name of parents and children that you won't venture out of home. COVID-19 might come with you to your home and harm family members. Take oath to undertake 20-second hand-washing before entering home," said Odisha CM reminding people of the oath.

After the State govern-

Two bridegrooms held for breaking curbs

STAFF REPORTER
BERHAMPUR

Two bridegrooms got arrested in Odisha's Kandhamal district on Monday (March 23).

Personnel of Gochhapada police station raided the on-going marriage ceremony at Khajurigaon village and arrested the groom, Biju Kanhar. His brother Sarbeswar Kanhar was also arrested by the police. A huge gathering had gathered when it was raided. Police stopped the feast and arrested the groom.

Another groom, Parameswar Bhukta, was arrested by the police from Nuapada village under Phiringia police station limits of Kandhamal district. His marriage ceremony had taken place a few days ago. On Monday, he and his family had organised a feast to celebrate the marriage. According to police sources, around 80 persons had gathered when it was raided. Police stopped the feast and arrested the groom.

The State government has banned all religious and family ceremonies. On March 23, the police had arrested 11 traders at Phulbani, the district headquarter town of Kandhamal. These traders had disobeyed the restrictions and opened their shops of non-essential commodities. The State government has ordered all shops except those of essential food materials and medicines to remain closed.

Two positive cases in West Bengal

SPECIAL CORRESPONDENT
KOLKATA

While two new COVID-19 positive cases were recorded on Tuesday, there was a sharp drop in all other categories of persons and passengers isolated for testing, State Health Department's bulletin said.

However, with two more cases, the total number of confirmed cases went up to nine in West Bengal.

Chief Minister Mamata Banerjee told the people that the State and the country are facing a calamity and thus the lockdown period was being extended from March 27 to March 31.

A 58-year-old male, who returned from Egypt, and one female, 55, who returned from the U.K. recently tested positive on Sunday, but no deaths were reported. The Egypt-returned patient had tested negative earlier. Both of them are in isolation at the Infectious Diseases and Bellaghatia General Hospital in north Kolkata.

However, one man, who used to work with a person who died on Monday, was admitted in a State hospital owing to breathing difficulty.

New passengers enlisted for observations dropped from 284 on Monday to 31 on Tuesday. Secondly, the number of new home isolation cases dropped too - from 39 to 15, while the number of suspected individuals whose reports were received went up from 17 on Monday to 48 on Tuesday, which indicated that there is no significant rise with only two tested positive. However, sample collection was also less on Tuesday. It was 44 on Monday, but 18 on Tuesday.

Corrigendum-1
The following changes have been made in Tender No. DYCE1-MLG-MAINTAIN-20-01 published vide Tender Notice No. CON/MLG/2020/MARCH/01. Please read as:-
The approximate value of the Tender will be ₹2,05,13,191.05 instead of ₹2,05,13,186.79 and the complete information and Tender document of e-Tender will be available at www.irps.gov.in from 27-03-2020 to 10-04-2020 instead of 24-03-2020 to 10-04-2020.
By: Chief Engineer/CON-1, Maligaon Northeast Frontier Railway (Construction Organisation)
"Serving Customers with a smile"

TO ADVERTISE PLEASE CONTACT

- Jaipur Alok Khandal 09829016305
- Chandigarh Vineet Jainey 09872000798
- Bhopal A.S. Bhadoria 09826049249
- Shimla Ashok Thakur 09816775509
- Dehradun Yogesh Kumar 09719276207
- Lucknow Sudhir Siddharth 09873349886
- Jammu Sudhir Ganjoo 09419362423

THE HINDU
India's National Newspaper

THE HINDU
Air surcharge: Leh, Srinagar & onward — Rs. 5.00 and Kathmandu — Rs. 3.00.

CLASSIFIEDS MART
TO ADVERTISE:
www.thehinduads.com

EDUCATIONAL
IAS
How to Crack IAS?
VAID SIR'S MANTRA FOR IAS
A Must Watch for All IAS Aspirants
<http://y2u.be/t5cb18f1no>

PUBLIC NOTICE
Indraprastha Gas Limited (IGL) has issued a Letter of Intent for setting up of CNG Station at the site located at following location and to be operated by following Operator having received such Application from the Operator, and conducting due diligence and following due process.
Name of Applicant - Mrs. Pawandeep Kaur
Address of proposed station - Kharsa No. 38/1, Village Prahaladpur Banger, Main Bawana-Badli Road, District-North West Delhi, Sub Division-Narela, Delhi-110042.
However, if any person has any objection or claim regarding the setting up of CNG Station at the said site, kindly contact us within 7 days from the publication of this notice, with the relevant and appropriate proof to substantiate the objection/claims, failing which, it shall be deemed that there is no objection/claim for the setting up of CNG station at the said site.
Contact us: IGL Bhawan, Plot No. 4, Community Center, R.K. Puram, Sector-9, New Delhi-110022
cngproject@igl.co.in

SITUATION VACANT
GENERAL
Chegg
HIRING
SUBJECT EXPERTS
WORK FROM HOME
EARN FOR EVERY ANSWER
Top Experts Earn Rs. 1 Lac per month
No Registration fee
Apply on http://bit.ly/expert_hiring

DEPARTMENT OF WOMEN & CHILD DEVELOPMENT GOVT. OF NCT OF DELHI
Maharana Pratap ISBT, Kashmere Gate, Delhi-110006
Website: www.wccdelhi.in
Public Notice
Department of Women and Child Development, Govt. of NCT of Delhi has shifted its Head Quarter from Sewa Kutir Complex, Kingsway Camp, Delhi-110009 to Maharana Pratap, ISBT Building, Kashmere Gate, Delhi-110006. All concerned are requested to note down the new address.
Director (Department of Women and Child Development)
DIP/Shabdarth/1498/19-20

OFFICE OF THE CHIEF EXECUTIVE OFFICER
ITANAGAR SMART CITY DEVELOPMENT CORPORATION LTD.
BLOCK IV, 1ST FLOOR, ROOM NO.1, CIVIL SECRETARIAT
ITANAGAR
File No. ITA/SC(SPV)-92/2020-21/ Dated Itanagar, the 24th March 2020

NOTICE INVITING E-TENDERS
1. The Joint CEO (Technical), Itanagar Smart City Development Corporation Limited (ISCDDL) invites online e-tender (items rate tenders) in selection of agencies Supply and Installation of Water ATMs at 11 locations in Itanagar under Smart City Mission in two bid system, from eligible bidders who are registered in appropriate class in any Central Govt Department / State Government Department/ PSU/ Local Bodies for below mentioned work :-
NIT No. : ITA/SC(SPV)-92/2020-21/ 01

Name of the work: Supply and Installation of Water ATMs at 11 locations in Itanagar.
ESTIMATED COST : Rs. 27,41,640/-
EARNEST MONEY : Rs. 27416/- (For APST Contractor)
: Rs. 54832/- (For Non-APST Contractor)
Cost of Tender Paper : Rs. 10000.00
Period of Completion : 2 Months.
Start date and time of submission of bid : 25/03/2020 from 1500 Hrs
Last date and time of submission of bid : 04/04/2020 up to 1600 Hrs.

2. The interested bidders can purchase bidding papers online from the departmental e-Tendering website <http://dud.ar.etenders.in>. The full details of work with scope are uploaded in website. The press notice is also available in the same website.

Sd/-
Joint Chief Executive Officer (Tech)
Smart City Dev. Corp. Ltd
Itanagar
DIP/ARN/9510-12/19

झारखण्ड सरकार
कार्मिक, प्रशासनिक सुधार तथा राजभाषा विभाग
प्रेस विज्ञापित
एतद् द्वारा सूचित किया जाता है कि झारखण्ड न्यायिक सेवा में सिविल जज (जूनियर डिबिजन) के पद पर नियुक्ति हेतु झारखण्ड लोक सेवा आयोग द्वारा विज्ञापन संख्या 12/2018 के विरुद्ध अनुशंसित सभी 107 अभ्यर्थियों के शैक्षणिक एवं अन्य वांछित प्रमाण-पत्रों की जाँच एवं सत्यापन का दिनांक 30.03.2020 एवं 31.03.2020 को निर्धारित कार्यक्रम को कोरोना वायरस के संक्रमण के एहतियातन रद्द करते हुए अब यह दिनांक 15.04.2020 एवं 16.04.2020 को निर्धारित किया गया है। शेष शर्तें पूर्ववत् हैं।
संशोधित कार्यक्रम का अनुक्रमांक निम्न प्रकार है -

दिनांक 15.04.2020											
12001688	12005572	12003363	12009949	12009914	12006823	12000376	12011346	12010701			
12004158	12003225	12009483	12000453	12007613	12009509	12004357	12006590	12000866			
12010663	12000102	12004485	12000876	12001720	12003873	12001376	12005945	12011024			
12009856	12001857	12004284	12004077	12010618	12010557	12000134	12010414	12009241			
12011765	12011515	12000683	12003343	12007004	12006011	12006457	12000754	12007893			
12000869	12010583	12008709	12010949	12012023	12000168	12009468	12008219	12003915			
दिनांक 16.04.2020											
12010540	12003455	12007570	12007545	12012378	12002375	12010882	12007838	12005676			
12005256	12004352	12011385	12009810	12011152	12011356	12009412	12012262	12004614			
12007496	12005995	12007206	12005827	12010183	12006195	12005787	12004400	12004854			
12003391	12000935	12000169	12010652	12009307	12004185	12001620	12007920	12004986			
12011130	12007389	12005599	12008995	12011183	12011563	12004219	12005236	12002752			
12000410	12007526	12007105	12010142	12001093	12008033	12001721	12012716				

80/-
(अनिल कुमार सिन्हा)
सरकार के उप सचिव

PR 227431 Personnel Administrative Reforms and Raj Bhasa (19-20)_D

OBITUARY & REMEMBRANCE

DEATH ANNIVERSARIES

na jāyate mriyate vā kadāchin
nīyam bhātvā bhavati vā na bhūyate
ajo nityah śhaśvatī'yam purāṇo
na hanyate hanyamāne śharīre
The Atman is neither born nor does it die.
Coming into being and ceasing to be do not
take place in It. Unborn, eternal, constant
and ancient, it is not killed when the body is
slain.
- Srimad Bhagavad Gita, Chapter 2 ślokan 20.

CA V PICHAIKUTTY
07th OCT 1933 - 25th MAR 2019
Year one
Our Pranam to you.
Smt P Alamelu Achi
RM Subramanian - S. Nagalakshmi
CT Chidambaram - CT Thilagavathi
N Palaniappan - Dharmalakshmi
Grandchildren, Greatgranddaughter.
VPSN & Associates
Chartered Accountants

For enquiries on announcements in this section, please contact our office at the following number
New Delhi : 011- 43579797
Rate for New Delhi:
(Minimum Rs. 320/- 2 Lines
Extra Line - Rs.160/-)
(B/W Display): Rs.60/Per Sq.cm
(Clr Display) : Rs.70/Per Sq.cm
Log on to
www.thehinduads.com
For Placing Advertisements
Online

In memory of your loved ones
To dedicate a space in this section, Please contact:
011-43579797
from 10 a.m. to 8 p.m. &
For Placing Advertisements
Online log on to
www.thehinduads.com
DONATE EYES-GIFT SIGHT

ITI, IISER Berhampur join forces to manufacture hand sanitisers

STAFF REPORTER
BERHAMPUR

Indian Institute of Science Education and Research (IISER) and government Industrial Training Institute (ITI) in Odisha's Berhampur joined hands to manufacture hand sanitisers.

ITI Berhampur staff with the support of chemistry department of IISER, Berhampur, has started making hand sanitisers and providing them for free to the administration.

"Realising the extreme scarcity of hand sanitisers in the local market and its importance for the employees and emergency service workers on duty, we decided to meet the demand by producing it locally," said ITI Berhampur principal Rajat Kumar Panigrahy. They have already made



A bottle of hand sanitiser made in Odisha. ■ SPECIAL ARRANGEMENT.

350 bottles of 30 ml hand sanitiser that can be easily carried in the pocket. On Monday, the bottles were

handed over to Berhampur Municipal Corporation commissioner and Ganjam Chief District Medical Officer. "The BeMC Commissioner told us that they will provide us necessary materials for production to cater to the rising demand," said Mr. Panigrahy.

According to IISER, Berhampur, head of chemistry department, Rakesh Pathak, the hand sanitiser strictly adheres to the World Health Organisation guidelines. It was produced in the chemistry lab of IISER, Berhampur, by Mr. Panigrahy, three staff members of ITI, Berhampur, along with faculty members of the chemistry department of the IISER. "Our hand sanitiser is of better quality than the ones being sold in market at higher price," said Mr. Panigrahy.

Patients are being cured, don't create atmosphere of fear: Tope

Food and Civil Supplies Minister Chhagan Bhujbal asks people not to panic as State has food stocks to last for six months, report those involved in black marketeering

ALOK DESHPANDE
MUMBAI

On Tuesday, the eve of Gudi Padwa, the Marathi New Year, Health Minister Rajesh Tope appealed to all religious leaders to work as 'messengers of health' and educate people on joining the fight against the novel coronavirus (COVID-19).

In his address to the State on social media, Mr. Tope said only two of the positive COVID-19 cases in the State are serious. He said, "It is extremely satisfying for me to inform you that patients with the novel coronavirus patients are being cured. We can discharge 15 patients at any time. Only two patients are in the intensive care unit. The rest are stable."



Tight vigil: People queue up at Sitabuldi police station for passes to make trips to buy essential commodities in Nagpur on Tuesday. • S. SUDARSHAN

COVID-19

Since the maximum positive cases of the disease have been detected in Pune and Mumbai, Mr. Tope urged people living in other areas to stop ostracising those arriving from these two cities.

Mr. Tope said an environment of unnecessary fear has been created in the State and it should not persist. He said, "Having cough and cold does not mean the patient is suffering from the novel coronavirus. There are reports that private medical services are being closed and refusing to treat patients with cough and cold. This should be avoided at all costs."

Meanwhile, in response to

Mr. Tope's appeal to people to come forward and donate blood, the Maharashtra Youth Congress has started organising blood donation camps. Satyajit Tambe, president of the Maharashtra Youth Congress, said, "It was noticed that there was an increasing shortage of blood in medical centres in the State. So we have started blood donation camps at various centres, blood banks and hospitals. To avoid crowding, we have started a registration process." He said tokens will be issued and the donor can arrive at the centre at the designated time. "Our target is to collect 10,000 bottles of blood," Mr. Tambe said. On Tuesday, Chief Minis-

We request citizens to file complaints against those involved in hoarding or black marketing essential commodities

CHHAGAN BHUJBAL
Food, Civil Supplies and Consumer Rights Protection Minister

ter Uddhav Thackeray made an identical appeal for blood donation and appreciated the work of various organisations that have been organising blood donation camps.

Food available
Meanwhile, Chhagan Bhujbal, Food, Civil Supplies and Consumer Rights Protection Minister said people need

not worry about food supply as the State has enough stocks to last for six months. He said despite the restrictions on movement of vehicles, the supply of essential commodities will not be affected. He also urged people not to resort to panic-buying.

Mr. Bhujbal said, "We appeal to citizens not to go in groups to purchase vegetables. People should avoid crowding as there will be no lack of supplies. We request citizens to file complaints with the police and the revenue and consumer protection units against those involved in hoarding or black marketing essential commodities such as masks and hand sanitisers."

Govt. didn't prepare for shutdown: Oppn.

No provisions made to protect interests of farmers, daily wagers: State BJP chief

SHARAD VYAS
MUMBAI

The State government's decision to order a lockdown in the State to prevent further spread of the novel coronavirus has not gone down well with the leaders of the Opposition.

Several Opposition leaders on Tuesday said the Maha Vikas Aghadi government (MVA) government before declaring the lockdown should have implemented several tougher measures such as taking action against offenders under the Maharashtra Control of Organised Crime Act, 1999 and requesting the Reserve Bank of India (RBI) to impose a three-month moratorium on the collection of monthly instalments and repayment of loans taken by businesses and individual taxpayers.

Leaders of the Bharatiya Janata Party (BJP) said the MVA government should have made provisions to protect the interests of farmers, fruit sellers and daily wagers. "The lockdown is getting a good response but questions have been raised on what measures have been taken to protect the marginal-



Building a barrier: People buy medicines at a pharmacy which has downed its shutters as a precautionary measure in Mumbai on Tuesday. • PRASHANT NAKHE

ised, labourers, daily wage workers and farmers. The government must announce immediate economic measures to protect them," said State BJP chief Chandrakant Patil.

'Provide extension'
Senior BJP leader Ashish Shelar said the government must urgently provide an extension of 90

days to pay utility bills. He said, "I request the Chief Minister to give an extension of 90 days without penalty for payment of municipal taxes to non-defaulter housing societies and individuals." Mr. Shelar said steps must be immediately taken to ensure the transportation of essential commodities such as fruits and vegeta-

bles; supply of milk and newspapers; and functioning of the supply chains of pharmaceutical companies. BJP leader and former MP Kirit Somaiya said, "The government must make immediate steps as their income has been affected. The State government should take the lead and write to the RBI."

MSEDCL staff won't collect meter readings this month

Bill will be computed based on average usage over 12 months

AJEET MAHALE
MUMBAI

Amid the current lockdown in the State due to the rising number of cases of the novel coronavirus, the Maharashtra State Electricity Distribution Company Limited (MSEDCL) will not be sending its staff to collect meter readings this month.

Instead it will compute the month's bill on the average meter reading for each consumer over the last 12 months. Consumers also have the option of recording their meter readings using the Mahavitaran app.

An MSEDCL official said they were following directives issued by the Maharashtra Energy Minister, Nitin Raut. "All our field staff are prepared and on duty to cater to any disruption in



Consumers can record their meter readings using the Mahavitaran app. • FILE PHOTO

electricity. We have set up 17 control rooms across the State," a senior MSEDCL official said.

MSEDCL will also not disconnect the meters of any of their consumers until March 31. A senior MSEDCL official said, "The bill payment

centres of MSEDCL will function. We have taken adequate measures to ensure that social distancing is maintained. We have also ensured the availability of hand sanitisers at the centres. Other payment centres such as banks will take a call on whether they want to provide this service."

The official said there was an excess supply of power as peak demand had reduced from around 20,000 MW in the first week of March to around 18,000 MW. He attributed this dip to many industries suspending operations due to the lockdown imposed across the State. The MSEDCL is the State's largest power distribution company and caters to nearly 2.6 crore consumers.

Goans unprepared as 21-day lockdown begins

Mechanism will be finalised to ensure supply of milk and groceries to people, says CM Pramod Sawant

ADITYA ANAND
MUMBAI

The 21-day all-India lockdown came as a shocker to many in Goa as citizens of the coastal State have not stocked up on essential groceries and vegetables since the Janata Curfew was widely expected to be lifted on Wednesday.

The Opposition parties and locals pointed out that the State government had casually extended the Janata Curfew from one day on March 22 to three days. On Tuesday, it was extended to March 31 by Chief Minister Pramod Sawant, who said a necessary system to ensure the supply of essential services will be in place in the next three days.

All major municipal markets in the capital city, Panaji, and the towns of Mapusa, Margao, Vasco and Ponda, which were shut down since Sunday, were allowed to re-

main open from 6 a.m. to 11 a.m. After holding an all-party meeting, Dr. Sawant said Goa has had no positive cases and the government wants to keep it that way. While the fish markets were officially shut, some vendors sold kingfish and mackerel for a premium at ₹800 and ₹400 a kg, way above their usual prices.

"After taking suggestions from all political parties, we have decided that it is time to take some hard steps. Goa will have a 100% curfew. No shops, including milk, fish, vegetables vendors, will be open. Only government emergency services will be available," Dr. Sawant said. Admitting that people of the State will face issues, the Chief Minister said the steps were taken for the betterment of people's health.

As many people had been unable to stock household essentials, Dr. Sawant in-



Racing against time: Goans make last-minute purchases at Panaji Municipal Market on Tuesday. • ATISH POMBURFEKAR

formed that given that it was a total lockdown with social distancing and arresting community spread of COVID-19 being the aim, district collectors and mamlatdars would be meeting to finalise a mechanism to ensure the supply of milk and groceries to the people of Goa. "A system will be

worked out over the next two to three days," he said.

Last week, the Goa government had locked down its inter-State borders to passenger and tourist traffic as well as imposed Section 144 of the CrPC to prevent mass gatherings. "Tourists should not come to Goa before March 31. Beaches, restaur-

ants and many public places will remain closed in the wake of COVID-19," Dr. Sawant said.

Leader of the Opposition and Margao Congress MLA Digambar Kamat said the all-party meeting demanded that the government ensure supply of basic commodities and see that no one remains hungry. "I have urged the Chief Minister to address the State as contradictory statements have emerged creating confusion in the minds of people," Mr. Kamat said.

Goa Forward Party president Vijai Sardesai, who was part of the all-party meeting, said the announcement of a lockdown should have been accompanied by clarity on how people will be provided with groceries. "I told the CM it is ethically wrong to make the announcement to Goans after 11 a.m. when the markets were shut," Mr. Sardesai said.

Petrol pumps in Pune directed to stop sale of fuel

Only vehicles ferrying people involved in dispensing essential services will be allowed to fill fuel

SHOUMOJIT BANERJEE
PUNE

The Pune district administration on Tuesday directed all fuel pumps to stop supply to all vehicles not engaged in dispensing emergency and essential services till March 31 in a bid to eliminate vehicular movement on roads and compel the public to obey lockdown orders.

Issuing a directive under the Epidemic Diseases Act, 1897, the Maharashtra Police Act 1951, and the Disaster Management Act, 2005, Pune District Collector Naval Kishore Ram said only those vehicles ferrying people involved in dispensing essential services or engaged in emergency services to contain the pandemic or carrying persons in urgent need of medical help would be allowed to fill fuel at petrol pumps.



No sale: A petrol pump on Laxmi Road in Pune wears a deserted look after the administration directed all fuel pumps to stop supply till March 31. • JIGNESH MISTRY

blockade and communication shutdown as they deemed fit in order to check the spread of the virus. Reiterating that the supply of essential commodities like foodgrains, vegetables, milk and groceries would not be affected in any way, Mr. Pawar exhorted citizens across Maharashtra to stop congregating in large numbers at

market yards and grocery stores.

In a bid to facilitate movement on roads for those employees of companies and industries exempted from the lockdown, the Pune Police will be issuing digital permits to such persons.

Such employees can mail the authorities at Pune-city-police.grievance

@gmail.com to seek their digital permits, which will be issued after furnishing requisite personal and company details as well as that of the official necessary for the operation of services. If stopped by the police, the employee concerned will need to show a copy of the email with his ID card.

The Pune Police have also

activated four dedicated WhatsApp numbers to answer queries and entertain requests regarding the lockdown orders with respect to permissions for vehicular movement. The numbers are +91 9145003100, 8975283100, 9168003100 and 8975953100.

Cracking the whip

Meanwhile, police authorities across the State were seen enforcing the lockdown, often brandishing sticks and using force to drive off two-wheeler and four-wheeler riders and sending them packing to their homes.

Police and home guards were seen hitting violators with batons and sticks in Aurangabad, Nashik, Kolhapur and Hingoli while a mild lathi charge was carried out in Nagpur to break up an assembly of more than five persons.

Likewise, in Washim and Parbhani districts, the district administration on seeing heavy vehicular traffic, cracked down on errand drivers, forcing them to turn to their homes and stay indoors to avoid catching and spreading infection.

Patients booked for not disclosing contacts

PRESS TRUST OF INDIA
AHMEDABAD

An FIR was registered on Tuesday against a couple, both COVID-19 patients, and one of their relatives in Gandhinagar for allegedly not disclosing the names of two people who came in contact with them and later tested positive for the novel

coronavirus, an official said. The couple's uncle, who was among the two people who later tested positive, was also booked for not informing health authorities that he came in contact with his nephew after his return from Dubai, the official said.

The couple returned from Dubai on March 16. The 28-

year-old man tested positive for the novel coronavirus March 20, while his wife was also diagnosed with the disease the next day. Both of them and their family members had to disclose names of the people they met after their return from Dubai, as per a notification of the health department.

Over 400 detained in Gujarat

PRESS TRUST OF INDIA
AHMEDABAD

The Gujarat police has detained 426 people in the last 24 hours for violating lockdown rules in force in the State, a senior official said on Tuesday.

They include those who came out despite being advised home quarantine, State Director General of Police Shivanand Jha said.

He said, "The lockdown met with around 90% success. We have lodged 238 cases related to the violation of police notification and 127 cases related to quarantine rule violation. In all, we have detained 426 persons."



A GREETING TO REMEMBER

Be it an anniversary, a birthday, an academic accomplishment or even a promotion. Now you can surprise your loved ones by wishing them on

CLASSIFIEDS

For more details, email: classifiedscustomer@thehindu.co.in
Contact Toll Free Number: 18003070040
For Placing Advertisements Online, Log on to www.thehinduads.com

IN BRIEF



Railways may produce medical items

NEW DELHI
The Indian Railways is exploring the possibility of manufacturing select essential medical items such as hospital beds, medical trolleys and sanitizers at its various production units. In a communique to general managers at its production units, the Railway Board on Tuesday asked them to "assess the feasibility to manufacture these items in large quantities (as may be required) at short notice. Items identified thus may be communicated to Board along with its likely production rate."

HC asks ICMR to give no discharge instructions

JAIPUR
The Rajasthan High Court on Tuesday directed the Indian Council of Medical Research (ICMR) to consider the issue of discharge of coronavirus-infected persons from hospitals without proper testing and instruct all agencies not to send patients back home unless they were found virus-free. The court said cases had been noticed where the infected persons were hospitalised again after their discharge with a declaration that they were infection-free.

Passengers flock to airport before lockdown

CHENNAI
Hundreds of passengers thronged the Chennai airport in T.N. to leave the city and flight fares went up manifold as the city prepared for a lockdown. Domestic flight operations will be suspended from midnight. As soon as the announcement came, by around 5.30 p.m. on Monday, many rushed to the airport and by midnight, nearly 10,500 people flew out to different destinations and about 8,500 people arrived here. This continued on the whole of Tuesday as well, airport sources said.



No man's land: A deserted Sassoon Dock during the lockdown in Mumbai on Tuesday; personnel from the Fire Department disinfecting the KEM Hospital premises in central Mumbai; and an aerial view of Anand Vihar-Kaushambi metro (Delhi-U.P. border), during the lockdown in New Delhi.



Personnel from the Fire Department disinfecting the KEM Hospital premises in central Mumbai; and an aerial view of Anand Vihar-Kaushambi metro (Delhi-U.P. border), during the lockdown in New Delhi.



An aerial view of Anand Vihar-Kaushambi metro (Delhi-U.P. border), during the lockdown in New Delhi.

Doctors cautious over use of malaria drug as virus preventive

ICMR warns against its unrestricted use

R. PRASAD
CHENNAI

A day after the Indian Council of Medical Research (ICMR) approved the use of hydroxychloroquine as prophylaxis by healthcare workers taking care of COVID-19 cases and asymptomatic household contacts of confirmed cases, the Council on Tuesday cautioned against the unrestricted use of the drug, stating that "it is still at an experimental stage and is not recommended for public use."

Hydroxychloroquine is an antimalarial drug that is also used for treating rheumatoid arthritis. The ICMR's approval followed a recommendation from its task force for COVID-19.



It is still at an experimental stage, the Council said.

"The recommendation is for empirical use of the drug based on available evidence and is restricted for use by only two categories of people and under strict supervision of a doctor," Director-General of ICMR Balram Bhargava told *The Hindu*.

The clarification comes as none of the drug approving agencies across the world,

including the FDA, has cleared the drug for prophylaxis or for treating COVID-19 patients.

The available evidence of the efficacy of the drug is a small study by French researchers involving 26 COVID-19 patients.

The study found "significant" reduction in viral load in over half the number of patients at end of six days of therapy. The results were published on March 17 in the International Journal of Antimicrobial Agents even before the 14-day follow-up was completed.

During a White House press briefing a few days ago, asked if there was any evidence that the drug can be used as a prophylactic or as treatment for COVID-19 patients, Director of the U.S. National Institute of Allergy and Infectious Diseases Anthony Fauci, said: "The

answer is 'no' as it is [based on] anecdotal evidence."

Despite Dr. Fauci's clarification, two Nigerians are reported to have over-dosed on the drug after hearing U.S. President Donald Trump saying the drug could help treat people with COVID-19. A man in Arizona, U.S., died and his wife was hospitalised after they self-medicated with a home remedy of hydroxychloroquine.

Prof. Gagandeep Kang, executive director of the Translational Health Science and Technology Institute (THSTI) in Faridabad, told *The Hindu*: "At this moment there is no evidence available [about its effectiveness]. There are on-going trials. They must have waited for the results. Even the trials are for treating COVID-19 patients and not for prophylaxis."

States must facilitate media outlets to fight fake news: govt.

Ensure smooth supply and distribution chain, says directive

SPECIAL CORRESPONDENT
NEW DELHI

In a bid to fight "fake news", rumours and speculation that have been doing the rounds on the social media in connection with the COVID-19 outbreak, the Union Information and Broadcasting Ministry has issued directions to all State governments to facilitate functioning of all print and electronic media outlets.

COVID-19

In an order issued on Monday, the Ministry has said proper functioning of the media network is essential to create awareness among people, to disseminate important messages and also keep the nation updated on the latest status.



Proper functioning of the media network is essential, the Ministry said.

"False and fake news need to be avoided and good practices need to be promoted and these networks play a pivotal role in ensuring the same," the Ministry said in its directive.

The Ministry orders come in the backdrop of the lock-

down across the country limiting the movement of people and shutting all institutions and offices. Issuing the six-point directive, the Ministry has said all operators and their intermediaries should be permitted to remain operational.

It has urged the State governments to facilitate "smooth supply and distribution chain".

Provisions facilitated
The media facilities should be permitted to be manned by the staff of the service providers.

"The movement of the accredited staff of service providers be permitted; the movement of vehicles carrying media persons and others including provisioning of fuel may kindly be facilitated," the order says.

How safe are newspapers: WHO clarifies

Likelihood of an infected person contaminating commercial goods is low, it says

SPECIAL CORRESPONDENT
CHENNAI

How safe is the newspaper that you get at your doorstep every day? As per the World Health Organisation (WHO), the likelihood of an infected person contaminating commercial goods is low and the risk of catching the virus that causes COVID-19 from a

package that has been moved, travelled, and exposed to different conditions and temperature is also low.

This was WHO's answer to a question on whether it was safe to receive a package from any area where COVID-19 has been reported. Precautions at a personal le-

vel are must, according to K.K. Aggarwal, past national president of the Indian Medical Association.

"Newspapers are like any other item or material. Take clothes for instance or books. Viruses can stay on any surfaces. So what can you do? Wash your hands before and after reading

newspapers or books," he said.

The WHO stresses on cleaning hands with an alcohol-based hand rub or washing with soap and water, and avoid touching eyes, mouth or nose.

Besides this, there is the recommendation for personal distancing as well.

CRPF readies 19 quarantine centres

VIJAITA SINGH
NEW DELHI

The Central Reserve Police Force (CRPF) has readied 19 quarantine centres across the country as COVID-19 spreads rapidly.

The centres have been placed at the disposal of the Ministry of Home Affairs, an official said. The capacity of the isolation wards is around 2,000. They are located in Haryana, Assam, West Bengal, Odisha, Jammu and Kashmir, Madhya Pradesh, Manipur, Gujarat, Maharashtra, Jharkhand, Bihar, Karnataka and Kerala.

The official said around 350 CRPF doctors were sent to these centres, having been trained in treating COVID-19 patients. He said the CRPF had asked its personnel to declare if their family members had recently returned from abroad. "We got to know of 6-7 cases. The families have been quarantined," he said.

118 labs ready to test for COVID-19, says ICMR

Number of positive cases touches 564

SPECIAL CORRESPONDENT
NEW DELHI

The COVID-19 death toll touched 10 on Tuesday with 564 confirmed cases nationwide (522 Indian and 42 foreign nationals); 40 persons have recovered and 1,87,904 are currently under surveillance.

Briefing the press, Joint Secretary, Health Ministry, Lav Agarwal said the Centre has asked the States to ensure adequate, earmarked hospitals and ventilator facilities are made available.

"We are also procuring more ventilators and looking at a prototype made at All India Institute of Medical Sciences (AIIMS) to increase the availability of this essential commodity. The Government is also in talks with personal protection

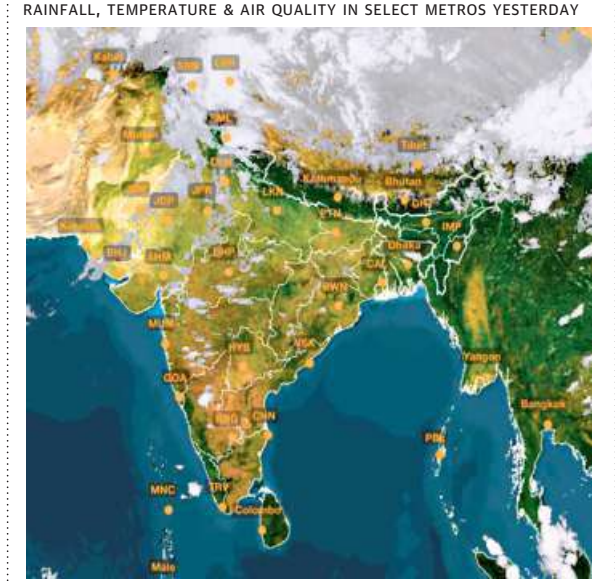
equipment manufactures to ensure that we have enough and steady supply of these commodities," he said.

Meanwhile, Union Minister of Health & Family Welfare Harsh Vardhan, visited National Centre for Disease Control (NCDC) Control Room and the testing laboratories on Tuesday.

Dr. R Gangakhedkar, head, epidemiology and communicable diseases, ICMR said that currently 118 laboratories are testing for COVID-19.

"Our capacity to test has gone up to 12,000 samples per day. Also as per our study we have estimated that India may be able to reduce its COVID-19 cases by up to 62% if social distancing and quarantines are strictly observed," he said.

WEATHER WATCH



Forecast for Wednesday: Thunderstorm accompanied with lightning, hail and gusty wind very likely at isolated places over Rajasthan, Madhya Pradesh and Maharashtra and with lightning at isolated places over Andhra Pradesh, Telangana, Kerala, Gujarat, Jammu and Kashmir, Punjab and Delhi.

CITY	RAIN	MAX	MIN	CITY	RAIN	MAX	MIN
Agartala	...	31.8	18.2	Kozhikode	...	36.8	26.0
Ahmedabad	...	37.7	25.3	Kurnool	...	38.6	24.8
Aizawl	...	25.6	13.7	Lucknow	...	32.7	18.5
Allahabad	...	34.8	19.5	Madurai	...	36.2	25.6
Bengaluru	14.8	34.4	20.8	Mangaluru	...	35.2	25.5
Bhopal	...	36.1	20.4	Mumbai	...	32.0	22.5
Bhubaneswar	...	34.2	20.5	Mysuru	...	35.1	23.0
Chandigarh	...	29.4	18.4	New Delhi	32.2	19.2	...
Chennai	...	33.6	24.0	Patna	...	...	...
Coimbatore	...	35.5	24.0	Port Blair	...	31.7	22.6
Dehradun	...	...	...	Puducherry	...	32.8	23.8
Gangtok	13.2	14.3	8.3	Pune	...	37.8	21.9
Goa	...	00.0	00.0	Raipur	...	35.4	20.0
Guwahati	00.0	00.0	00.0	Ranchi	...	31.2	18.8
Hubbali	...	34.0	21.0	Shillong	0.6	19.2	14.4
Hyderabad	...	34.6	22.4	Shimla	0.2	18.2	9.2
Imphal	14.2	26.6	12.4	Srinagar	7.6	11.8	9.6
Jaipur	...	29.8	20.7	Thiruvananthapuram	...	33.7	25.4
Kochi	...	32.4	25.8	Tiruchi	...	36.7	24.0
Kohima	4.2	20.4	10.7	Vijayawada	...	...	...
Kolkata	29.0	32.5	17.1	Visakhapatnam	0.4	32.2	24.2

Pollutants in the air you are breathing
CITIES SO₂ NO₂ CO PM_{2.5} PM₁₀ AQI
Ahmedabad 61 48 17 54 100
Bengaluru 10 48 23 220
Chennai 06 12 40 65
Delhi 25 50 14 213 107
Hyderabad 02 29 23 68
Kolkata 17 20 64 44 50
Lucknow 04 24 47 252
Mumbai 07 18 10 45 100
Pune 37 13 62 46 44
Visakhapatnam 18 49 40 67 84

Air Quality Code: Poor Moderate Good (Readings indicate average AQI)
SO₂: Sulphur Dioxide. Short-term exposure can harm the respiratory system, making breathing difficult. It can affect visibility by reacting with other air particles to form haze and stain culturally important objects such as statues and monuments.
NO₂: Nitrogen Dioxide. Aggravates respiratory illness, causes haze to form by reacting with other air particles, causes acid rain, pollutes coastal waters.
CO: Carbon monoxide. High concentration in air reduces oxygen supply to critical organs like the heart and brain. At very high levels, it can cause dizziness, confusion, unconsciousness and even death.
PM_{2.5} & PM₁₀: Particulate matter pollution can cause irritation of the eyes, nose and throat, coughing, chest tightness and shortness of breath, reduced lung function, irregular heartbeat, asthma attacks, heart attacks and premature death in people with heart or lung disease.

Pune lab gets approval for COVID-19 diagnostic kit

Several labs had applied to NIV, Pune, to get their kits vetted

SPECIAL CORRESPONDENT
NEW DELHI

Pune-based MyLab is the first indigenous manufacturer to be approved for deploying its kits for COVID-19 testing.

"Congratulations to our Biotech innovators first make in India COVID 19 diagnostic kit," Renu Swarup, Secretary, Department of Biotechnology, tweeted. Ms. Swarup also leads the government's Biotechnology Industry Research Assistance Council (BIRAC) that supports biotechnology companies, and MyLab was one of them.

While diagnostic tests for COVID-19 are largely reliant on foreign companies, several labs in India had applied to the National Institute of Virology, Pune, for



MyLab is the first indigenous manufacturer to be approved.

getting their own kits vetted. Written guidelines by the Indian Council for Medical Research (ICMR) require that only diagnostic kits that have been approved by the United States Food and Drug Administration or certified by the European Union be allowed to offer commercial tests for

detecting SARS-CoV-2.

However, Director General of ICMR Dr. Balram Bhargava on Monday said those approved by the NIV would be eligible for approval.

The Managing Director of Mylab Discovery Solutions, Hasmukh Rawal, told trade magazine *BioSpectrum India*: "With emphasis on 'Make in India' and support from local and Central governments, COVID-19 kit has been made as per WHO/CDC guidelines. It was developed in a record time".

The immediate action from regulatory bodies (CDSCO/FDA), evaluation centre of ICMR, NIV, BIRAC and the Central and State governments during this national emergency was commendable, he said.

ECHS allows veterans to stock medicines

SPECIAL CORRESPONDENT
NEW DELHI

In view of the measures instituted to contain the spread of COVID-19, including social distancing, the Ex-Servicemen Contributory Health Scheme (ECHS) has allowed veterans with lifestyle diseases on long treatment to purchase the required medicines for the month of April at once.

"One time sanction is hereby accorded to reimburse the above expenditure under individual reimbursement of medical claims. The bills for reimbursement to be submitted by veterans after May 15, 2020," a ECHS order stated.

Prescription based
Veterans can purchase all medicines based on the prescription held - prescribed by polyclinics, service hospitals and empanelled hospitals. "This will be implemented with immediate effect till April 30, 2020," it added.

TIDEL PARK LTD.
(PRIDE OF CHENNAI, PEARL OF THE IT WORLD)
TIDEL provides 1.28 Million sq.ft. of IT space with a state-of-the-art facilities. TIDEL invites applications from eligible candidates for the following position at Chennai on contract basis for Three Years.

GENERAL MANAGER (FINANCE)

Qualification : Graduate (full time) with C.A
Experience : Minimum 10 years working experience in Corporate / Public Sector Organizations after CA.
Age Limit : 53 Years (as on 01.03.2020)
Salary : Rs.1,50,000/- (Consolidated per month)10% increase in 2nd & 3rd Year
Period of Contract : 3 years

Apart from Consolidated Salary, the selected candidate will not be eligible for any other pay/allowances/bonus etc. except for Conveyance Allowance. Eligible candidates may send their resumes within 15 days to:

THE MANAGING DIRECTOR
1 ST Floor, 'A' Block, No.4, Rajiv Gandhi Salai, Taramani, Chennai-600 113. Tel: 044 2254 0500-01
DIPR/464/DIS/2020 Fax: 044-2254 1744 Email: tidel@vsnl.com Website: www.tidelpark.com

GOVERNMENT OF TAMILNADU
PUBLIC WORKS DEPARTMENT
TENDER EXTENSION NOTICE
NIT No. 4-1/2019-20/P&D Circle (Bldg)/Chennai, dated 24.03.2020
The Sealed Tenders invited by the Superintending Engineer, PWD., Planning & Design Circle (Building), Chepak, Chennai - 5 in the NIT No. 4/2019-20/P&D Circle (Bldg)/Chennai, Dated 25.02.2020 for the work of 1) Conservation and Restoration of the Kuthiravandi Court Building (Old Labour Court) at Coimbatore 2) Conservation and Restoration of the District Court Building (Old Labour Court) at Salem is extended upto 16.04.2020 upto 15.00 hrs due to administrative reasons. The tenders will be opened by the Superintending Engineer on the same day at 15.30 hours.
Date of availability of Tender Schedule : Upto 15.04.2020
Other Terms and Conditions remain unaltered.
Superintending Engineer, PWD., Planning and Design Circle (Buildings) Chepak, Chennai - 600 005.
DIPR/1542/Tender/2020

National Informatics Centre
Ministry of Electronics and Information Technology
GOVERNMENT OF INDIA
Adv. NIELIT/NIC/2020/2 Dtd 25/03/2020

ADDENDUM/PUBLIC NOTICE
EXTENSION OF LAST DATE FOR SUBMISSION OF RECRUITMENT APPLICATION
With reference to the advertisement NIELIT/NIC/2020/1 dated 23/2/2020 for recruitment of Scientist 'B' and Scientific / Technical Assistant - "A" in NIC, the last date for submission of Application for the posts is **Extended to 10 April 2020.**
However, the eligibility conditions, cutoff date for age, qualification, experience for applying for the posts shall remain unchanged i.e., 26 March 2020 as per clause 7.3 of detailed advertisement available at : <https://www.calcut.nielit.nic/>

DIRECTORATE OF BASIC EDUCATION U.P.
Vidhya Bhawan, Nishatganj, Lucknow, Uttar Pradesh-226007
Tel: + 91 - 522 2780384. Email: eprocurementcellup@gmail.com
Website: www.premnaup.in, www.basiceducationup.com, www.etenderup.nic.in

Corrigendum for Tender number 2020_upbed_432559_2
PRERNA Digital System Project for Elementary Schools of Uttar Pradesh
This is for information of all the bidders, bidding for supply, commissioning of Android based Tablet integrated with biometric identification device and related services that the bid submission date has been extended till 3rd April, 2020 for the tender document (Ref. Tender Notice No. 2020_UPBED_432559_2)
For convenience and clarity, the corrigendum document has been uploaded on the below websites.
www.etenderup.nic.in, www.basiceducationup.com, www.premnaup.in
Director of Basic Education

एनटीपीसी NTPC Limited
(A Govt. of India Enterprise)
CORPORATE ENGINEERING DIVISION, NOIDA
CORRIGENDUM: FOR EXTENSION OF EXPRESSION OF INTEREST (EOI)
This is in continuation to our notice inviting Expression of Interest (EOI) No.: EOC/PE/CEI/2019-20/AM/EOI/9282/4 for IDENTIFYING VENDORS FOR SUPPLY, INSTALLATION AND COMMISSIONING OF SYSTEMS UNDER ADVANCE ASSET MANAGEMENT (AAM) INITIATIVE, uploaded on www.ntpc-tender.com website on 04/03/2020.
The last date of EOI submission is hereby extended to 24-April-2020.
For detailed EOI and documents, please visit at www.ntpc-tender.com or www.ntpc.co.in or may contact: Manager (PE-C&I), NTPC Limited, 3rd Floor, Engineering Office Complex, A-8A, Sector-24, Noida-201301, Distt. Gautam Budh Nagar (U.P.), India. Tel. No.: +91-120-4948324, +91-120-4946337, +91-120-4948323 E-mail: anshulagarwal01@ntpc.co.in, kuldeep01@ntpc.co.in, giddravileja@ntpc.co.in
Registered office: NTPC Bhawan, SCOPE Complex, 7, Institutional Area, Lodi Road, New Delhi-110003. CIN: L40101DL1975GOI007966 Website: www.ntpc.co.in
Leading the Power Sector



The reign of Shivraj

The BJP government will have to manage the changed political dynamics in M.P.

The Bharatiya Janata Party (BJP) leader, Shivraj Singh Chouhan, who was sworn in as the Chief Minister of Madhya Pradesh on Monday night, proved his majority in the Assembly on Tuesday. This is his fourth term as Chief Minister. After three consecutive terms, he had lost the election in 2018. He mustered the support of 112 MLAs for the trust vote which was hurriedly organised overnight and was missed by 92 Congress MLAs and two independents. Two BSP MLAs, one of the SP, and two independents who were earlier supporting the Congress government that collapsed last week, voted in favour of the trust vote. Mr. Chouhan has said his government's immediate focus would be in tackling the coronavirus crisis that is testing the capacity and will of the State. He has also asked all MLAs to leave for their constituencies and take the lead in managing the crisis. The downfall of the Congress government was engineered by the resignation of 22 of its MLAs. These and two more seats in the 230-strong State Assembly remain vacant. The actual strength of the government will be tested in and after the by-elections to these seats. It is a different question whether the Congress can regroup itself and challenge the government.

With the return of the BJP government in M.P., the political turn in the State in 2018 has been proven short-lived. The party had faced a setback in M.P., Rajasthan and Chhattisgarh where it lost power to the Congress before bouncing back in the 2019 Lok Sabha election. The Congress could not sustain its gains, and has now ended up losing a government. But it goes beyond that and shows the party as a weak challenger to the BJP. To begin with, the Congress victory was nebulous and narrow in M.P., and its fortunes were compromised by debilitating factionalism within. It cannot be a viable political alternative to the BJP unless it gets imaginative in building sustainable and strong social and class coalitions. In places where it has done so, the party has been effective in elections and governance, including in neighbouring Chhattisgarh. The exit of Jyotiraditya Scindia, who has since joined the BJP, could actually be used as an opportunity by the Congress to promote better rooted leaders from diverse social backgrounds, stepping beyond dilapidating feudal fortresses. The BJP in the State will also need to achieve a new equilibrium, now disrupted with the entry of Mr. Scindia. Mr. Chouhan has emerged as a strong leader, but there are others waiting in the wings too. The change of guard in M.P. will unsettle existing equations in both the parties, beyond State boundaries.

Death by fireworks

Violations of rules in hazardous industries can be tolerated only at the cost of human lives

Unsafe working conditions and improper handling of inflammable raw materials continue to endanger lives in the fireworks industry. Last week, 11 workers were charred at a fireworks unit in Tamil Nadu's Virudhunagar district. Police data show that in the past decade, at least 239 people have perished and over 265 injured in 142 accidents in fireworks units. Such tragedies have not been confined to Sivakasi, deemed the fireworks capital of the world, where most such units are concentrated. Illegal cracker units functioning in a few other parts of the State have also led to loss of a significant number of lives. In and around Sivakasi, the manufacturing of firecrackers in makeshift unlicensed units, rough handling of chemicals by untrained and unskilled workers, spillage or overloading of chemicals during the filling process, and working outside permitted areas have been identified as major causes for past accidents. In the recent tragedy too, the workers were engaged in manufacturing 'fancy aerial crackers' for which the unit did not have a licence. Preliminary investigations suggest that mishandling of chemicals could have triggered an explosion.

Occasional accidents in an industry dealing in explosive materials may seem inevitable. But the probability of such mishaps can certainly be reduced by adopting safe work practices, complying with rules and through cohesive monitoring by Central and State licensing and enforcement authorities. Crackdowns against violators have been few and far between despite illegal sub-leasing of works to unlicensed cottage units becoming a widely acknowledged practice in the industry. The Tamil Nadu Fireworks and Amores Manufacturers Association has also complained about the unlicensed units, a parallel industry in itself spread across a dozen villages. The Chaitanya Prasad Committee, which examined, among other things, statutory and administrative shortcomings that led to the death of 40 workers at Om Shakti Fireworks Industries in 2012, noted the "conspicuous absence" of proper inspection mechanisms at various government departments. It also found a lack of coordination between Central and State authorities dealing with the regulation of fireworks industries. The committee recommended making sub-leasing of works by licensed units a cognisable penal offence; mandated inter-safety distances between sheds covered with earthen mounds; and provision of a smoothened pathway with a width of 1.5 metres, as part of industrial safety measures. Ground reports suggest these recommendations continue to be ignored, with sub-leasing of works still rampant. Regulators understandably complain of a lack of manpower in checking violations. The number of players has exponentially grown since the 1980s with 1,070 licensed units employing an estimated 10 lakh workers now. But safety is non-negotiable. The governments must walk the extra mile to enforce rules in a hazardous industry and prosecute violators. The industry too must self-regulate in its own interest.

Ironing out wrinkles in India's pandemic response

Some critical weaknesses in the country's health system can come in the way of a credible strategy to combat COVID-19



KRISHNA D. RAO & TARUN K. GEORGE

Much concern about the novel coronavirus in India is understandably about the number of cases and related deaths. It is important to remember that the vast majority (80%) of COVID-19 cases will be mild. The estimated mortality rate varies considerably between 3% to 0.25% of cases, and is much higher among the elderly. Mathematical models and the experience of China, Italy, and now the United States, suggest that COVID-19 is likely to infect a significant number of Indians, though this can change due to current physical distancing and lockdown measures. Notably, wealthier countries with stronger and better financed health systems such as Italy and China have struggled with containing COVID-19. As such, it is prudent to understand how well India's health system can respond to COVID-19, especially since it is unclear how long this disease will persist. We believe that there are some critical weaknesses in India's health system that can prevent a credible response to COVID-19.

State-to-State coordination

In truth, we do not really know how widespread the epidemic is in India because such a small number of people have been tested and many mild cases go undetected. To what extent India's ongoing efforts to control COVID-19 using physical distancing and isolation will be successful is yet unknown. It is likely that, as in other countries, there will be regional or sub-regional disease hotspots, rather than a nationwide outbreak. The higher number of confirmed COVID-19 cases in States such as Kerala and Maharashtra suggest this (though this could also be due to

more testing). This highlights the importance of approaching India's COVID-19 response from the perspective of State health system capacity. Second, it is unlikely that States which experience a COVID-19 hotspot will have the resources to manage the outbreak independently. As such, it is critically important to put in place well-functioning between-State and within-State coordination mechanisms that enable efficiently leveraging resources such as doctors, nurses, equipment, supplies from elsewhere and direct them to regional/sub-regional hotspots.

Ramping up hospital capacity

Addressing the scarcity of hospital and intensive care unit (ICU) beds in India is critical for providing clinical support to severe COVID-19 cases. Without flattening India's COVID-19 epidemic curve, our current hospital capacity is so low that it will be quickly overwhelmed if infections surge. India has around 70 hospital beds and 2.3 ICU beds per 100,000 people. To put this into perspective, China (Italy) has 420 (340) hospital beds and 3.6 (12.5) ICU beds per 100,000 people, and both these countries struggled to care for the severely sick. According to our rough calculations, based on estimates from recent studies, in a hypothetical State with a population of 50 million (about the size of Andhra Pradesh), with the national-level endowment in hospital and ICU beds and bed occupancy of 50%, assuming there are currently 10 COVID-19 cases with a doubling rate of five days (5% of the cases hospitalised and 16% of hospitalisations need ICU care, median length of stay 12 days), without any mitigating measures, the ICUs will fill up in six weeks and hospital beds in about eight weeks from now. This will happen sooner in States with lower hospital capacity.

It is critically important that India puts in place a strategy to ramp up hospital and ICU capacity, as well as provision for essential equipment such as ventilators and personal protective equipment for



health workers. In both China and Italy, hospitals were rapidly constructed to accommodate infected patients. It is doubtful that we can construct new hospitals as quickly as China or even staff them adequately. Therefore, it is important to consider alternatives, such as, extending current hospital capacity, hospital trains that can easily move from one location to another, or converting university dormitories into treatment centres. Tapping the resources in the private sector is particularly important. India's health system is highly privatised and most of the country's health-care capacity in terms of human resources, hospital beds, laboratories, and diagnostic centres is in the private sector. Recognising this, several State governments have initiated action, such as enlisting private laboratories for testing and using the private hospital bed capacity to treat positive patients. More of this is needed, as well as, engaging private hospitals in planning and coordinating the COVID-19 response.

Health workers are crucial

Health-care workers are a critical resource for the COVID-19 response. They go into communities to carry out preventive care, trace potentially exposed people, and treat the infected. The success of countries such as South Korea and Singapore in controlling the spread and mortality due to COVID-19 has been credited to the ability of health workers to locate, test and treat cases. This requires a substantial number of health workers, and India faces an acute shortage of them. India has around 3.4 qualified doctors and 3.2 nurses and midwives per 10,000 population; in contrast, China (Italy) has 18 (41) doctors

and 23(59) nurses per 10,000 population. Moreover, health workers in India are mostly concentrated in the urban areas and there are huge disparities between States (Bihar has 0.3 and Kerala has 3.2 doctors per 10,000 population). Importantly, nurses have been in the forefront of caring for infected people elsewhere; India, has far fewer nurses than both Italy and China. These characteristics of India's health workforce will affect its COVID-19 response, particularly in rural India and in States with fewer health workers. While increasing the health workforce in the short term is difficult, it is important to consider task shifting and multi-skilling strategies where a variety of health-care workers (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy doctors, nurses, as well as general and specialist doctors) are engaged. Because it is highly likely that certain regions in India will become COVID-19 hotspots, to contain these outbreaks it is important that human and other resources can be flexibly shifted to these areas from other parts of the country.

Primary-care providers, whether they are formally trained (e.g. medical officers, nurses, auxiliary nurse and midwives, pharmacists), or lay workers (accredited social health activists) or informal workers (rural (not registered) medical practitioners, or RMPs, drug shops) will likely be the first contact health workers for COVID-19 patients. For example, more than 70% of the outpatient visits in India are to private providers, the majority of whom are RMPs. Engaging these primary-care providers in the COVID-19 response is important. For one, they are critical for contact tracing, a strategy that has been successfully used in South Korea and Singapore to contain the virus. Because primary-care providers will encounter patients in early stages or with mild forms of the disease, they play a crucial role in treating and referring patients. While this may not be easy to accomplish, COVID-19 response strategies

should involve engaging these primary-care providers and providing them information on preventing the spread of COVID-19, danger signs or where to refer in case of serious illness.

Health worker safety

Health workers also take on a disproportionate share of infections. Health worker safety is particularly important for India because it already faces a shortage of doctors and nurses. In China and Italy, the fight against COVID-19 has taken a huge toll on health workers. One of the enduring images from Italy is of an exhausted nurse lying face down on her desk. As a recent article in *The Lancet* notes, estimates from China's National Health Commission show that more than 3,300 health-care workers have been infected as of early March and, by the end of February at least 22 had died; in Italy, 20% of responding health-care workers were infected, and some have died. Health workers also face physical and mental exhaustion which affects their morale, in addition to the infection risk. Protecting health workers in the forefront of the COVID-19 response will be critical. Procuring and ensuring the widespread use of personal protective equipment (e.g. masks, gloves, gowns, and eye wear) in the care of all patients with respiratory symptoms needs to be prioritised. Such actions will be particularly important if there is a prolonged response to COVID-19.

India like other countries faces important health system challenges in mounting a credible response to COVID-19. Many of these issues are not new. Addressing these health system issues will require much effort, financing, and, in some cases, not even entirely possible to remedy in the near future. How India deals with these health system issues in the days to come will make all the difference.

Krishna D. Rao is Associate Professor, Department of International Health, Johns Hopkins University. Dr. Tarun K. George is Associate Professor, Christian Medical College, Vellore, Tamil Nadu

In riot aftermath, it's scorched health care too

As north-east Delhi shows, a population losing trust in the care system can affect other health-care indicators as well



ANUP AGARWAL

The impact of riots on health services receives scant attention, more so when there is a communal angle to it. While the narrative around deaths receives some attention, the deeper insidious effects are glossed over. This will also impact not only the health of the population but also crucial medical responses in a time like the outbreak of the coronavirus pandemic. Here is one such story, although not unique.

After the riots in north-east Delhi, in February, a volunteer called our medical team: "Twenty-two-year-old Noor Jahan (all names have been changed), a pregnant woman, is scared to leave her house. Could you please send a doctor to examine her?" On visiting her, we learnt that the woman had lost all her belongings, including her prescriptions and medications, while fleeing her house in Shiv Vihar as it was being torched.

Seeking refuge with her distant relatives and with her delivery date just a week away, she was gripped by fear and anxiety at the prospects of visiting the Guru Teg Bahadur (GTB) Hospital which was nearby. Anecdotes of the communal hostility her neighbours had faced at this hospital had left her unnerved. She ended up deliver-

ing her child at the faraway Sucheta Kriplani hospital, in an unfamiliar environment.

A zone of poor health

North-east Delhi is the most underdeveloped region of Delhi and is marked by all the socio-demographic determinants of poor health outcomes: a significant proportion of the population is from the migrant and minority communities; there are high rates of illiteracy, rampant unemployment and poverty; overcrowding; unsanitary conditions, and a non-existent health-care infrastructure.

Yet, despite the fear, a medical camp in Chand Bagh, set up for a few hours using a mobile van, immediately draws the attention of more than 600 people. While the most common complaints are fever, a runny nose, and body aches, a disconcertingly high proportion of young adults complain of 'ghabrahat' (anxiety). On further questioning, they report poor sleep and appetite, inability to concentrate, and experiencing constant worry, all signs of underlying mental health problems. Further, due to adverse social circumstances, many patients with chronic medical conditions have not been able to visit their doctors. We saw several of these patients who now have a worsening of chronic diseases such as elevated blood pressure and asthma.

Naeem, 25, was in agonising pain. He had a deep cut above his left eyebrow, and was bruised all over after having been beaten up by a mob. Yet, he did not see a doc-



tor. Alarmed by the large number of incarcerations, he had stayed at home. His fears were not unfounded. In the follow-up after the riots, the Delhi Police are estimated to have rounded up over a 1,000 individuals, most of them young Muslim men. Interference of the police in health systems and a lack of patient privacy protection laws have changed the health-seeking behaviour of certain sections of the populace.

Zeeshan, 36, had been admitted to hospital with fractures in both legs and a stab wound in his left arm. After two days of hospitalisation, they wanted to discharge him. His pleas to stay on as his house had been vandalised and his health was poor had to be turned down. The resident doctor had to tell him that despite their understanding of his concerns, he had received all the care needed and that as the hospital was overflowing with patients, beds were needed. Zeeshan had to be told that the hospital could not do anything to help him even if he did not have a safe place to go back to.

During our visits to the riot-affected localities, we noted many burned and looted houses. Even

more malicious was that goons had damaged water pipes and looted water purifiers. With open drains and an unplanned sewerage system, there is a real threat of Salmonella bacteria seeding these pipes. Salmonella, the bacteria responsible for typhoid fever, will be hard to eliminate. If not managed properly, people will suffer from recurrent typhoid fevers and diarrhoeal infections, leading to downstream consequences such as child malnutrition and antimicrobial resistance.

Way forward is collaborations

These examples demonstrate how the riots have exposed and deepened chasms in the health systems. A broken health system and a population that has lost trust in health-care providers will amplify the challenges of managing the COVID-19 epidemic in Delhi and worsen all other health-care indicators. Rectifying these shall necessitate a deliberate and comprehensive strategy by the State not only at the infrastructure and policy levels but also at the moral and philosophical levels.

The government must collaborate with local municipal bodies, partners in civil society and members of the local community to devise sustainable solutions. They must build a maternity ward with labour room services so that women do not have to travel to faraway, unfamiliar and hostile hospitals to deliver. A mohalla clinic for primary care is a must in the area as demonstrated by large queues outside the medical camps, which

are often organised in an ad hoc manner depending on available resources. Psychologists are needed to provide therapy to the riot-affected children, adults and citizens confined to their houses out of fear. Similarly, physiotherapists should be recruited to prevent long-term physical disability. The sewerage systems should be fixed, water pipes restored and measures such as chlorination for water hygiene instituted at a household-to-house basis.

People should be at the core of health systems and policy design. Systems and policies that drive citizens away from hospitals have to go. An initiative by the Delhi government, in the form of the "Farishte Dille Ke" (The Angels of Delhi), offers hope. Similarly, it ought to set an example for other States by changing health-care privacy laws to protect patients from police interference and also empower them to get medical care.

What is most shocking is the loss of trust in health-care providers on account of the communal underpinnings of the situation. In the short run, the medical community and the government should conduct peace marches in north-east Delhi to assuage fears. In the longer run, just like the "happiness curriculum" in schools, it should start a "humanities curriculum" for medical professionals so that they provide more empathetic and compassionate care.

Anup Agarwal is a medical doctor and a volunteer

LETTERS TO THE EDITOR

Letters emailed to letters@thehindu.co.in must carry the full postal address and the full name or the name with initials.

Midst of a pandemic

We are lucky there was no Opposition-organised protest against the janata curfew on Sunday. Otherwise the Opposition has the general strategy or tendency to oppose any directive by the ruling party. A self-imposed, once-a-week curfew is a good thing to be practised; it will bring down pollution levels, in the big cities at least. Going forward, it would be a good idea to restrict private vehicles and some public transport

systems on Sundays. The Central and State governments should give thought to promulgating a weekly-once curfew for the betterment of citizens.

V.P. DHANANJAYAN,
Chennai

Amid the gloom and trepidation following the COVID-19 pandemic, there is some cause for hope, in the form of a series of 'feel good' articles. Some have taken to writing on social media focusing on the positive aspects of the lockdown, by

imploping people to be positive, giving out tips for creative utilisation of one's time, and of experts sharing their knowledge on improving the environment, apart from highlighting cases of young and hardworking Samaritans helping people. These people are an example of new term, "caremongering" – there is an article on the BBC's website on this subject. This is a part of the healing process and a component of the fight against the pandemic.

Moving ahead, such initiatives will be needed in these difficult times.
SUNNY GURUNG,
Jodhpur, Rajasthan

Mockery of democracy

The backdoor entry of Shivraj Singh Chouhan as Madhya Pradesh Chief Minister, close on the heels of Justice Ranjan Gogoi's ignominious entry into the Rajya Sabha, should be perceived as yet another blow to the democratic and constitutional edifice of the nation. The ruling

establishment appears to have lost all sense of fair play and decency. Our rulers have no qualms in mocking people by upturning their democratic will. Elections have lost their meaning. The judiciary cannot afford to be seen as losing peoples' faith. The inert Congress Party, which is totally cut off from the

CORRECTIONS & CLARIFICATIONS:

The First battle of Panipat was fought in 1526. An Education Plus story titled "What History? Whose story?" (March 23, 2020) wrongly gave the year as 1556.

The Reader's Editor's office can be contacted by Telephone: +91-44-28418297/28576300; E-mail: readerseditor@thehindu.co.in



To read more letters online, scan the QR code

people, appears to be interested only in waging Twitter battles. Unless citizens close ranks and find alternative ways to assert their rights, the tentacles of authoritarianism are bound to tighten.
MANOHAR ALEMBATH,
Kannur, Kerala

The race to find a cure for COVID-19

While efforts to develop an anti-COVID-19 vaccine are encouraging, safety issues are paramount



VIRANDER CHAUHAN

The novel coronavirus has infected more than 4,00,000, people worldwide and led to the deaths of more than 17,000. The epicentre of the pandemic has shifted from Wuhan district in China to the highly developed Western world. Countries such as Italy, Spain, France, Germany, the U.K. and the U.S., which have some of the most advanced health systems in the world, have come under tremendous pressure and seem unable to deal with this health crisis. With no specific therapy or vaccine available at present, it is imperative that we fast-forward the development of efficacious vaccines and drug therapies against COVID-19. However, it must be emphasised that because vaccines are given to large populations, safety issues are paramount. The world is dealing with an unprecedented and unimaginably serious crisis. Therefore, the speed of vaccine development is crucial.

Encouraging developments

The race for developing an anti-COVID-19 vaccine has begun. Reasonable scientific rationale and the information needed for vaccine development are available to all stakeholders in academia and industry. A large number of candidate vaccines based on different vaccine platforms, including delivering the virus genetic materials (RNA, DNA) or using synthetic biology to produce key viral proteins, have already been developed. In fact, Phase-I safety trials of an experimental vaccine, jointly developed by scientists at the National Institute of Health and at Moderna, a biotechnology company, has already been administered to healthy volunteers for its safety and immunogenicity. Although based on some earlier experience of vaccines of other coronaviruses such as SARS and MERS, the speed with which the experimental vaccine has entered safety trials is unprecedented. Another vaccine jointly developed by China's Academy of Military Medical Sciences and CanSino Biologics has reported



"The race for developing an anti-COVID-19 vaccine has begun." A researcher works on a vaccine against COVID-19 at Copenhagen University's research lab in Copenhagen, Denmark. • AFP

edly been cleared for early-stage clinical trials in which more than 100 healthy volunteers are scheduled to receive the vaccine. The Serum Institute of India has also recently announced its readiness to start safety trials following animal experiments. According to a World Health Organization (WHO) report, more than 20 vaccine candidates are in advanced stages of development and will be ready for Phase-I safety trials. While these developments are encouraging, several questions will need to be answered for these candidates to move further.

Although it is quite evident that humans mount a strong immune response and clear the viral load, the nature of the immune response and how to trigger it safely through vaccination will be key questions to address. Some early, but limited, studies from China have suggested that monkeys can be infected with this virus but can be protected from reinfection. How long the acquired immunity in humans will last is another important question to be asked before experimental vaccines move forward. We will need to know this because if the immunity is transient, then humans will be susceptible to reinfections. Before moving to Phase-II trials in a large number of healthy volunteers, we also have to ensure that the immune response induced by vaccination does not lead to any disease enhancement, as has been observed in cases of some experimental vaccines against the den-

gue virus, and in animal studies with an experimental vaccine against the SARS virus.

It is absolutely imperative that anti-COVID vaccines are developed as fast as possible and by pushing all reasonable vaccine candidates through animal and human clinical trials. However, it is also clear that it will not be possible to roll-out any efficacious vaccine for at least another year. An all-out effort to develop a vaccine against COVID-19 must continue if we have to stop its spread.

With COVID-19 playing havoc across the world, therapeutic interventions, not only for curing severe cases of the disease but also for protecting all front-line healthcare workers, are urgently needed. Since developing new drugs is a complex and lengthy process, scientists and pharmaceutical companies have rushed to investigate and use drugs that have already been approved by regulatory authorities. Using available molecular and structural biology information on the virus, a group of scientists have analysed all interactions of the viral proteins with human proteins that are crucial for the virus to enter human cells and use the host cell machinery to rapidly reproduce itself. Of the nearly 70 short-listed molecules that may interrupt these key interactions, 24 happen to be already approved drugs which can now be tested in laboratory animal models as well as humans. However, the repurposing of several drugs, alone or in combinations to treat COVID-19

patients, have already been reported. There are many success stories of curing patients of COVID-19 doing the rounds in different parts of the world, but these have managed to create more confusion than hope. Without any appropriate controls, careful dosing and safety concerns, such small experiments can only do more harm than good.

Controlled randomised trials

Given the urgency of finding a cure, it is absolutely necessary to find out unequivocally what works well and what does not. For that conducting carefully controlled randomised trials is the only way to go. In a welcome move, the WHO has announced clinical trials called the 'Solidarity Project'. Under this four drugs or drug combinations will be tested in many countries around the world. These candidates include the anti-Ebola drug, Remdesivir, Chloroquine, anti-HIV drugs, and the Ritonavir/Lopinavir combination, with or without Interferon-beta. Many countries have already signed up for these trials and all drug companies, including CIPLA from India, have agreed to supply sufficient quantity of drugs needed. The European counterpart of the trial, Discovery, will conduct these trials in countries including France, Spain, Germany and the U.K. The pharma company Roche has also decided to initiate large, randomised Phase-III trials of its arthritis drug Actemra for its safety and efficacy in adult patients with severe COVID-19 pneumonia. It is complex and tedious to conduct randomised, large multi-centric trials. Quickly getting all the stakeholders together is laudable and underscores the notion that everyone needs to fight the deadly virus together. Hopefully, these trials will lead to tangible drug therapies against COVID-19.

It is most heartening to see scientists in academia and industrial partners coming together to fight a monumental public health crisis. The battle between pathogens and humans will continue but let us hope that we win the present one sooner than later.

Virander Chauhan is former Chairman of UGC and former Director of the International Centre for Genetic Engineering and Biotechnology where he currently holds the Arturo Falaschi Chair

Services at our doorstep

Similar to health workers, delivery workers are the new front-line force keeping citizens' lives running



ADITI SURIE

The 'ferrymen' of Wuhan, who have been providing groceries, food and medicines to citizens isolated in their homes, have been the backbone of cities that have been most hit by the novel coronavirus. In China, ride-hailing company Didi and others have a dedicated workforce and resources to provide free transport to health workers. Delivery infrastructure or digitally enabled micro-logistics are key to how citizens navigate their 'social distanced' lives during the pandemic.

Delivery technologies are providing a key form of infrastructure that can be mobilised at short notice, dynamically and at scale. The mix of multi-side market economics, an on-demand workforce, and algorithmically managed tasks make this mobilisation possible. This is what enabled Didi to launch food delivery in 21 cities in response to the pandemic. Delivery workers, similar to health workers, are the new front-line force keeping citizens' lives running.

New protocols

In India, how are companies navigating the threat their delivery personnel are under? Major delivery players in India have responded by publicising consumer awareness, restricting dynamic pricing (Amazon and Flipkart) and contact-less delivery protocols. Ola offers ₹1,000 a day for lost income for up to 21 days for drivers or their family members who contract the virus. Flipkart is reportedly mapping impacted areas to ensure that delivery agents are aware and least affected as they continue to offer relief to elite and middle-class households who have been the first-wave of likely infected citizens.

However, company follow-through is in question. Reports show that delivery platforms have not yet implemented some of these protocols. Indian mobility platforms have not yet offered to extend or waive loans and rental fees for lease drivers like Didi did for China in the month of February.

Digital delivery infrastructure is novel in form because of its socio-technological nature. Companies like Uber, Didi and Swiggy have pushed out a notion that their responsibility is to maintain the 'technological' half-hygiene on their apps, keep their algorithms working and offer 'decent' payouts to their flexible, contracted workforce. Like with other kinds of infrastructure it appears

mute, working efficiently in the background. However, the bodies of delivery personnel remain unnoticed, invisible. Companies use this rhetoric to make consumers like us believe that they can't do more than these tasks, obfuscating the fact that they can and we can hold them accountable for more than they claim.

Facing risks

It is only when such infrastructure breaks or is in decay that public concern around it grows. The COVID-19 pandemic exacerbates the risk faced by delivery agents. They are unable to take a break from work, work from home, or access the superfluous resources that white-collar and professionals in other fields are deriving from their employers. Delivery personnel face severe exposure to the virus without paid sick leave, without work, and daily payouts. Gig Workers Rising says delivery personnel don't choose to work during the pandemic but rather, they are being forced to, potentially putting the public at risk. Daily-wage workers in construction will possibly receive compensation from the U.P. government for their lost wages. Yet, platform delivery personnel, who are vital to allowing urban life to continue, have no proposed protections or rewards for their work.

Acknowledging the mix of delivery personnel and app-based delivery companies as infrastructure rather than the sole mandate of private companies can deliver better outcomes for personnel. It nullifies corporate marketing and propels the services into public governance. Indeed, government orders noting the lock-down of many districts note delivery as an essential service in most metros. Recognising the key infrastructural role that delivery personnel are playing in the pandemic opens up a set of responsibilities for the government to take on.

A new reality?

If governments around the world are ready to nationalise key infrastructure (like Spain's private hospitals), can we use the food delivery workforce to deliver tests or essential medicines to those affected? With the Delhi government banning all dining-in and allowing only delivery, is the pandemic a time to think about a new form of regulation that brings private, socio-technological infrastructure into the public fold in times of crises, eventually to be released back into the forces of the market? Can the app service and app worker's status as public infrastructure bolster a better interpretation of social protection that lasts beyond this crisis?

Aditi Surie is a sociologist at the Indian Institute for Human Settlements

COVID-19 and a city's anatomy

How the virus is changing the world and lives

SRIRAM LAKSHMAN

The public health crisis enveloping the world has spared no city, and Washington, DC, where I am normally based, is no exception.

Soon after returning from his trip to India, the city's most high-profile resident, U.S. President Donald Trump, held his first COVID-19 press briefing. He announced that Vice President Mike Pence would lead the effort against the virus. That Mr. Pence had been criticised for his public health record as Governor of Indiana added to the growing sense that Mr. Trump was taking things too casually and not responding adequately to the challenge. In the days after the briefing, more changes came to Washington, DC - it was as if people were finally and officially allowed to worry about COVID-19.

"It's coming towards us," one man was heard telling his companion on the Circulator, a local bus, referring to a case that had emerged in Rhode Island. Just the day before, the administration had announced a ban on travellers from Iran, and travel advisories for South Korea and Italy.

Spread of the virus

There was an awareness that the virus was stalking DC by the end of the first week of March, as reports of infections at the Conservative Political Action Conference and American Israel Public Affairs Committee emerged. Across the county, in Washington State, schools had closed, leaving many parents, especially those on a lower income or those without family support, wondering what they would do about childcare. By the time schools closed in DC and teleworking had kicked in, another problem had emerged: how would parents work from home and also home-school their children?

While it was only during the week before last that a significant number of offices in DC started moved to teleworking, not everyone could practise social distancing as the virus spread. Some workers did not have a choice about their interactions at work - for instance, the store cashier, the concierge at an apartment building, the cab driver. People in these positions are often minorities or have low incomes, adding to their risks of mak-

ing it through these times unscathed.

Some who could practise social distancing apparently chose not to. Groups of younger Washingtonians, dressed in green for St. Patrick's Day, were seen on the streets. Younger people have been criticised in the U.S. for a 'business as usual' approach to socialising and taking their Spring Break.

Grey clouds and silver linings

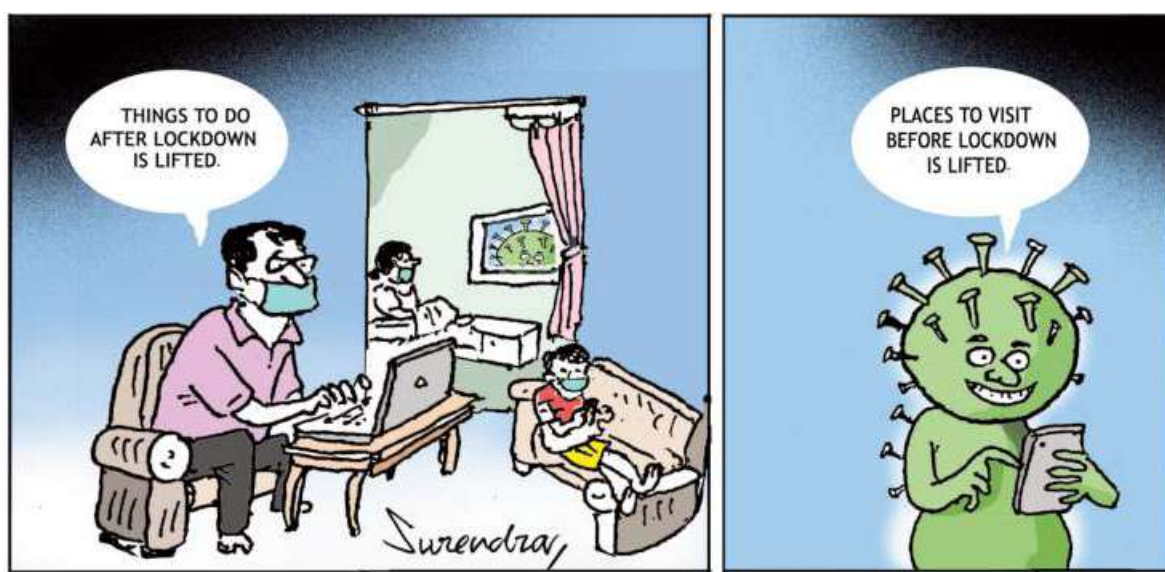
People working in the gig economy or running small businesses have also been impacted. For instance, Uber drivers reported a loss of passengers and small business owners have had to grapple with letting go of employees to keep their businesses afloat.

At supermarkets, people jostled for space in the aisles, some buying what looked like a month's worth of groceries, emptying out certain categories of food. Department stores ran out of hand sanitisers, thermometers, and even toilet paper. Notices limiting purchases were seen at several stores in the city.

Last week, Mr. Trump appeared to step up the use of what some have called xenophobic language to describe the pathogen, making references to the "foreign" or "Chinese" virus. This has some foreigners in DC worried. A woman in her early forties, Ellen (last name withheld), whose senior citizen parents were visiting DC from Belgium, told *The Hindu* that her parents had decided to return to their home, despite Europe being the epicentre of the pandemic. "They didn't trust the health care system here and the political response," she said, concerned that ventilators, which the U.S. does not potentially have enough of, would be reserved for U.S. citizens.

However, there are some silver linings to the many grey clouds. People are stepping up to help. For instance, with restaurants closing, Chef Jose Andreas is converting his outlets into community kitchens. "People have to eat," Mr. Andreas said, as per *The Washington Post*. Some stores have reserved hours for those above 60 and other more vulnerable groups. The virus is changing the world and lives, and DC is no exception.

sriram.lakshman@thehindu.co.in

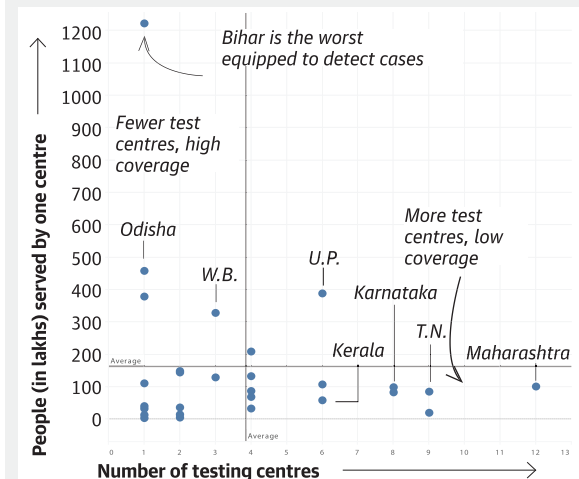


DATA POINT

Can our health infrastructure handle COVID-19?

With just one sample testing centre for 12 crore people, the lowest doctor-patient ratio and the least number of hospital beds per patient among States, Bihar is poorly equipped to deal with the COVID-19 crisis. Many other big States also have low beds-patient and hospital-patient ratios. By **Sumant Sen and Vignesh Radhakrishnan**

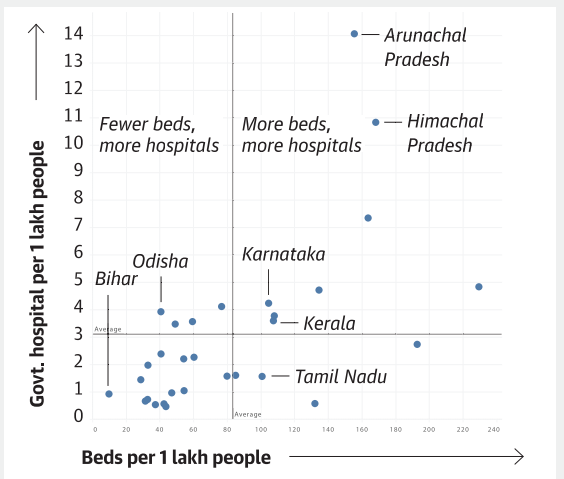
1. STATE OF TESTING CENTRES | The chart plots the number of COVID-19 sample testing centres against the average number of people served by one testing centre across States. While Maharashtra has the highest number of testing centres, the State is still under-equipped to detect cases as one testing centre is available for 1.02 crore people



3. POOR DOCTOR RATIO | According to WHO, there should be one doctor for 1,000 people. However, in Bihar, one allopathic doctor serves 43,788 people

State/UT	No. of govt. allopathic doctors	People served by one doctor
Bihar	2,792	43,788
Uttar Pradesh	10,754	21,702
Jharkhand	1,793	21,157
Madhya Pradesh	4,588	18,276
Chhattisgarh	1,626	17,829

2. BEDS AND HOSPITALS | The chart plots the number of government hospitals per one lakh population against the number of beds per one lakh population across States. Andhra Pradesh had the lowest hospital-population ratio while Bihar had the lowest bed-population ratio. Many big States also have poor bed and hospital ratios



4. BETTER DOCTOR RATIO | Delhi was relatively better with one doctor for every 2,208 people. However, all States fall short of the WHO's guideline on doctor ratio

State/UT	No. of govt. allopathic doctors	People served by one doctor
Delhi	9,121	2,028
Goa	644	2,429
Sikkim	268	2,540
Manipur	1,099	2,774
Mizoram	437	2,797

Source: National Health Profile 2019, NFHS-4, ICMR

The Hindu

FROM THE ARCHIVES

50 YEARS AGO MARCH 25, 1970

Leader and PM come near to blows

The Canadian Prime Minister, Mr. Pierre Trudeau, and a trade union leader almost came to blows in a corridor in the Parliament building last night [March 24, Ottawa]. A crowd in the corridor stepped between Mr. Trudeau and M. Michel Chartrand, of the Quebec-based Confederation of National Trade Unions, as they glared at each other and exchanged abuse. M. Chartrand called the Prime Minister "A Christ of a liar" and members of his Government "goons" and "prostitutes." The pair came close to throwing punches as Mr. Trudeau moved away after a heated conversation and M. Chartrand shouted that he was leaving with his "goons." Mr. Trudeau, angered by the jibe, wheeled round and said: "I don't need anyone to protect myself from you." Earlier the Quebec labour leaders and Government Ministers had an acid meeting in a room off the corridor. As the meeting ended and the participants left the room, M. Chartrand said a youth was imprisoned because he insulted Mr. Trudeau. He did not elaborate. Mr. Trudeau denied this and said M. Chartrand was inventing things. M. Chartrand then shouted: "You are raping the population. You are a Christ of a liar." Mr. Trudeau replied: "You are truly a fanatic."

A HUNDRED YEARS AGO MARCH 25, 1920.

Our Rule in India.

Mr. R.C. Reginald Nevill writes: - Although almost every educated Indian desires a greater measure of political power for his fellow countrymen, there is much altogether outside the sphere of politics in India which most profoundly affect the future relations of Englishmen and Indians. In politics there are wide differences of opinion among Indians. The cleavage between Moderates and Nationalists now seems to be complete. Among Nationalists as represented in the Indian National Congress there exist also many grades of opinion. The Moderates gladly welcome the Montagu Reforms, and are prepared to do their utmost to make the Reform scheme a success. Some of the Nationalists also recognise gratefully the work which Mr. Montagu has done but while appreciating his efforts, and expressing their willingness to co-operate up to a point, they say frankly that they consider these reforms inadequate, and announce their intention of continuing to press for further and wider political power.