

Kerala nurse raring to return to duty after defeating COVID-19



Father-daughter duo in Madhya Pradesh recover completely



Pope opens Holy Week amid pandemic, says now is the time to serve



Life insurance policy holders get 30 more days to pay premium

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Five militants, 3 soldiers dead in Kupwara strike

Five militants have been killed in an ongoing operation along the Line of Control in north Kashmir's Kupwara. Three soldiers were killed during the operation, said an Army spokesman.

NEWS ▶ PAGE 8

Some schools monitor lamp lighting by students

NEW DELHI Parents cried foul on Sunday as several schools monitored whether their students lit diyas at 9 p.m., as urged by the Prime Minister, pressured by a letter from the Ministry of Human Resource Development asking for an action-taken report. The Ministry later clarified that no coercion was intended. **NEWS** ▶ PAGE 8

Capital records 58

new cases, one death NEW DELHI The total number of COVID-19 cases in the Capital crossed 500 after 58 new cases were reported on Sunday, the Delhi government said. One person died taking the toll to seven. Of the new cases, 19 are connected to the Nizamuddin centre. In all, 503 cases have been reported in Delhi so far. CITY ▶ PAGE 3

Cases doubled in 4.1 days due to Tablighi Jamaat event: govt.

We are chasing the virus, say officials as new cases rise in Maharashtra, T.N.

SPECIAL CORRESPONDENT

India's death toll from CO-VID-19 rose to 83 on Sunday, with 11 fatalities since Saturday. The number of confirmed infections across the country stood at 3,577 cases, with 505 new cases; 274 persons have recovered, the Union Health Ministry said.

"We are chasing the virus rather than the other way around and India's strategy continues to be preventive. We rather be over prepared," Joint Secretary in the Union Health Ministry Lav Agarwal said at Sunday's press briefing.

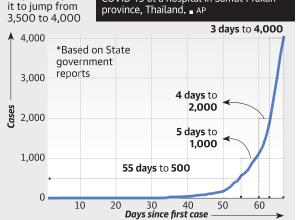
COVID-19

The Ministry maintained that last month's Tablighi Jamaat gathering in Delhi has pushed up the doubling rate of cases in India to 4.1 days from the estimated 7.4 days.

Reports from State Health Departments put the death toll across the country at 127, with 3,603 active cases. The maximum number of cases continued to be reported from Maharashtra at 748, with 13 fatalities in the past 24 hours. Tamil Nadu followed with 559 active cases, reporting two fatalities since

Rapid increase The number of confirmed COVID-19 cases in India crossed 4,000* on Sunday. While it took 55 days for 500 cases, it took only one day for





Stating that there is no evidence to suggest airborne transmission of the novel coronavirus, head of Epidemiology and Communicable Diseases with the Indian Council of Medical Research Raman Gangakhedkar said rapid antibody-based blood test for COVID-19 would be deployed by Wednesday for high prevalence areas and hotspots across India.

Asked about concerns raised by doctors of AIIMS, Delhi, and other cities on the shortage of personal protective equipment (PPE), Mr. Agarwal said the situation should ease in a few days.

CONTINUED ON ▶ PAGE 8 MORE REPORTS ON ▶ PAGES 2, 3, 4, 5, 8, 9, 10, 11

300 TABLIGHI JAMAAT MEMBERS TEST POSITIVE IN PAK. ▶ PAGE 12

'Ready to stop academic loss'

The government will take a decision on reopening of schools and colleges on April 14 after reviewing the COVID-19 situation in the country, Union HRD Minister Ramesh Pokhriyal said. He added that the safety of students and teachers is of utmost importance and his Ministry is prepared to ensure that there is no academic loss if the lockdown is extended. ▶ PAGE 8

Puzzling cases in Karnataka

As 22 of the 151 positive cases in Karnataka don't have any foreign travel or contact history, State health officials are at a loss to understand how they could have contracted the infection. While the cases raise questions as to whether it is the beginning of community transmission, officials have been denying it. The patients have spread the infection to eight others. PAGE 5

PM lights lamp as nation joins hands against virus

Fireworks, conches join nine-minute event across country

SPECIAL CORRESPONDENT

People across the country switched off lights in their houses and lit lamps at their doors and balconies in solidarity with the rest of the country in combating CO-VID-19 at the call of Prime Minister Narendra Modi.

Mr. Modi had, in a video message last week, asked Indians to light a lamp or flash a torch from their mobile phone at 9 p.m. on Sunday for nine minutes. The Prime Minister lit a lamp at his official residence at 7 Lok Kalyan Marg and tweeted a Sanskrit verse, seeking health and prosperity for all and the defeat of all enemies

Mr. Modi wore a white south Indian mundu (dhoti) and an Assamese gamocha (towel) and lit a traditional oil lamp from south India. This was to convey, sources said, solidarity with all corners of the country.

President Ram Nath Kovind and First Lady Savita Kovind also lit lamps as did Vice-President M. Venkaiah Naidu. Several political party leaders, including YSRCP chief and Andhra Pradesh Chief Minister Jagan Mohan Reddy and Tamil Nadu Chief Minister Eddapadi Palaniswami, joined in.

Union Health Minister



United effort: Nurses of J.N. Ray Hospital in Kolkata expressing solidarity in the fight against the pandemic. • PTI

Harsh Vardhan lit a lamp along with AIIMS doctors and staff, whom he called "Corona warriors", on the Delhi campus.

lights ignite our energies and ensure the 'victory of good over evil. My prayers go out for all those million homes across the planet who are suffering because of coronavirus," he said.

silence of the lockdown. At

some places, Hindu devotional songs, mantras and the national anthem were also played.

'Victory of good'

"Let the brightness of the

As the clock struck 9, lights went out in most houses and people gathered in balconies and at doors, flashing lights, while many lit candles and lamps. The sound of fireworks, conches, beating of vessels, whistles and police sirens broke the The event passed off with-

out any disruption to the national electricity grid after the government and utilities put in place elaborate plans to deal with the sudden drop and then a quick spurt in demand.

India has been on a 21-day lockdown from March 25 to check the spread of coronavirus pandemic that has claimed over 83 lives in the country and 65,000 globally, while more than 12,00,000 declared cases have been registered in 190 countries since the epidemic first emerged in China in December 2019.

(With PTI imputs)

+ U.P. lockdown to end in phases: Adityanath

CM seeks legislators' advice on plan

The lockdown imposed to stem the spread of COVID-19 will come to an end in Uttar Pradesh on April 15 but in phases, Chief Minister Yogi Adityanath has said.

"15 April se lockdown samapt hone wala hai (The lockdown will come to an end on April 15)," Mr. Adityanath said while interacting with MLAs in the State through videoconferencing on Saturday.

He, however, stressed the need to end the lockdown in phases. "On April 15, once we end the lockdown, if crowds gather at once, all the efforts will go down the drain. We have to ensure that the crowding doesn't take place. Your help and cooperation is needed in

this regard," he said. The Chief Minister sought



the MLAs' suggestions in deciding which establishments should be opened first.

Mr. Adityanath told the legislators that there is a need to fully defeat the virus by November-December.

He also connected with all MPs and Ministers in the State through videoconferencing and appealed to them to ensure that the common man standing on the last rung gets benefits of the government's

Sample survey



Watchful eyes: Doctors collecting samples of people having cold and cough for testing for COVID-19 at a clinic near the containment area of Ambavadi in Dahisar in the northern suburb of Mumbai on Sunday. • AADESH CHOUDHARY

Rapid antibody testing for hotspots first: ICMR

The rollout is likely on Wednesday

SPECIAL CORRESPONDENT

The Indian Council of Medical Research (ICMR) said the rapid antibody-based blood test for COVID-19 will be deployed by this Wednesdav in clusters and hotspots showing high incidence of confirmed cases.

Raman R. Gangakhedkar, head of the Epidemiology and Communicable Diseases Division of the ICMR, explained that overall testing for COVID-19 using real-time reverse transcription polymerase chain reaction (RT-PCR), a laboratory technique combining reverse transcription of RNA into DNA, is increasing and that India would be approaching

full capacity soon. "At the same time, we are expecting delivery of rapid test kits (blood-based) for use in response to COVID-19

and treatment

Free testing

The Centre has decided to provide free testing and treatment of COVID-19 under the Ayushman Bharat Scheme. The move will benefit more than 50 crore beneficiaries across India. ▶ PAGE 8

situation. By Wednesday, this should be up and running," he added.

The Health Ministry added that all States/UTs had been issued guidelines for implementing these tests and reports may be entered into the ICMR portal, similar to results of real-time RT PCR tests for COVID-19.

CONTINUED ON ▶ PAGE 8

this facility," he said.

Taking COVID-19 news to remote corners of Odisha

17 community radio networks are spreading awareness in rural areas with limited Internet access

SATYASUNDAR BARIK BHUBANESWAR At a time when people are keen on understanding the evolving COVID-19 pandemic, as many as 17 community radio networks are proving to be a refreshing tool for the customised dissemination of information to rural audiences in Odisha.

"Our experience shows that for more than 60% of the rural population, DTH (direct to home) and Internet-based media are still out of reach. Moreover, neither television nor any other sources of information would provide them with news related to the small geographical area they live within," said N. A. Shah Ansari, founder of Radio Namaskar and president of

Odisha's Community Radio

Urging labourers

The past one week has been very hectic for community radio operators. Apart from passing on the government's instructions, they kept prodding their target audiences, especially migrant labourers who had returned from outside the State, to inform their respective gram panchayats

"We deliberately did not it causes panic. We just urged migrant labourers to go to panchayat offices and Our approach clicked. According to the feedback we have received, most of them went and disclosed

Association.

of their arrival.

utter the word quarantine as inform them of their arrival.



station in Odisha. • SPECIAL ARRANGEMENT their travel history," said Mr. weekly markets, adhering to

Villagers turn up the volume on radios for groups of listeners with emphasis on social distancing.

Verified information

"In the lockdown situation,

the timings and location of

rules on safe distance, and the status of local ATMs are critical messages that community radio can disseminate effectively. When misinformation is flooded on social media, people get confused, but we broadcast verified

information," said Pradeepta Dutta, chairman of Radio Kisan which operates from Balipatna in Khordha district. The most common

question asked by listeners was if the coronavirus could be transmitted by domestic animals or stray dogs. Sibani Suar of Phulbani's

Radio Muskan added: "We work in close coordination with the district administration. Awareness messages and warnings on health hazards are sourced from very authentic sources.' Community radio stations

are operating in remote pockets of Puri, Jagatsinghpur, Bhadrak, Nayagarh, Kandhamal, Khordha, Nuapada, Balasore and Koraput districts.

Delhi lab to offer 'drive-through test'

DDL to start sample collection at Punjabi Bagh centre today

ЈАСОВ КОЅНҮ

To work around the challenges of home-based testing in the country, Dr. Dangs Lab (DDL) plans to offer 'drivethrough test' for COVID-19.

South Korea leads the world in the number of tests per million to check for coronavirus infection and it has been able to do it, partly, by allowing those who feel sick to drive up to a test centre where nurses wearing protective gear collect a nose or throat sample from the car itself. Results are mailed or messaged in a day. This method of mass testing has allowed reduced contact between patients and healthcare workers, thereby lessening the chances

transmission. "Inspired" by the South Korean approach, Arjun Dang, CEO, DDL, said the test

would conform with the guidelines of the Indian Council Medical Research that mandates only those who have a doctor's prescription to be offered a test. "What we have seen so far

is that many are uncomfortable with the home collection process. They are worried that lab personnel – despite being fully protected - may infect family members," Dr. Arjun told *The Hindu*.

Testing apprehensions

Navin Dang, president, DDL, said that some people are worried that lab personnel visiting home in full protective gear would scare the neighbours. "There are also instances when spouses of some of our own lab personnel have been told by their partners to live separately for a month. It's to address such

concerns that we are offering

centre in west Delhi from Monday, would require those wanting a test to pre-register, pay online and provide details of their car. There would be a 30-metre gap between cars. "A stretch in the parking lot will be used for this purpose. The cars will be

parked in designated spots,

windows rolled down, sam-

ples collected and they will

drive off. Each test should

The drive-through test,

which the lab will begin to

offer at its Punjabi Bagh

take about 20 minutes," Dr. Arjun said. Testing for COVID-19 costs ₹4,500 and the drivethrough test cost will be "similar", he added, but didn't specify the exact price. People are already signing up online for the test, but the days ahead are likely to see an up-

tick in such visits, he said.

Prem, Mid-day meal server

Outside the Sarvodya Kanya Vidyalaya at Nehru Vihar, a makeshift arrangement has been made where women, in shifts, have been distributing food to the homeless, migrant workers and anyone who arrives

Food distribution started since the lockdown, said Prem, one of the four women on duty. "We are all associated with the school. We used to serve mid-day meals to children. Since the school is now closed, following the lockdown, we were asked to volunteer and distribute food among the needy," the 53-year-old, who has been with the school for usually come for the evening shift,"

for the morning shift. There are four Prem.

others, who live in the vicinity. They

more than a decade, says. Food is distributed twice a day, she informs. "Lots of people turn up throughout the day including people who live in nearby clusters and are unable to manage food. On a daily basis, we spend around 4-5 hours distributing food. Because I live in Wazirabad and come walking, I have opted

Prem describes her new duty as 'sewa'. "When the school authorities told me to be a part of the food distribution, I readily agreed. In times of crisis like this one, how can we not be part of the sewa? When everyone is participating in

Shinjini Ghosh

their own bit, this is our

way of contributing," said

'No work, has to borrow money from relatives'

Kaushalya Devi, House-help

With no ration card or access to banks, the lockdown has left Kaushalya Devi, 'helpless'. The breadwinner of her family, which comprises five members including two children, she has to borrow money from her relatives to en-

"The three houses where I work pay my salary in cash so I never had to worry. But now I am unable to even reach their houses to collect the month's salary. They wanted to transfer the money to my account, but my branch is in Nehru Place and I cannot even walk [upto] there. It will take me two hours, if not more," says the Madanpur Kha-

dar resident. assurances from the State government, the ration shop she visited turned her away as she did not have a ration card. "The shop owners were distributing ration to only those who had a card and I am not aware of how to register for one. They said that the list of people who can claim the ration without

a card will only come later and asked

me to visit after April 10. But how will

I sustain my family till then?" she asks.

While adding that the current situ-The 31-year-old adds that despite ation has created an 'unending crisis', she elaborates: "My husband is differently abled and is unable

to contribute a single penny. The current situation is only adding to my woes. I do not even know if there is any category for those who are differently abled so that we get some respite. I had to borrow money from relatives to buy basic vegetables but that

also cannot be a solution for long. We are at a loss and have no idea how to come out of it," she sighs.

Ground reality: destroyed but not defeated

The lockdown has affected most strata of society, each tugging with reality and moving along with their lives. A slice of life in the times of clampdown

Keeping track of the virus, round-the-clock

Dr. Sanjay Sagar, Head of District Surveillance Office (north district)

By January-end, the government had started monitoring people coming from China for possible COVID-19 infection. This is when work started getting hectic for Sanjay Sagar, who heads the District Surveillance Office (DSO) of the north district in Delhi, and his team.

The team's work is twofold: home quarantining people and tracing contacts of those who test positive. For the last 10 days, his office has been functioning roundthe-clock. "If anyone who is home quarantined develops symptoms, we will have to coordinate and move the person to a hospital immediately," he said.

In the last two months, he noticed a strange pattern. "It is easier to make people from middle class and lower middle class understand the threat of COVID-19 and home quarantine them. But it is a little difficult to convince people from affluent families," he said.

Dr. Sagar's work starts as soon as the immigration department files a list of flyers to the State Surveillance Office, which is then forwarded to his office."We connect each of them [fliers] in our district to a Delhi government or MCD clinic and then ASHA workers, ANMs [Auxiliary Nurse Midwifery] keep a watch on them. They visit each of the home quarand check for symptoms," he PPE."



The person is moved to a hospital if any symptom such as fever or dry cough appears. "The healthcare workers have been given gloves, masks and hand sanitisers. We have also trained them to maintain distance and abstain from socialising at the houses they visit," the doctor

"If a person tests positive, we talk to him and make a comprehensive list of his family members and the people he might have met. We trace them and they are also quarantined for 14 days," he

When asked about the problems they face, Dr. Sagar said, "The Personal Protection Equipment (PPE) kits are few. We get enough for our antined people twice a day use. But still we need more

Nikhil M Babu

'It is risky, but duty comes first'

Dr. Priya Sharma, Eye specialist at Gurugram Civil Hospital

"Yes, risk is there. And there is a sense of fear at the back of the mind. But duty comes first," said Priya Sharma, currently working with the screening and sampling team which is running a flu OPD to screen COVID-19 suspects at Sector 10 Civil Hospital, since the outbreak of the epidemic early

The 43-year-old eye specialist said she was extra cautious when she returned home from hospital every evening. "I avoid touching the door knobs, and the light switches. I ensure that while talking to my son and parents, I maintain a safe distance. I hardly enter their rooms after returning from hospital," said Dr. Sharma.

She said the entire team of doctors at the hospital had been working diligently since the outbreak, putting in extra hours to identify the suspects and then



of works, under the leadership of Principal Medical Officer Dr. Deepa and the Chief Medical Officer J.S. Punia, who kept them in high spirits.

Dr. Sharma said many patients with symptoms of flu came to get themselves tested for COV-ID-19. Hence, they had to screen each and every patient carefully

take their samples. "We also need to explain and counsel to the rest that every cough and cold symptom is not due to COVID-19. At times, counselling people becomes very difficult, but we try our best to allay the anxiety of the patients," Dr. Sharma said.

She said that at the same time it was very important for them to protect themselves since every patient was a potential COVID-19 suspect. "We take all the necessary precautions like wearing masks, caps, using sanitisers at frequent intervals and maintaining a proper distance from the patients. While collecting samples from the suspected cases, necessary precautions are taken. We have sufficient supply of Personal Protective Equipment which we need to wear while taking samples to protect ourselves," said Dr. Sharma.

Ashok Kumar

'Transition was not easy'

Dr. Shubha Bansal,

Eye Surgeon at Gurugram Civil Hospital

"Our jawans are guarding our borders. There is a sense of fear if one of them is killed. But, this does not mean that they run away from their duty. As a doctor, I took an oath to serve people, and this is the opportunity to fulfil it," said Shubha Bansal, when asked whether she was worried about herself and her family when told to collect samples of COVID-19 suspects.

Dr. Bansal, like her colleagues from orthopaedic and dental departments, was entrusted with the job of sample collection of the suspects for 24 hours at Sector 10 involves the maximum risk. How- mask and the suspects also wore

necessary protective gear, suits and equipment. You need to remain available for 24 hours and can be called at any time for sample collection," said 42-year-old

Dr. Bansal. The transition was not easy for her. She is grateful to her colleagues from the department to come forward to help. She also watched YouTube videos to prepare herself for the job.

Now, she is involved in the screening of COVID-19 suspects based on their travel history and symptoms on a regular basis. She said Civil Hospital. "Sample collection that she wore a double-layered ever, we were provided with all masks and were made to keep a

safe distance during screening. Leaves of all doctors had been cancelled, she said.

She, however, faced a bigger challenge at the household front with her domestic help not turning up for work due

to lockdown. Dr. Bansal said her husband, Rahul Bhargava, director of bone marrow department, Fortis Hospital, had a very hectic schedule and was not able to help her in house-

hold chores. "I cannot ask him to do the dishes. He is so busy," said, was too young to help her.

Wanted: better protection gear, facilities for doctors

Dr. Deepankar Chaudhary, Doctor at Safdarjung Hospital

Deepankar Chaudhary, who works at the Safdarjung Hospital where COVID-19 patients and suspects are being treated, said his workload has increased. A lot of private hospitals from other cities and towns are also referring their patients to the hospital.

"A few days ago, I treated two patients who were referred from Moradabad. Uttar Pradesh has good hospitals, still the patients are being referred here," he said.

To reduce the workload and help them work more efficiently, he felt that the doctors should be provided better Personal Protection Equipment (PPE). "PPE should be of good quality. For instance, a proper PPE is one single piece and we do not have to connect the cap separately. This will give better protection," the 29-yearold doctor said.

Moreover, he pointed out that the shoe covers used by doctors in China and the U.K are knee-high, but the one he uses comes up only till the ankle. "I am 5 feet 11 inches tall. So my ankle is exposed when I move. There is a risk of infection when I touch shoe my or shoelace,

observing

that the PPE

at the ITBP quarantine facility in Chhawla, where he worked from February 27 till March 15, was better.

The challenges don't end here. "Some people hide their travel history, which increases the risk of spreading infection. People have to be more careful. I see many young people on the streets who are not serious about the disease.

Outlining his work, Dr. Chaudhary said patients with respiratory difficulties go through a primary screening, before prospective COV-ID-19 cases are referred to an Acute Respiratory Illness (ARI) unit on the sixth floor of the new emergency block called 'Ward A'. "We keep them in isolation for two days and send a sample for testing. If it turns out to be negative, we shift them to another ward and keep them in isolation until they test negative for a second time,"

he said. Those patients who test positive are transferred to an isolated ward. As the number of both patients and doctors in the hospital is increasing, he demands more rooms for doctors. "Many of them do not want to go

home and like to stay back at the hospital," said the doctor, who is cautious enough not to let anyone sit in his car fection.

Nikhil M Babu

As demand for online essentials rise, firms devise new strategies

Some let you buy grocery from local stores, a few are partnering with other apps

SIDHARTH RAVI NEW DELHI

The lockdown due to CO-VID-19 outbreak has hit life hard in the city and across the country but for online delivery firms, the situation presents a unique opportunity as more and more customers are avoiding public places for buying essential items.

"Across the country, due to the lockdown, there is a demand for essentials and in these extraordinary times, companies need to rise to the occasion," said a spokesperson for Dunzo, an e-commerce company, which provides delivery partners for all kinds of goods.

COVID-19

The company has reportedly trimmed its catalogue to sell only the ones mandated tion products, and other basic necessities, Dunzo said.

It added that users across the platform are primarily looking for essentials and preventive healthcare items like sanitisers while also be-



Sunday. ■ v.v. KRISHNAN

about their shopping.

Hard approach

Online grocery company Groffers has also taken a "hard approach to hoarding of essential commodities". The company said: "To ensure supplies to genuine customers, we are proactively blocking people who are trying to game the system to acquire items. Promotions for essential commodities are being discontinued as well and excessive buying or multiple orders to bypass inventory limits can lead to order cancellations."

While the company is reportedly facing a warehousestaff crunch, many are not turning up either due to the fear of contracting the virus or they had returned to their hometowns. Rohith Sharma, head of supply chain at the company, explained: "Currently, 65% of our warehouse staff is operational and we

are hiring an additional

2,000 from the industries, which have been deeply impacted by the current crisis such as textile, manufacturing, and services."

With regard to delivery, the company said it was working with other platforms such as Zomato but were also "encouraging supply chain hiring through referrals by giving bonuses to those who are referring friends and family for work." Meanwhile, Zomato has started a "Zomato Market" option on its mobile application, which allows users to purchase goods from grocers in the city.

Online grocery delivery company Big Basket said while their supply side was "working fine", there had been an unprecedented increase in demand - "well beyond what we had planned for". The company added that suppliers had been working closely to cater to the increased demand, which it expects to continue over the

coming weeks. However, to meet the demand, it was also increasing the number of bikes, vans and manpower. The company has also partnered with cab aggregator Uber to deliver everyday essentials to consumers.

Focus on hygiene

The companies have also taken measures to limit the risk of transmission of the virus, with provisions for contactless delivery, temperature checks of delivery agents and other protocols for sanitisation. Groffers, for instance, said their warehouses were being disinfected and sanitised daily, there is mandatory temperature checks for staff, strict protocols on use of sanitisers, regular disinfection of crates and other measures. Big Basket said they were also following similar precautions, equipping personnel with gloves and encouraging digital payments among other measures.

Similarly, Zomato and Swiggy have given detailed instructions regarding various precautions they have been taking on their mobile applications. These include training drivers on safety precautions, ensuring restaurant safety practices, contactless delivery, with recommendations to leave a stool outside your door to allow agents to leave the package.

The brighter side of dark days

The 21-day lockdown is bringing about some major social changes, and all of them are not totally undesirable

BILLY CHATTERJEE

et me start with a confession. I am probably ✓ one of the least affected by the nationwide lockdown.

Having worked for the jetset corporate world for a lifetime, mine is now a SOHO (small-office-home-office) and my work can be best described by the quote from the chimney sweep in Mary Poppins: "I do what I likes,

COMMENT

and I likes what I do."

Not only do I work from home, but I also take special pride in running the house, including cooking - which is one of my many passions. So staying indoors for three weeks is not a big challenge for me.

By now it is obvious to all that the economic impact of the COVID-19 pandemic and the lockdown would be huge. The daily wage earners are already feeling the heat. Small, medium and even large business houses will be impacted by this like never before. Experts have not dared to predict the quantum of damage.

But this sudden change will also bring about some major social changes, and all of them may not be totally undesirable.

The family unit

The urban middle class today is a combination of complicated sets of relationships. The man of the house is busy earning more to meet the growing demands of the family. He has very little time for home.

The erstwhile "housewife" is now a liberated working woman, yet struggling to balance work and home. Children, as it has been for generations, do not find much to talk about at home and are busy with their social life and social media. Conversations within the family are monosyllabic and eating together is rare. That is what life was before March 25, 2020.

Today, they are all confined within the four walls of the house and bump into each other more often than desired.

Meals are served together and though one has the option of looking at one's smartphone while eating, stray conversations have started happening. Perhaps this may lead to an end to their obsession with mobile phones.

Who does what in the family was well defined. All undesirable and difficult house-



Conversations within the family are monosyllabic and eating

hold chores were delegated to the hired domestic help. It was a happy equilibrium. That has also changed now.

I called an old colleague the other day. He grudgingly said that he was washing utensils and would talk to me after some time. Another (male) friend shared his newly discovered knowledge that 'you walk forward when you sweep and move backwards when you mop".

The forgotten skills

I live in a condominium in Gurugram surrounded by millennials. Four or five such youths share a flat, spend most of their time looking at their laptop or smartphones while at home. Even the food is ordered using the same gadget, and is promptly deli-

vered by the aggregators. Those who are more health conscious have someone come in and cook for them. Unfortunately, all this has also changed.

With restaurants shut down and admission of helps banned in the condominium, the millennials have no option but to acquire some

I overheard a conversation

between two boys in the elevator. One of them was taking telephonic lessons from his mother every day and said that he took 45 minutes to make one parantha the previous day.

Green working style

Working from home was never a bad idea for many professionals. Now people are realising that it is probably a

more efficient one too. Environmentalists have been shouting from the rooftops for many decades to do

For the first time in 15 years I could see stars from my 12th-floor balcony. The sky was clear blue, something I had never seen before in

busy Gurugram. They say human behaviour can change in just 21 days. Ironically, we have a 21day lockdown to do things that people have not done in a long, long time. Some of these changes will certainly be in a positive direction.

Billy Chatterjee has worked as a market research professional for more than three decades. For the last three years, he has been producing Bengali feature films.

under the Essential Commodities Act, they added. The company has also been advising its partners on the types of goods they ought to store to meet the demand on the app. These include fruits and vegetables, grains and pulses, hygiene and sanita-

ing extremely judicious

Who is to blame for virus going viral from Nizamuddin?

Tablighi Jamaat congregation attended by several thousands in city in March has led to a rise in COVID-19 cases across the nation

NIKHIL M BABU SAURABH TRIVEDI SIDHARTH RAVI

Government agencies are playing a passing-the-buck game on who was responsible for allowing the congregation at the Tablighi Jamaat centre in Nizamuddin, from where a large number of CO-VID-19 cases across the country have been traced, at a time orders were in place prohibiting large gatherings.

The Delhi Police, the local municipal corporation as well as the Delhi government, are vet to come clean on the issue and fix accountability on those responsible for Nizamuddin becoming the single largest source of COVID-19 infections in the country.

At a time when robust efforts are needed to fix accountability, there's little doubt that a common sense approach could have prompted the Tablighi Jamaat to cancel the March 13-15 ijtema, or congregation, given that the virus went viral from a similar February 28-March 1 gathering in Malaysia.

Delhi government

Since COVID-19 cases started appearing from the Tablighi's Nizamuddin centre, many Aam Aadmi Party (AAP) leaders blamed the city police for not enforcing Delhi government bans on large gatherings of people.

On March 13, Deputy Chief

Minister Manish Sisodia, announced that "all sports gathering/conferences/seminars beyond 200 people" were prohibited in Delhi.

"We have told all Sub-Divisional Magistrates and District Magistrates that all orfrom the Health Department on COVID-19 should be followed strictly and if anyone violates it, action will be taken immediately," Mr. Sisodia had said.

Again, on March 16, Chief Minister Arvind Kejriwal, announcing a ban on any gathering of more than 50 people in Delhi had said, "If protesters or any other groups still continue to gather in large numbers then apt actions under the Epidemic Disease Act will be taken by the area DMs, SDMs."

Addressing the press on March 31, Mr. Kejriwal had said that action would be taken against officials if found negligent in the matter and no one would be spared. "Many people are saying that this letter was written to that officer on this date and he did not take any action, etc. If any officer is found to be negligent, he would not be spared," the Chief Minister had said.

But "action", if any, is not in the public domain.

On March 31, Mr. Kejriwal "ordered" the registration of an FIR against a cleric at the Tablighi Jamaat centre even though time and again he has pointed to the fact that the



The Tablighi Jamaat's headquarters in Nizamuddin has emerged as a COVID-19 hotspot. • PTI

Delhi Police reports to the Union Home Ministry and not the Delhi government. When contacted, a government spokesperson said that it was not aware of the religious congregation at the

To a question about the enforcement of Delhi government orders banning large gatherings, the official said that it was primarily the duty of the police to enforce it. Commenting on the statements made by Mr. Kejriwal and Mr. Sisodia that SDMs and DMs should take action, the spokesperson said that the government would look

"Right now, we are handling the cases that are coming from the Tablighi centre and testing is still not over. We will look into whether there was any neglect too,"

COVID-19

the official said. Deputy Commissioner (South-East) Harleen Kaur, and SDM (Defence Colony) Vinod Yadav did not respond to multiple calls and messages.

"It is not our duty to check what is going on in different parts of the city. Once the incident came to light and after getting orders, we helped in the evacuation of people from the Markaz (centre) with the help of police," a senior Delhi Health Department official said, when asked about actions taken by the department while people were still at the centre.

Delhi Police

The Delhi Police, for its part, has been unable to explain their role in implementing

March 16 Delhi government

order over restrictions of

more than 50 people for a re-

a police team from Hazrat Ni-

zamuddin police station visit-

ed the centre and asked them

to clear it and they assured

they would adhere to the Del-

hi government orders," said a

police officer. By this time, of

course, the congregation at

the Nizamuddin centre was

already over. Also, the Delhi

government ban on gather-

ings of more than 200 people

was issued on March 13, the

day the congregation began.

ice officer said that a meeting

was held with Tablighi Ja-

maat officials at the Hazrat

Nizamuddin police station

where the imposition of the

lockdown and repercussions

if they didn't follow were ex-

Later, on March 24, a pol-

"From March 16 onwards,

ligious or social purpose.

vide daily updates.

Senior South Delhi Municipal Corporation (SDMC) officials said that the foreigners residing at the Nizamuddin centre were not covered under this as they were residing at a religious centre and not in a guest house/hotel.

The municipal corporations compiled information on the foreign tourists in their jurisdiction by procuring details from the managers of hotels and guest houses registered with them, an official said.

plained to them. The evacuation process from the centre

began only after this. It may be recalled that while Prime Minister Narendra Modi had called for a "janata curfew" for March 22, he announced the ongoing nationwide lockdown to tackle the spread of COVID-19 only at 8 p.m. on March 24.

Local body

At a meeting convened by the Director General of Health Services (DGHS) on February 4, municipal corporations in the city had also been instructed to track all foreign tourists in their respective jurisdiction residing in hotels and guest houses and pro-

As such, the responsibility of screening individuals coming from abroad was the responsibility of the authorities at the airport and the civic bodies were not involved in any screening activity, civic

Capital records 58 new cases, one death

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Most cases linked to Nizamuddin event

STAFF REPORTER NEW DELHI

The total number of CO-VID-19 cases in the Capital crossed 500 after 58 new cases were reported on Sunday, the Delhi government

One person also died on Sunday taking the toll to seven. The total number of cases now stands at 503.

Out of the new cases reported, 19 patients are connected to Nizamuddin centre - from where a large number of cases in the country are linked. In total, 320 patients in Delhi, who have tested positive for the virus, are connected to the Nizamuddin event, the health bulletin released by the government read.

Cases under probe

Apart from this, only three cases are linked to those with foreign travel, 11 had contact history and 25 are under investigation. In total, 71 positive cases here are still under investigation. Among those who tested positive for the virus, inAmong those who tested positive for the virus, include two nurses from **Delhi State Cancer** Institute [DSCI], two sanitation workers, an employee from AIIMS trauma centre and another staff from Charak

SRINIVAS RAJKUMAR general-secretary of AIIMS Resident Doctors' Association

Palika Hospital

clude two nurses from Delhi Cancer Institute State (DSCI), two sanitation work ers, an employee from AI-IMS trauma centre and another staff from Charak Palika Hospital, said Srinivas Rajkumar, general-secretary of AIIMS Resident Doctors' Association.

The bulletin also stated that 6,567 samples have been collected so far, out of which 5,398 have tested negative and at least 667 are pending. These include samples tested at government as well as private hospitals.

I had permission to leave campus,

says JNU student

A Jawaharlal Nehru University student, Pranav

Menon, responding to an

FIR filed against him for

allegedly not adhering to

on April 1, said the univer-

sity was trying to malign

Mr. Menon, an M.Phil

the lockdown guidelines —

STAFF REPORTER

his name.

Faridabad 11 Noida 84 Greater Noida 10 Air Quality Index at 4 p.m. yesterday Average of past 24 hours) | Source: CPCB

IN BRIEF



Gambhir distributes ration kits, cooked food

made various efforts to alleviate problems caused due to the lockdown in the wake of the COVID-19 pandemic, his office said on Sunday. These include, distributing cooked food to about 15,000 people as well as birds and dogs, distributing 2,100 ration kits and about 125 Personal Protect Equipment (PPE) kits and 4,000 N95 masks to doctors, his office said. More such kits and protective gear will be distributed to hospitals in the coming weeks, they said.

Disinfection drives focus on vulnerable spots

Disinfection drives in south Delhi have been stepped up to help contain the spread of COVID-19, with a focus on major vulnerable spots, the South Delhi Municipal Corporation said on Sunday. Densely populated areas such as slum clusters were targeted for disinfection with the deployment of drones and fire tenders. Nearly 25 litres of disinfectant solution was sprayed using drone. The SDMC has so far sanitised 200 localities and 60,000 houses across all four zones,

Fire hoax at Lok Nayak Bhawan; building safe

A minor fire was thought to have broken out on the fourth floor of Lok Nayak Bhawan that houses several government offices during PM Modi's appeal to switch off lights at 9 p.m. for 9 minutes on Sunday. According to Delhi Fire Services, they received a call at 9.02 p.m. about a fire at the fourth floor of the building. Four fire engines were rushed to the spot. "A call was made after candles were lit on the fourth floor and some passersby mistook it as fire. A team searched the entire building and it is found to be safe," said a DFS officer.

Case filed after cartridge found near

SPECIAL CORRESPONDENT

mosque

A case has been registered by the Gurugram police under the Indian Penal Code and the Arms Act after an empty cartridge was found near Jama Masjid at Dhankot village here on Sunday. A hole was spotted in the building. Some locals claimed they had heard sounds of "firecrackers" near the mosque late last night.

Gurugram police spokesperson Subhash Boken said there were no eyewitnesses in the incident, but the case was registered after an empty cartridge was found at the spot. He said that forensics team was sent to the spot for examination.

Kherki Majra mosque Imam, Shahid

said that he searched around the mosque with the locals to find an empty cartridge and also spotted a hole in the building.

He then reported the matter to the police. He said that it was the act of miscreants.

Delhi responds to Modi's appeal, lights up candles

In fight against COVID-19, many also burst crackers, play religious songs; a few refrain from taking part

SPECIAL CORRESPONDENT

At 9 p.m. on Sunday, lights went out in hundreds of households across Delhi as people gathered in their balconies to light candles and switch on flashlights for nine minutes straight, in response to Prime Minister Narendra Modi's appeal asking citizens to demonstrate a collective will to fight against COVID-19 the pandemic that has claimed thousands of lives worldwide.

In some colonies of Delhi, many burst crackers and also played patriotic and religious songs on loudspeakers. "Unlike the call to ring bells and bang on utensils, today's was a more sober event as lighting a candle in these dark times had a nice feeling to it. This also ensured that no one came to the streets in enthusiasm," said Sanjana Grover from Defence Colony. It felt a little like Diwali as people hung lights from their houses and we also did a small puja at home before 9 p.m., she

Anitya Kumar, a resident of Laxmi Nagar, said: "My wife and I lit a lamp to show our support to the doctors,



Early Diwali: People bursting crackers, lighting up candles and flashing torchlights at 9 p.m. on Sunday in New Delhi. ■ v.v. krishnan

police personnel and sanitation workers who are working round-the-clock. But I don't know why were people bursting crackers and causing pollution."

Architect couple – Sandal and Pritha – who reside in a colony in south Delhi, said they had kept three large candles in stock. "We are doing this as a symbol of our gratitude to the health workers, policemen and the government officials who have been at the frontline to fight the virus," the couple said, adding:

"We switched off all lights in our house, including television, but kept the fridge running while we were out for nine minutes in our balcony."

In Gurugram, Bharat Vikas Parishad president Vivekanand Tiwari, a resident of Sector 15, said he along with his family and neighbours, lit diyas and flashed lights at 9 p.m. He said it was one of the ways for the people of the country to show that they were united in their fight against the virus and stood firmly with the government and Mr. Modi. He said it was a reaffirmation of the people's resolve to emerge victorious from this "state of despair".

Former deputy director, research and development at Doordarshan, Jagdish Kumar Mehta, said the call from Mr. Modi to light diyas for nine minutes at 9 p.m. had an astrological significance and would undo the effect of "Rahu and Ketu", whose phase begun in December last year. He said he was a firm believer in astrology and he along with hundreds of residents of

most of them retired central government officials, participated in the event. Choosing to stay away

Kendriya Vihar in Sector 56,

from the event, Inqlabi Mazdoor Kendra central committee member Shyambir Shukla, who also runs a helpline to help migrant workers in the distress due to lockdown, said it was an attempt by government to hide its "failures and mislead" the people. He said the need of the hour was better resource management to minimise the hardships of the poor and augment the medical capacity and provide protective gear to the doctors, our frontline soldiers in the fight against the virus.

Electricity discom

Electricity discom, Tata Power-DDL said a "meagre drop" of 157 MW took place during the lights off exercise, which was successfully managed by the company. Working closely with the load dispatch centre and other associated authorities, all adequate measures were taken to maintain grid stability, it said. Discom BSES said there was a reduction of 726 MW demand in areas covered by it Delhi.

Student at the Centre for the Study of Law and Go-

vernance at the university, said he had permission to exit campus from the warden of Tapti hos tel. "I made clear that I had no intention of returning in view of the lockdown and my respect and consideration for my fellow students on campus. My reason to leave was because my friend was unwell and could not carry on alone in his resi-

dence. I had the requisite

permission and I had not

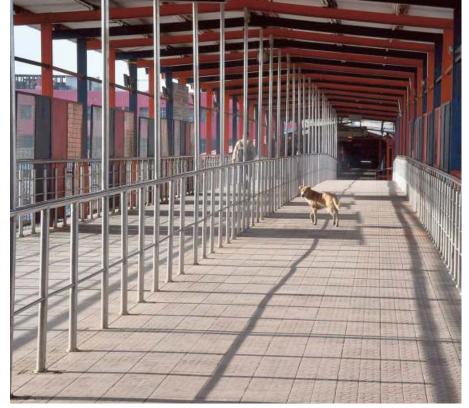
acted without any just

cause," he said.

"I was not a threat to any student and did not violate any protocol from March 18 till April 1 – when I was residing in JNU. I was merely asking to be let out as per procedure prescribed," he said, adding that the security guards confined him to their room and assaulted him. "Such actions were a grave threat to my life merely because I chose to call out this blatant bias exercised by the agency by denying me exit from campus despite the appropriate procedure followed by me," he said.

Mr. Menon said he is hopeful that the truth will come out.

Travel diaries



Barking lot: A stray dog on the deserted footover bridge at the Old Delhi railway station during a nationwide lockdown on Sunday. • SHIV KUMAR PUSHPAKAR

Ensure families of riot victims who lost ration cards get dry ration: HC

Medical kits for 275 families ready, govt. counsel tells court

STAFF REPORTER

The Delhi High Court has asked the city government to ensure that families of the recent Delhi riots victims, who lost their ration cards, are provided the dry ration as per their entitlement.

A Bench of Justice Sanjeev Sachdeva and Justice Navin Chawla, which heard the case through videoconference, asked the nodal officer to provide dry ration if approached families.

The High Court's order came after it was informed that Mr. Kishan, Section Officer (Admin) in the Office of the District Magistrate, North East, has been appointed as the nodal officer to specifically deal with the 275 riot-hit families who are staying at relief camps.

Delhi government Standing Counsel Rahul Mehra



said Mr. Kishan is in touch with the representatives of the families and is looking after the issues of curfew passes and provision of

Two nodal officers

Mr. Mehra also submitted

said 275 families.

that in addition to Mr. Kishan, the Chief District Medical Officer has appointed two nodal officers, Dr. Surya Kant Singh and Dr. Abha Dhand, both medical officers, for providing medical help to the members of the

"Medical kits, containing over-the-counter medicines, have already been prepared and are ready for distribution to the said 275 families," he said. Senior advocate Colin

Gonsalves, appearing for the victims, said the nodal officers and the medical officers are at present taking care of the requirement of these families and are taking proactive steps to ensure that none of them face any problem.

He also submitted that some of the family members may not have ration cards as all their belongings were destroyed when their houses were burnt.

He said that besides cooked food, some free ration is needed and accordingly, they shall be approaching the nodal officer and expressing their requirements.

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Man who held feast for 1,500 persons in Morena tests positive

11 of his relatives, including seven children, have contracted the disease too

Fourteen days after he returned from Dubai, a 40year-old man from Morena tested positive for COVID-19 along with his wife on Thursday. And a day later, 10 of his relatives who had taken part in a feast thrown by him tested positive too.

More than 1,500 people who had attended the feast ceremony in honour of his mother, who had died on March 8, had been confined in quarantine and the locality where the venue was located had been sealed too, said District Chief Medical and Health Officer R.C Bandil.

Of the 23 persons whose samples had been taken, 10 relatives, including seven children, had tested positive, he added. The district administration had declared the house of the man, a restau-



A deserted wholesale vegetable market in Bhopal on Sunday after a trader tested positive for COVID-19. • PTI

rant waiter who had returned from Dubai on March 17, as the "epicentre" and the area within its 3 km radius as the "containment area".

The children were aged between two and 14, whereas a 60-year-old woman had contracted the illness too, said Sapna M. Lovanshi, Additional Director, State Directorate of Health Services.

Curfew was imposed in the

area and all persons were being screened at its exit points and traffic was prohibited too, said district officials.

Primary contacts

"His own two children have tested positive. We are collecting samples of all their primary contacts now and those residing within the containment area who have symptoms, including cough and cold," said Dr. Bandil.

When the man landed in New Delhi, he was screened for illnesses but showed no symptoms until March-end, according to A.K. Gupta of the Morena district hospital.

"His wife told us she had caught a cough and cold even before her husband's return," he said. Still, even when the couple turned up at the hospital on March 29, the man did not declare his travel history. "However, he returned to the hospital on March 31 complaining of mild cough and cold that's when he declared he had returned from Dubai, and we took their samples," said Dr. Gupta.

"The ten members who had tested positive a day later didn't have any symptoms," said Pallavi Jain Govil, Principal Secretary, State Public Health and Family Welfare Department.

U.P. records its third death

Patient from Varanasi succumbs due to the viral infection

Uttar Pradesh recorded its third death due to COVID-19 with a patient from Varanasi, which falls under Prime Minister Narendra Modi's Lok Sabha constituency, succumbing to the virus.

The patient was admitted to the hospital in Banaras Hindu University on April 2 with acute respiratory syndrome, said Varanasi Commissioner Deepak Agarwal, adding that the patient died before the sample report was received.

The victim died late on April 3, said Amit Mohan Prasad, Principal Secretary (Health).

The patient did not come to any government hospital or medical college for timely treatment, Mr. Prasad said, pointing out negligence on behalf of the patient's kin.

The patient, who was also suffering from diabetes and blood pressure ailment, was getting treated by private doctors, said Mr. Prasad.



Policemen urge a shopkeeper to close his shop during lockdown in Lucknow on Sunday. • PTI

"When the patient came to BHU, his condition had already deteriorated," he said.

'No travel history' Mr. Agarwal said the deceased, who lived in Gangapur area of Varanasi, did not have any known travel history. But his full details were being investigated.

The first two deaths due to COVID-19 in U.P. were recorded in Basti and Meerut. Meanwhile, the number of positive cases in U.P. reached 278 till Sunday evening, with Noida (58), Agra (47), Meerut (33), Agra, Ghaziabad (23) and Lucknow (17) the worst affected, as per the State Directorate of Health Services.

The State has so far reported positive cases in 31 out of 75 districts and sent a total of 5,255 samples for testing and put 3,927 persons under institutional qua rantine.

Punjab villages self-isolate to fight COVID-19

Volunteers guarding entry-exit points to stop any outsider from entering villages

SOHANA (PUNIAB)

Standing at the entry point of his village on Chandigarh-Landra road, 24-year-old Sarvan Kumar wouldn't let any outsider enter the village unless it's an emergency. The reason: to ensure that CO-VID-19 doesn't enter his village.

Sohana village in Punjab's Sahibzada Ajit Singh Nagar district has closed it's door to outsiders and gone into 'selfquarantine' mode since March 31. "I am not literate but I understand that the virus is contagious and could be fatal. I understand that it can be prevented by staying at a safe distance. There are several others like me who are keeping a vigil," said Mr. Sarvan, a daily wage worker.

"We are trying to make people understand and convey that it [COVID-19] is not a



Volunteers guarding an entry-exit point of Sohana village in Punjab's Sahibzada Ajit Singh Nagar. • VIKAS VASUDEVA

joke... people have been taking it lightly," he added.

Twenty-one-year-old Ram said several youths are guarding the village day and night so that no outsider can sneak in. "We want everyone in the village to be safe," he said.

Sohana's municipal councillor and former Sarpanch Parvinder Singh told The *Hindu* that as many people were not taking the curfew seriously, it was decided that entry and exit should be

"We have deputed two to four volunteers at all the 22 entry-exit points. We request people to adhere to the curfew and if anyone doesn't,

ice. We have made necessary arrangements to provide essentials to those in need. In case of a medical emergency, we ensure that transportation is provided. Our aim is to keep COVID-19 at bay and that no one is deprived of food," said Mr. Singh.

Sohana is not the only village which has gone into selfisolation mode. As many as 7,842 of the total 13,240 villages have isolated themselves.

Punjab DGP Dinkar Gupta said drug peddling has also reduced significantly due to the presence of village watch-

The recently appointed Village Police Officers are playing a pivotal role in facilitating the self-isolation. "The VPOs have become the bridge between the villagers and the supply chain of es-

Ten new cases in Ghaziabad

Nine of these attended the Tablighi Jamaat event in Delhi

SPECIAL CORRESPONDENT

Ten more cases of COVID-19 have come to light in Ghaziabad. Nine of them attended the Tablighi Jamaat event in Delhi. The district now has 24 cases.

After four people from the Masuri area tested positive on Friday, late on Saturday evening, four persons from Pasonda, three from Muradnagar and two from Loni were found to be infected with COVID-19, Chief Medical Officer N.K. Gupta said.

He said the number of cases linked to Tablighi Jamaat could go up as results of 80 more samples were awaited. One person from a housing society in Indirapuram also tested positive. Sources said he got himself tested at a private lab and had been admitted to a private hospital in Delhi.

Contact tracing has started and areas within three kilometres of the localities were being sanitised, an official release said. "A stringent lockdown has

been imposed in the Masuri area where four persons have been found positive," said Superintendent of Police (Rural) Neeraj Jadaun. "It is a densely populated area. We are not taking any chances and are getting support from the community," he ad-

15 booked

In a related incident, 10 Indonesians, including five women, with an alleged link with the Tablighi Jamaat were found to be staying in the Shaheed Nagar area since January. "Their samples have been sent for testing and they have been placed under quarantine," the CMO said.

The police have booked 15 persons under the Epidemic Diseases Act, 1897, for giving shelter to the foreigners without informing the administration, Ghaziabad Senior Superintendent of Police Ka-Naithani told lanidhi reporters.

Meanwhile, District Magistrates of Gautam Buddha Nagar and Ghaziabad have issues orders asking private schools not to force parents to pay fees of their wards during the lockdown period.

Gautam Buddha Nagar DM Suhas L.Y. has also issued an order whereby people who have been asked to be in institutional quarantine can avail of the facilities of designated star hotels on

Police deny ruckus by Tabligh men

SPECIAL CORRESPONDENT

Saharanpur Police has denied media reports suggesting that quarantined members of the Tablighi Jamaat in the district asked for nonvegetarian food and defecated in the open.

Senior Superintendent of Police Dinesh Kumar P. said some quarantined members littered the place after consuming food from the packet and were advised to use dustbin.

"There was no demand for non-vegetarian food and claims of open defecation could not be substantiated," he said. An official release said inspector of Rampur Maniharan was asked to + probe the allegations. So far, 12 persons from a village of the district have tested positive in Lucknow.

Fifth virus death in Rajasthan

39 new cases detected in Jaipur, State's tally goes up to 253

SPECIAL CORRESPONDENT

An 82-year-old COVID-19 positive man, who was a resident of the curfew-bound Walled City of Jaipur, died at Sawai Man Singh Government Hospital here on Sunday. He was admitted to the hospital on Saturday. This was the fifth virus-related death in the State.

Two patients had earlier died in Bhilwara and one in Bikaner, while one person hailing from Alwar, who tested positive, died in Jaipur on

As many as 39 new CO-VID-19 positive cases, including the one who died, were detected in Jaipur on Sunday. Additional Chief Secretary (Medical & Health) Rohit Kumar Singh said the majority of them were already lodged in the National Institute of Medical Sciences,

which is a private medical college situated on the Jaipur-Delhi national highway. Elsewhere in the State,

five COVID-19 positive cases were reported from Dausa, Ihunihunu, Tonk and Nagaur districts, taking the tally of patients to 222. Counted with the 31 evacuees from Iran staying in the Army's facilities in Jodhpur and Jaisalmer, the total number was 253. Thirty-two of the 37 recovered patients have so far been discharged.

Chief Minister Ashok Gehlot said the State government was committed to saving the lives of all people.

For enquiries on

announcements in this

All should unite to face COVID-19 menace: AMU teachers

'Irresponsible act by a section of Tabligh, but communalising the issue will only weaken the fight'

ANUJ KUMAR

Senior faculty members of Aligarh Muslim University (AMU) have expressed deep concern over the irresponsible act of a section of Tablighi Jamaat by holding a congregation at its centre in Delhi's Nizamuddin.

The appeal signed by senior academicians said it was negligence to allow such a large gathering, knowing well that the dangerous CO-VID-19 virus had already spread its tentacles in diffe-

rent parts of the country. The faculty members also took a strong exception to the attempts being made by certain sections to paint the entire Muslim community as a villain and to squarely

blame it for accentuating the COVID-19 pandemic in the country. They are of the considered opinion that the Nizamuddin episode was only an aberration as the Muslim community is religiously following all the instructions and directives of the Central government regarding social distancing, complete lockdown and maintaining personal hygiene, and is extending full cooperation to the authorities.

Fatwas against Sir Sved

Rahat Abrar, Director of Urdu Academy, who has written extensively on Sir Syed Ahmad Khan, reminded how some orthodox clerics issued fatwas against Sir Syed for instilling the spirit of scientific



shifted in Aligarh. • FILE РНОТО

temper in Muslim society. "Sir Syed talked of striking a balance between ilm-e-din (knowledge of religion) and ilm-e-science," he said. Communalising the issue, he added, will only weaken the fight against the virus.

"AMU's Jawaharlal Nehru College and Hospital is the centre for testing COVID-19 samples in west U.P. So far, 736 samples have been tested of which 54 have been found positive," said Dr. Abrar, who is also the associate member-in-charge of Public Relations Department, AMU.

Deep concern

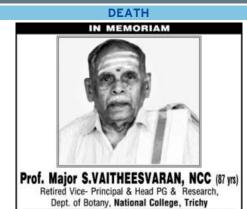
The faculty expressed deep concern over the campaign launched by certain vested interests to give a communal twist to this devastating human tragedy.

The AMU faculty appealed to all sections of society, including the Muslim community, that at a time when the entire human race faces a huge crisis, they should join hands and face the menace unitedly and with full determination and follow all the directives of the government and advice of the doctors so as to win the battle against the deadly virus.

Those who have signed the appeal include Professor Shahid Siddiqui (Principal, JN Medical College), Prof. Ali Mohammad Naqvi (former Dean, Faculty of Theology), Prof. Mohammad Zaheeruddin (former Dean, Faculty of Law), Prof. A.R. Kidwai (Director, UGC HRDC), Dr. Mohammad Shahid (Deputy Director, Sir Syed Academy), Prof. Asim Siddiqui (Department of English), Prof. Mohammad Sajjad (Department of History) and Prof. Asfar Ali Khan (Director, School Edu-

cation, AMU).

OBITUARY & REMEMBRANCE



Passed on April 4, 2020 at 3:45 am, at Mogappir Chennai

He is survived by

Son: Sayee Kumar, Daughter: BhavaPriya,

Sisters: Uma, Jayamma & Baghya,

Grandchildren: Darshini & Meenakshi



Smt. Shantha Rangarajan

With deep grief we share news of the demise of Smt. Shantha Rangarajan on April 5th 2020 in Delhi. Born 22 September 1931. Alumni of Queen Marys College wife of late R Rangarajan eminent journalist. Survived by son Mahesh daughter in law Geetha and

grand daughter Uttara.

110091.

Rangarajan.mahesh@gmail.com

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EXTENSION OF LAST DATE

The last date for submissior of application for Scientist Stage 10 advertised vide No.SETS/Che/Rec./2019-20/08 dated 11th March 2020 is extended to 30thApril 2020. The Completed application can also be

sent bv email to

hrstage10@setsindia.net

www.setsindia.in/careers

IT is notified for the information that my Original Qualifying Examination Certificate Indian School Examination of Year March 2019 and unique ID 6965408 issued by ICSE has been actually lost. Adarsh Chakravorty, B-77/1 1st Floor, Gali No 9, Shashi garden,

PERSONAL

LOST & FOUND

It is notified that my Original Qualifying Examination Certificate of Senior School Secondary Examination of Year March 2014 and Roll No.5664291 issued by CBSE has been lost. Shivani Chakravorty, B-77/1, 1st Floor, Gali No 9, Shashi garden, near Kukreja Hospital, Near Mayur vihar - 1, Delhi

PERSONAL MESSAGES

WISHING YOU a very Happy Birthday

Shower of flowers for worker

Honoured for reporting to duty despite COVID-19 threat

STAFF REPORTER

A female sanitary worker of the local municipal corporation received a a joyous surprise when she reached Bachuari Street in Odisha's Berhampur on Sunday for her regular visit even dur-

In the morning, inhabitants of the area, mostly women, greeted her with a shower of flowers. She was presented a new sari and also received a garland made of currency notes as financial assistance.

ing the COVID-19 threat.

The sanitary worker sweeps and cleans the street every day.

Chakradhar, an inhabitant of Bachuari Street, said it was a token of their ap-



Rani being felicitated in Berhampur, Odisha, on Sunday.

preciation for the sanitary workers who continue to put themselves in danger to keep people of the city safe.

Shyamala, a local resident, said the female sanitary worker serving their area was an unsung hero, who also has a family to

Ironically, the inhabitants of this street did not

protect and home to look

sanitary worker, whom they honoured. She is known as 'Rani' by all at Bachuari Street.

know the full name of the

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Sunday snapshots: Bishop Alex Vadakuthala arriving for the Palm Sunday prayer at the empty Holy Trinity Cathedral in Kannur on Sunday; a policewoman in Bengaluru inspecting vehicles seized for violating the lockdown restrictions; a sweet lime vendor taking rest at Khammam in Telangana; and residents barricading a road in Nuzvid town in Krishna district of Andhra Pradesh. • s.к. монам, рті, б.м. као & к.и.s. сікі

Concern over possible community spread

22 people in Karnataka had no foreign travel history

AFSHAN YASMEEN BENGALURU

With 22 of the 151 positive cases, including the 75-yearold person who succumbed to the infection in Bagalkot on Friday, not having any foreign travel or contact history, Karnataka health officials are at a loss to understand how they could have contracted the infection.

While these 22 cases, whose detailed investigation is still under process, raise questions as to whether it is the beginning of community transmission in the State, officials have been continuously denying it. These 22 people have so far spread the infection to eight others. Also, as a precautionary measure, hundreds of their secondary contacts have been isolated in their homes.

For instance, despite detailed investigation, health officials have still been unable to find out the cause of infection in the Nanjangud case of a pharma company employee, who is the first of the 17 who tested positive there. The 35-year-old person (patient number 52), who did not have any foreign travel or contact history, tested positive on March 26. Subsequently, 14 more employees from the same company got infected and tested positive "simultaneously".

While officials said that three of the 14 employees were in close contact with

COVID-19

patient 52, it is still not clear how the remaining 11, who were neither his contacts nor had any travel history, got the infection.

Patient 52 also spread the infection to three of his relatives. Last Thursday, two roommates of one of these 11 employees also tested posi-

On Saturday, two more persons from Mysuru with no foreign travel or contact history, tested positive too. Sources said Mysuru has now become a "cluster hotspot" and aggressive prevention measures should be taken to stop the spread.

Similarly, on March 10, a 10-month-old baby from Dakshina Kannada, who tested positive, is also one such case that officials are concerned about. This baby or his parents did not have any foreign travel history. The only possibility is that the baby's mother and grandmother had taken him to Kerala to a relative's house.

In Bengaluru, a 62-yearold woman and a 24-year-old male who did not have any foreign travel or contact history have tested positive.

Admitting that tracing the cause of infection in some of the positive cases has become "complicated", Jawaid Akhtar, Additional Chief Secretary (Health and Family Welfare), told The Hindu that the officials were very close to finding the cause of infection in the Nanjangud pharma firm employee case. "We have found some clues. However, it is too early to term this spread as community transmission," he said.

Andhra Pradesh records 26 new cases

Delhi congregation continues to impact numbers, new cases in Kerala, Karnataka & Telangana too

SPECIAL CORRESPONDENT

AMARAVATI/ THIRUVANANTHAPURAM/ BENGALURU

With the cascading effect of the Delhi congregation still being felt in the southern States, the tally of COVID-19 cases climbed further on Sunday.

The infection curve rose in Andhra Pradesh as 26 cases were added on Sunday, taking the tally to 252. In all 62 cases were added in the State since Saturday.

Prime Minister Narendra Modi called Chief Minister Y.S. Jagan Mohan Reddy over phone on Sunday evening and discussed the situation arising due to the Tablighi congregation impact. They discussed containment measures and facilities for the affected persons, official sources said.

In Kurnool district, CO-VID-19 cases, which were just four till Saturday, shot up to 27 since Saturday night and further up to 53 by Sunday evening, a bulletin said. Close to 190 people from the district attended the Delhi

While Kurnool topped the State list, SPS Nellore came second with 34 and Guntur

Stemming the surge

The southern States have stepped up measures to combat COVID-19. A look at the numbers reported on Sunday



Relief at last: People who were under quarantine leaving a hospital in Bengaluru on Sunday after they tested negative. • PTI

State	Total number of cases	Active cases	Number of those cured	Deaths
A.P.	252	244	6	2
Karnataka	151	135	12	4
Kerala	314	256	56	2
Tamil Nadu	571	559	7	5
Telangana	333	289	32	11

third with 30 cases. More than 90 people from Guntur and 70 from SPS Nellore district were in Delhi for the meet. With five coronavirus patients discharged, and the death of a 55-year old man, active cases in A.P., stood at 246, a bulletin said. The two north coastal Andhra districts of Srikakulam and Vizianagaram remain unaffected by the virus so far.

62 cases in Telangana As many as 62 new cases were detected in Telangana

on Sunday taking the total

number of cases to 333. Thirty-two persons have been discharged. Across the State, the highest number of 145 active cases were reported in Hyderabad.

Eight in Kerala

Eight more persons, including four who had returned from the Jamaat meeting tested positive for COVID-19 on Sunday, taking the total cases in the State to 314.

Of the eight new cases, five were in Kozhikode while one each was reported from Pathanamthitta, Kannur and Kasaragod districts. Four of the five cases at Kozhikode were linked to the Nizamuddin meeting, while one other person had returned from Dubai. The Pathanmthitta resident had returned from Delhi. The cases at Kannur and Kasaragod were contacts of imported cases. So far, 10 people from the State who had returned from Nizamuddin had tested positive for COVID-19. Of the 314 cases reported, 256 are under treatment.

7 positive in Karnataka Three persons out of seven who tested positive for CO-

WEATHER WATCH

VID-19 on Sunday in Karnataka were asymptomatic.

The Department of Health and Family Welfare bulletin said among the three, two had a travel history to Dubai and one to the Delhi event.

Health Commissioner Pankai Kumar Pandev said: "These people who do not have symptoms probably have good immunity. We tested them because of travel history. We are glad that they were tested and placed under isolation," he said.

Under quarantine

Also, of the seven positive cases, five - which included three women – attended the Tablighi Jamaat event. Four persons were in isolation at the district hospital in Belagavi and one quarantined at a hospital in Ballari.

A senior citizen couple who returned from Dubai on March 22 had tested positive and quarantined in Bengalu-

The number of COVID-19 cases in Karnataka stood at 151, including four who died. Besides, 12 had been discharged. Bengaluru had the most patients at 57. This was followed by Mysuru with 28.



for fleecing customers VIZIANAGARAM

Legal Metrology officials cracked down on traders who sold essential commodities at exorbitant prices in Vizianagaram, A.P. They registered five cases against the traders who sold pulses and other commodities at prices higher than the State stipulated rates. "Heavy fines will be imposed on traders if they fleece people during lockdown," an official said.

Four siblings fall into pond in Karnataka, die

BELAGAVI Four siblings drowned in a farm pond in Ajjanakatti village near Gokak in Karnataka on Saturday. Farmer Kareppa Jakkannanavar told the police that his children, Bhagavva, 6, Tayamma, 5, Malappa, 4, and Rajashree, 2, fell were going to their grandfather's farmhouse. Malappa was carrying a mobile phone which fell into the pond. The children tried to retrieve it and drowned, the farmer said.

Nurses move SC, say health staff ill-equipped

'There's no management protocol'

LEGAL CORRESPONDENT

A Kerala-based 3.8 lakhstrong nurses' association has approached the Supreme Court saying the government has not formulated a National Management Protocol for COVID-19 to address the serious concerns relating to imminent and extreme risks posed to the health and safety of medical personnel across the country.

Noting that the pandemic is seeing a "persisting and ever escalating spread" the United Nurses Association, represented by advocates Subhash Chandran and Biju P. Raman, pointed out that nurses and health workers are ill-equipped and exposed to infection.

"Health care workers are at the front line of the CO-VID-19 outbreak response and as such are exposed to hazards that put them at risk of infection. Hazards include pathogen exposure, long working hours, psychological distress, fatigue, occupational burnout, stigma,

and physical and psychological violence etc," the peti-

No testing kits

The problems highlighted in the petition include lack of availability or sub-standard personal protective equipment(PPE) in numerous hospitals, non-availability of sufficient number of CO-VID-19 testing kits, lack of training on infection prevention and control, lack of basic facilities in isolation wards, mental harassment in the nature of forced overtime followed by negligible transport facilities and deduction of salary on account of leaves, health workers who are pregnant, lactating or immune compromised are being forced to work.

The association also urged the court to direct the government to expand the scope of personal accident cover provided under the Pradhan Mantri Garib Kalyan Package for Health Workers Fighting COVID-19 to include all health care



One-and-a-half-year-old Anvitha, who has been diagnosed

Kerala govt. facilitates child's travel for treatment

STAFF REPORTER ALAPPIIZHA

After days of uncertainty due to the COVID-19 lockdown, one-and-a-half-yearold Anvitha and her parents from Kerala left for Hyderabad for treatment on Sun-

The child who is suffering from retinoblastoma (eve cancer that begins in the retina), has to reach L.V. Prasad Eye Institute, Hyderabad on April 7.

With the lockdown in progress, her parents Vineeth Vijayan and Gopika from Cherthala were a wor-

ried lot. The father recently

The nurse, who took care

published a post on social media seeking the attention of the authorities.

The State government and politicians acted immediately and made arrangements for the family's travel. According to Health Mi-

nister K.K. Shylaja, the family left their home in an ambulance at 7.15 a.m. and they would reach the hospital around 11 p.m. on Sunday.

The entire travel expenses are being borne by the government. A sum was handed over to the family by Kerala Social Security Mission officials before starting the journey.

Why exclude us from meet, asks Owaisi

STAFF REPORTER

All India Majlis-e-Ittehadul Muslimeen president Asa duddin Owaisi on Sunday asked why his party was excluded from the Prime Minister's COVID-19 video conference of parliamentarians, and termed this a tauheen (insult) to the people of Hyderabad and Aurangabad, from where the party won. According to a press re-

lease, Minister of Parliamentary Affairs Prahlad Joshi stated that Prime Minister Narendra Modi would interact with the floor leaders of parties with more than five representatives in both the Lok Sabha and Rajya Sabha.

Taking to Twitter, Mr. Owaisi said, "As MPs it's our job to represent to you the misery of our people."

YSRCP seeking votes during aid disbursal'

STAFF REPORTER VIIAYAWADA

Andhra Pradesh BJP president Kanna Lakshminarayana has complained to State Election Commissioner (SEC) N. Ramesh Kumar that the YSRCP leaders are using the disbursement of ₹1,000 financial aid to the poor for their political ends by seeking votes for the ensuing local body elections.

Mr. Lakshminarayana alleged that the ward and village volunteers were advising the beneficiaries to vote for the YSRCP in the elections, which amounted to hijacking the occasion (of distributing relief) by the MLAs and YSRCP leaders for achieving their political ends. Trying to garner votes in the guise of disbursement of aid was

TEMPERATURE DATA: IMD, POLLUTION DATA: CPCB, MAP: INSAT/IMD (TAKEN AT

RAINFALL, TEMPERATURE & AIR QUALITY IN SELECT METROS YESTERDAY

Forecast for Monday: Thunderstorm accompanied with lightning and gusty winds likely at isolated places over Punjab, Haryana, Chandigarh, Delhi, east Rajasthan, south interior Karnataka; with lightning at isolated places over Telangana, costal Karnataka, Tamil Nadu, Puducherry, Karaikal, Kerala and Mahe.

CITT	KAIN	IVIAA	IVIIIV	CITI	IVALIN	IVIAA	IVIIIV
Agartala		36.5	22.4	Kozhikode		37.2	27.6
Ahmedabad		39.4	21.3	Kurnool		39.7	27.2
Aizawl		–	–	Lucknow		34.4	16.8
Allahabad		37.7	16.8	Madurai	4.5	38.2	25.4
Bengaluru		36.0	22.3	Mangaluru		36.6	26.9
Bhopal		35.4	20.2	Mumbai		33.0	23.8
Bhubaneswar		32.7	25.9	Mysuru		33.0	23.8
Chandigarh		–	15.6	New Delhi		34.6	16.8
Chennai		34.0	28.3	Patna		36.6	17.4
Coimbatore		37.1	25.0	Port Blair		33.4	24.9
Dehradun		30.1	13.6	Puducherry		34.5	26.8
Gangtok		20.4	11.7	Pune		39.7	21.8
Goa		33.2	26.6	Raipur		35.8	22.4
Guwahati		35.2	16.1	Ranchi		33.8	18.6
Hubballi		36.0	23.0	Shillong		27.7	17.3
Hyderabad		–	21.7	Shimla		19.2	8.6
Imphal		31.2	12.5	Srinagar		22.0	6.0
Jaipur		35.0	18.0	Thiruvananthapuram.		35.2	26.7
Kochi		33.0	27.0	Tiruchi		38.5	27.4
Kohima		23.2	12.8	Vijayawada		–	–
Kolkata		37.1	27.6	Visakhapatnam		33.4	27.0

(Rainfall data in mm: temperature in Celsius)

Pollutants in the air you are breatning								
CITIES	SO ₂	NO_2	co	PM2.5	PM10	COL		
Ahmedabad	41	.56	17	75	89			
Bengaluru	12	.02	38	55	78			
Chennai	05	.15	40	46				
Delhi	25	.23	24	168	.112			
Hyderabad	08	.10	23	64	69			
Kolkata	09	.17	22	97	77			
Lucknow	04	.19	50	173				
Mumbai	05	.17	15	52	89			
Pune	34	.12	48	43	41			
Visakhanatnam	06	38	06	38	52			

in observation made at 6.00 p.m., Singrauli, Madhya Pradesh recorded an overall air quality index (AQI) score of 248 indicating a dangerous level of pollution. In contrast, Panchkula, Haryana recorded a healthy AQI score of 30.

Air Quality Code: ■ Poor ■ Moderate ■ Good (Readings indicate average AQI)

502: 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

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.

PM2.5 & 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

Kerala nurse raring to return after recovery Reshma was cured of COVID-19 and is now under

home quarantine

PRESS TRUST OF INDIA

"I will leave this room within a week after defeating you," the nurse had vowed after contracting the coronavirus while attending to India's oldest COVID-19 survivor, expressing unflinching faith in Kerala's health care system.

Last Friday, Reshma Mohandas, 32, walked out to her home, where she is placed under 14-day quarantine, after she and the elderly man and his wife were discharged from the Medical College Hospital here on being cured of the disease. Soon after, Thomas Abra-

ham, 93 - whose recovery has been called a 'miracle cure' by doctors - and Mariyamma, 88, left the hospital, Reshma, too, headed home, but with the resolve to come back and serve the patients the mandatory quarantine.

'World-class system' "I will leave this room within

a week after defeating you [the novel coronavirus]," Reshma had posted in a WhatsApp group of her friends and colleagues while



leaving the Kottayam Medical College hospital.

undergoing treatment. "I posted that message in the WhatsApp group because I have full faith in Kerala's health system. It is worldclass," she told PTI from her home.

of Thomas and Mariyamma since March 12, believes she contracted the virus as she was in close contact with and often talked to the couple, who did not wear masks, for they made them uncomfortable. She said she loved taking care of all their needs. "I was not tensed at all. I love taking care of elderly people. We used to talk a lot [in the Intensive Care Unit]," she The warning sign came on

the morning of March 23 when she had a throat infection. Reshma immediately alerted the head nurse, who informed the doctors. She was asked to visit the fever clinic at the Medical College and was referred to the isolation facility where she took care of the elderly COVID-19 patients. Some 20 nurses who had come in contact with her were sent to home quarantine. On March 24, she tested

positive. "I did not have any other complications, barring headache and body pain," she said. Reshma said she was ready to serve in the isolation facility for COVID-19 patients after the home quarantine.

"I am ready to work again in the isolation facility when I return," said the nurse, whose husband is an engi-

unethical, he said.



Enemy at the gates

Kerala-Karnataka border issue poses questions on restrictions, relations during a pandemic

erala's grievance over Karnataka sealing its border to prevent the spread of COVID-19 has brought under focus the extent and the possible limits, of restrictions that may be imposed by the government to deal with a public health emergency. After the Kerala High Court directed the Centre to ensure free vehicular movement for those requiring urgent medical treatment on the national highway that connects Kasaragod in Kerala to Mangaluru in Karnataka, the Supreme Court has directed the Centre to confer with the States and formulate the norms for creating a passage at Talapadi, the border. An amicable solution is possibly round the corner, as there are reports of Kasaragod district suffering due to the highway closure. Many here depend on medical facilities in Mangaluru for emergencies, while others rely on inter-State movement for essential medicines to reach them. These include those battling endosulfan poisoning for many years. Karnataka's objection is based on the fact that Kasaragod has Kerala's largest number of positive cases. It has a reasonable apprehension that allowing vehicles might result in the disease spreading to its territory. However, it is clear that those who may travel across the border for urgent medical needs are patients other than those who are pandemic victims. A key question that has arisen is whether legal measures taken by the State to prevent the further spread of an epidemic can extend to a point where there is no exception even for medical needs.

The Kerala High Court took the view that denying emergency medical aid amounts to a violation of the right to life and liberty, and addressed jurisdictional objections from Karnataka by observing that its direction was to the Centre, as what was under closure was a national highway. There is significant irony in the Kerala point of view. Late last month, the Kerala Governor promulgated the 'Kerala Epidemic Diseases Ordinance, 2020' to arm itself with extraordinary powers to deal with the pandemic. One of its clauses says the State can seal its borders for such period as necessary, while another empowers it to restrict the duration of essential or emergency services, including health, food supply and fuel. Karnataka may have reason to believe that it is equally entitled to seal its borders and restrict essential services. It is a moot question whether Kerala's new law would weaken its case that its neighbour cannot shut down its border and deny medical access to its residents. Interestingly, inter-State migration and quarantine are under the Union List, while the prevention of infectious diseases moving from one State to another is under the Concurrent List. This can only mean that while States have the power to impose border restrictions, the responsibility to prevent a breakdown of inter-State relations over such disputes is on the Centre.

Mockery of justice

Pakistan's commitment to punishing those involved in terror acts remains suspect

hursday's ruling by the Sindh High Court that overturned the conviction of Omar Saeed Sheikh, and three others, of murdering American journalist Daniel Pearl, for lack of evidence is scandalous in its utter disregard for criminal jurisprudence. The court observed that no evidence had been brought before it by the prosecution to link any of the four – the others being Fahad Saleem, Syed Salman Saqib and Sheikh Muhammad Adil, whose convictions were similarly overturned – to the killing of Pearl. This is sophistry at its best and speaks eloquently of the systematic way the case has been diluted from the beginning. Pearl, then South Asian Bureau Chief of The Wall Street Journal, was abducted in Karachi in January 2002, in an operation managed by Omar Sheikh, who had demonstrated links to, among others, Pakistani militant groups as well as to al-Qaeda. Pearl had been baited while investigating links between al-Qaeda and the British 'Shoe Bomber' Richard Reid, who tried, in mid-air on a flight, to light explosives in his shoes on December 21, 2001, just two months previously. Many ransom demands later, a video was handed over on February 21, 2002, wherein Pearl was shown being methodically beheaded with a knife. When the Americans began to squeeze Pakistan to go after the perpetrators, Omar Sheikh 'surrendered' to Ijaz Shah, a former Intelligence Chief, then Home Secretary of Punjab; he is now the country's Interior Minister. Even more curiously, it was after many days that Sheikh's arrest was shown.

The Sindh government has extended Sheikh's detention and the provincial prosecutor has said that the High Court ruling will be appealed in the Supreme Court. But these moves could be aimed at blunting growing international opprobrium, including at the FATF, the global money laundering and terrorist financing watchdog, that has already put Pakistan on its 'grey list', and where India has said it will bring this matter for discussion. It is likely that once the pressure eases, Sheikh and his cohorts will be let off as has happened with others before them. Pakistan's record of leniency on this has been as consistent as it has been alarming. In 2015, Zakiur Rehman Lakhvi, who supervised the 26/ 11 Mumbai attacks, was released from detention, and remains free. Just last month, Pakistan's Economic Affairs Minister Hammad Azhar revealed that Jaish-e-Mohammed chief Masood Azhar had conveniently gone "missing" along with his family. Masood Azhar, Omar Sheikh, and Mushtaq Ahmed Zargar had been released in exchange for hostages of Flight IC 814 in December 1999 into Taliban/ISI custody in Kandahar. Pakistan needs to be persuaded to move beyond tokenism and demonstrate a much higher order of commitment to deal with such terrorists than it has hitherto shown.

A niggardliness that is economically unwarranted

The Centre can afford to step up its COVID-19 assistance to a higher scale; fiscal deficit is no worry



PRABHAT PATNAIK

The three-week long lockdown imposed on the country, it can be argued, was an over-reaction. More widespread testing of possible cases, "social distancing", self-quarantining by the elderly, and selective lockdown of sensitive areas (as the Chinese government did in Wuhan) might have been quite adequate. But while this can be debated, what cannot be is the utter thoughtlessness that has accompanied the actual lockdown.

Ameliorative steps made necessary by it should have been announced simultaneously, to prevent the mass exodus of migrant workers which occurred not bepanic, as the government claimed before the Supreme Court, but out of sheer desperation. Instead, some steps were announced by the Finance Minister a full 36 hours into the lockdown; and they were minuscule.

A comparison

Indeed, India stands out among all the countries of the world as much for the scale of the draconian measure it has imposed as for the extent of unconcern it has displayed for the working poor affected by it. In the United States, for instance. where the lockdown has raised the number of persons filing unemployment claims from 2.8 lakh to 6.6 million in a matter of days, those affected can fall back on unemployment benefit; and the government has approved a package of ameliorative steps costing

roughly 10% of that country's GDP to cope with the crisis. In India by contrast, the Finance Minister's package comes to less than 1% of its GDP; and much of it is just a repackaging of already existing schemes. New expenditure comes to just a little over half of the ₹1.7lakh crore earmarked for the package.

Besides, none of the steps will help the migrant workers; not even the larger foodgrain ration which in principle could, because most of them would have ration cards back home rather than in the places where they stay. But much has already been written on all this, and I need not repeat it

What can be done

What I wish to argue here is that this niggardliness is totally unwarranted on economic grounds. Many economists and civil society activists had suggested a cash transfer of ₹7,000 per month for a two-month period to the bottom 80% of households to tide over the crisis, in addition to enhanced rations of foodgrains and the inclusion of certain other essential commodities within the ration basket. The cost of their proposed cash transfers alone would come to ₹3.66-lakh crore, which is more than 10 times the cash transfers provided in the Finance Minister's package. Providing assistance on the scale proposed by civil society organisations is necessary; it will no doubt pose logistical problems, but not financial problems.

Even if all of it is financed through a fiscal deficit for the time being, the economic implications of such an enlarged deficit would not be forbidding. These implications can manifest themselves in two ways: one is through inflation, and the other by precipitating a balance of payments problem. Let

us consider each of these.

As long as supplies of essential commodities are plentiful and these are made available through the Public Distribution System to the vast majority of the people, so that they are insulated against the effects of inflation, any inflation per se should not be a matter of great concern. This is the case in India at present.

Foodgrains aplenty

The supply of the most essential of goods, foodgrains, is plentiful. Currently there are 58 million tonnes of foodgrain stocks with the government, of which no more than about 21 million tonnes are required as buffer-cum-operational stocks. This leaves a surplus of 37 million tonnes which can be used for distribution as enhanced ration, or for providing a cushion against inflation.

The rabi crop is supposed to be good; as long as it is safely harvested, this would further boost the government's foodstocks. There are some reports of labour shortage holding up harvesting. This may be a temporary problem that would disappear once the lockdown eases: but if necessary Mahatma Gandhi National Rural Employment Guarantee Act work can be extended to cover harvesting operations in areas experiencing labour shortage.

Likewise, the supplies of other

essential commodities which consist of manufactured goods and where output has been demandconstrained all along, will get boosted in response to higher demand; and in special cases, imports may have to be resorted to. There is in short no reason to think that inflation of a worrisome magnitude will follow if the fiscal deficit is increased.

There is an additional factor here. The increase in total demand caused by an initial increase in demand, which is financed by a fiscal deficit, is a multiple of the latter. Now in a situation like the present, when even if the lockdown is lifted social distancing and restrictions on social activities will continue, the value of the multiplier will be lower than usual. People in short would hold on to purchasing power to a much greater extent than usual because of the continuing restrictions on demand, which would act as an automatic anti-inflationary factor.

Of course there will be shortages of some less essential commodities and also hoarding on account of such shortages. But since these shortages will be expected to be temporary, a result of the pandemic unlikely to last long, there will be a damper on hoarding.

Issue of deficit

True, if inflationary expectations are strong and persistent, then the prices of non-rationed commodities may rise sharply for speculative reasons; but the government can prevent such expectations, by adopting measures such as bringing down petro-product prices, taking advantage of the collapse of world oil prices. A larger fiscal deficit, therefore, need not cause disquiet on account of inflation.

On the balance of payments front, the worry associated with a larger fiscal deficit is financial

flight caused by frightened investors. Some financial flight is already happening, with the rupee taking a fall. This flight is not because of our fiscal deficit but because, whenever there is panic in financial markets, the tendency is to rush to dollars, even though the cause of the panic may lie in the United States itself.

But India has close to half a trillion dollars of foreign exchange reserves. These can be used, up to a point, to check the flight from the rupee to the dollar. If the flight nonetheless persists, then India will have a legitimate reason for putting restrictions on capital outflows in the context of the pandemic.

We are currently in a bizarre situation where cross-border movement of people is virtually barred, while cross-border movement of finance is freely allowed. If the hardships of the people caused by the pandemic, and the lockdown it has created, are not ameliorated through larger government expenditure, because of the fear that the larger fiscal deficit required for it would frighten finance into fleeing, then the privileging of finance over people would have reached

This must not be allowed. The Centre must not worry about its fiscal deficit; and since the State governments will bear a substantial expenditure burden on account of the pandemic, the Centre must make more resources available to them. It should raise their borrowing limits, perhaps double their current limits as a general rule, apart from negotiating the magnitude of fiscal transfers it should make towards them.

Prabhat Patnaik is Professor Emeritus, Planning, Jawaharlal Nehru University,

The criticality of community engagement

It has a pivotal role in ensuring the success of India's anti-coronavirus campaign



SOHAM D. BHADURI

highly significant observation arising out of a pioneer-ing health-care initiative led by a doctor couple in Ahmednagar, Maharashtra in the 1970s care delivery, both within and outside the country. This observation was that a significant cultural gap existed between health-care personnel such as auxiliary nurse midwives and rural and tribal beneficiaries, significantly impeding delivery of preventive and promotive health care. It was realised that a cadre of health workers recruited by and from within the community, and also accountable to the community, would have greater affinity with people, thus ensuring greater community participation in care delivery. Soon, a series of community health worker schemes followed, the latest being the accredited social health activist (ASHA) programme.

Ground reality The recent attack on an ASHA worker conducting a COVID-19 survey, due to an alleged suspicion that she was a government National Register of Citizens agent betrays the faltering of our community health worker programmes in a

way. Over time, they have become de-facto public health employees rather than being community representatives enjoying the unswerving confidence of people as originally envisaged.

Two things remain common to the sporadic incidents of noncooperation with our anti-coronavirus campaign, from the Tablighi Jamaat fiasco to migrants escaping quarantine and allegedly unleashing violence against the police. First, that a strong felt need for codue to deficient threat perception. Second, that deficient threat perception has resulted in strict control measures such as quarantine to be perceived as high-handed government instruments. What this signifies is that government messaging of the coronavirus threat will alone not suffice, and that a willingness to cooperate can only be engendered from deep within

Key strategy

Community engagement is a prerequisite for risk communication, which entails effectively communicating the threat due to the virus, instilling the right practices and etiquette, and combating rumours and stigma. Till date, the government's machinery to communicate risk has served a thin upperand middle-class segment quite well. However, with COVID-19 moving briskly towards slums and rural hinterlands, one should not be surprised if such incidents of non-cooperation start surfacing at



a brisk pace too.

Rural awareness generation and community engagement has unto ing with local panchayats, disseminating publicity material in local vernacular, and calling on the participation of civil society organisations. For our anti-coronavirus campaign to be a success, community engagement has to ensue on a war-footing, much akin to the production of ventilators and masks. Like the Antyodaya approach, it has to embrace the remotest community stalwart who enjoys the community's confidence and is perceived as an impartial non-state agent.

One may say that we are too far into the pandemic to focus on risk communication. But community engagement is more than just risk communication. It is the bedrock of community participation, the need for which will only be felt even more acutely as the epidemic worsens. Contact tracing activities will have to pick up as COVID-19 increasingly percolates to rural areas. Enhancing testing for SARS-CoV-2 and concomitant expansion of quarantine, isolation, and treat-

ment activities along vast expanses will tremendously strain our thin public health machinery. This will not be possible without community participation at every step.

Further, mitigation activities in case of considerable rural penetration of COVID-19 will require efforts of dreadful, phenomenal proportions. Imagine a primary health centre equipped with one doctor and a nurse catering to 20odd villages spread across miles of difficult terrain.

cases and referring severe ones will not just be infeasible but highly risk-laden too. Strongly involving the nearly 2.5 million informal health-care providers would become crucial for a range of activities. Makeshift arrangements for transportation and care, such as motorcycle ambulances and mobile medical units, will need to be made. Further, initiatives such as community kitchens of Kerala will assume tremendous importance in cases of a stringent and prolonged lockdown. These, along with simply a strict adherence to social distancing throughout the pandemic, cannot be conceived without full community participation.

Crucial factors

The criticality of community engagement on a war-footing is underscored by a set of factors. First, a concoction of local culture, values and beliefs can lead to blithe disregard of the coronavirus threat and gravely endanger containment and mitigation efforts.

Second, threatened livelihoods due to lockdowns and a resultant downplaying of the coronavirus risk can instil indignation and noncooperation, as witnessed in the case of many migrants. With our weak social support system, we cannot afford quarantine allowances like in Sweden and Singapore; even the entitled modest relief could get delayed.

Third, there is increased likelihood of repeat lockdowns due to which will greatly test public patience and co-operation. Lastly, we also need to remember the trust deficit between health workers and the public that has lingered on since decades, given our unsatisfactory public and profiteering private health care. One may say that these challenges are not completely mitigable through community engagement, but that s undoubtedly the best shot we

Urgent reinforcing and galvanising of community engagement activities will largely decide the trajectory COVID-19 undertakes in India. Recruiting a medical workforce, augmenting infrastructure, and manufacturing personal protective equipment on a war footing - unless these go hand-in-hand with the former, will result in undermining of both.

Dr. Soham D. Bhaduri is a Mumbai-based doctor, health-care commentator, and editor of the journal, 'The Indian

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The pandemic battle

Amid the outbreak of the global novel coronavirus pandemic and the subsequent imposition of a pan-India lockdown, people are divided based on two opinions regarding revocation of the lockdown. A section, economically disadvantaged unquestionably demands that it be revoked after 21 days irrespective of the situation, while the other, largely the middle class and government employees, wants its continuation until a satisfactory result. A majority of those opposing the lockdown are those facing extreme poverty. The lockdown poses a threat to their lives. I

wonder what would

happen if such a lockdown

continues beyond the date. It is sad to see people who have fixed income being indifferent to others' sufferings especially those who have lost employment. An educated Indian is likely to stand by the government's side but it is simultaneously a must that he or she shows equal empathy for others who are not similarly situated and extend aid if possible. SHAYAN DAS, Gobardanga, West Bengal

■ At a time when over 180 countries are engaged in an all-out struggle to derail the march of the novel coronavirus, with India being no exception, India's top leader should be advocating scientific knowledge on how to contain and prevent the spread of the virus among

his people (Editorial page, "Only through the prism of science", April 4). Had he appeared on television while addressing the nation wearing a protective mask - even for a second – the message of that symbolism would have been louder and clearer. Unfortunately, these appearances have only created leeway for his many admirers to peddle pseudoscientific concoctions. This amounts to trivialising the grim situation the country is

One cannot possibly fight superstition and the coronavirus outbreak simultaneously. If all of us strictly adhere to and and scrupulously follow the precautionary measures suggested and guidelines issued by the scientific

community and the medical fraternity, there is a greater chance of stopping the silent microbe. ABDUL ASSIS P.A.,

Thrissur, Kerala

■ Natural disasters and pandemics are not fought by governments and their machinery alone. It requires the seeding and nurturing of private institutions and even. more importantly, nongovernmental institutions (NGOs). There are a number of them engaged in health services, covering health education and awareness, dedicated groups for the elderly, etc. In its drive to weed out NGOs, apparently out of sync with the government's social policies and tenets, there has been a drive to bring in tighter

regulations on their funding

and compliance. There can be no quarrel with this, yet the summary approach may have dampened the functioning of key NGOs. We may be missing the organised and trained contribution of these entities. The time that we review the role of voluntary organisations and work out a more pragmatic architecture for their participation has come as they do largely provide last-mile delivery. R. NARAYANAN,

How to use masks

In these trying times around the world, many have started to use surgical or other masks to stave off the possibility of contracting coronavirus infection. But, in India, and especially in Kerala – this includes the

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medical and health-care

fraternity - many can be

seen practising improper use

of the mask. One critical point missed seems to the fact that many are not maintaining the double-layer or triple-layer arrangement of the mask cloth to ensure protection. By stretching the cloth/fibre material of the mask and extending it below the chin, not much protection can be expected by wearing the mask this way. We must remember that the size of the virus is smaller than the pore of the cloth used in masks and an extra layer or two obviously heightens user protection. This has to be highlighted.

Dr. JAYASEKHARAN V.P., Payyanur, Kannur, Kerala

THE HINDU DELHI MONDAY, APRIL 6, 2020

Reducing farm distress during a pandemic

The government has an opportunity to help farmers who are battling declining demand and lower prices



Social distancing and living under a lockdown appear to be the only effective ways of dealing with the pandemic. As India lacks the resources to significantly ramp up testing, imposing a lockdown was the government's preferred option. Although there is limited evidence to suggest that this strategy may be working in containing the spread of the virus, its after-effects on thousands of migrant workers is already out in the open. Distrustful of the government's promise of providing support, most migrant workers decided to walk back to their home States despite efforts by the state machinery to prevent them from moving out.

Migrants are not the only ones who are facing the after-effects of the lockdown. With the economy coming to a complete halt in most of the informal and formal enterprises in urban areas, the lockdown is also likely to affect the large population in rural areas, a majority of whom are dependent on agriculture. At a time when the rural economy was witnessing declining incomes, both for casual workers and self-employed workers, even before the pandemic broke out, this lockdown is only going to hurt the agricultural economy further. Even before the lockdown, rural wag-

es were declining in real terms but

there were hopes for agricultural incomes rising with food prices rising

Impact on agricultural income

until January 2020. However, recent data on prices suggest that the trend is reversing with the decline in agricultural prices in most markets. In the short run, we will likely witness a breakdown of supply chains of agricultural produce with no facilities for transportation of produce. This is likely to hurt those engaged in the production of fruits and vegetables, which are perishable goods and cannot be stored. With horticultural

production exceeding foodgrain pro-

duction in the last decade, many

farmers are likely to face uncertain

or no markets for their produce. Me-



"In the short run, we will likely witness a breakdown of supply chains of agricultural produce with no facilities for transportation of produce." A scene from Delhi during the lockdown. • GETTY IMAGES

was showing a rising trend in food

prices until January 2020, reported a

1% decline in prices month-on-

month in February 2020. This is like-

ly to worsen further, particularly for

cash crops. It is well-known that

commercial crop prices follow a si-

milar pattern as other primary com-

modities, particularly petroleum

prices. With the sharp decline in pe-

troleum prices, most of the commer-

cial crops have seen a downward

pressure on prices, which is likely to

worsen in the coming months. But even for foodgrains and other crops,

there is likely to be downward pres-

sure on prices due to declining de-

mand. The slowdown in the econo-

my domestically and the expected

recession worldwide will contribute

to lower demand for agricultural

commodities. At a time when the

agricultural sector was already bat-

tling declining demand and lower

prices, the faint hope of better prices

appears unlikely to materialise. It is

the decline in prices which is likely to

hurt the income of farmers in the

long run more than the short-run

supply disruptions and labour

While it is clear that agriculture will

be affected due to short-term disrup-

tions and the long-term economic

impact of the pandemic, there is an

opportunity for the government to

help farmers through state support.

Political expediency and fiscal con-

cerns led the government to stock up

foodgrains, with the Food Corpora-

What the government can do

shortages.

dia reports have already confirmed that farmers are finding it difficult to dispose horticultural produce. Some of them have taken the extreme step of destroying their produce.

There will also be short-term impacts on foodgrains and other rabi crops that were ready to be harvested at the beginning of April. In some cases, harvesting may be postponed but it is difficult to do so beyond a week or a fortnight. While the government has exempted operation of agricultural markets and mandis from the lockdown, it will be difficult for farmers to harvest the agricultural produce in the surplus States of Punjab, Harvana and Uttar Pradesh in the absence of migrant labourers. Even if standing crop is harvested, April is the labour-intensive month. Labourers are required for packing, processing, transporting and selling the produce. This year is expected to register a record in the production of cereals, pulses, cotton and oilseeds. Most of these are labour-intensive crops and the absence of working labourers during the harvest and postharvest season is likely to affect the prospect of higher incomes in agriculture.

Some of the short-term impacts may affect price realisation by farmers but the real worry for farmers is going to be the decline in prices for the majority of agricultural produce. There are already signs of a collapse in agricultural prices, which predates the outbreak of the pandemic. The food price index of the Food and Agricultural Organization, which

tion of India (FCI) reporting 77 million tonnes of cereals in stocks as against the buffer requirement of 21 million tonnes as on April 1. However, with the lockdown forcing a humanitarian crisis and with most migrants heading back to the rural areas, it is also time for the government to release the food stocks through the public distribution system. The Central government has already announced that for the next three months, 5 kg of free grains will be distributed in addition to what people are entitled to under the National Food Security Act, but this has not yet reached the State governments due to the lockdown. While this may free up FCI godowns to some extent, it will be prudent to extend the scheme to all residents, particularly migrants who may not be able to avail of free grain in urban areas.

While raising procurements is desirable and may be necessary for the forthcoming rabi crops, the state is also expected to intervene and assure remunerative incomes to farmers. One way of ensuring this is to reduce the input costs through existing schemes of subsidies such as the fertilizer subsidy and through price reduction in petrol/diesel meant for agricultural purposes. But for the immediate short-term, farmers need to be compensated for the loss of income and the best way to do it is through the PM-KISAN scheme. Unfortunately, the only announcement in this regard is the disbursal of the first installment of the transfer which is due in April. However, the scheme only used two-thirds of its budget allocation for 2019, so efforts should be made to not only enhance the coverage monetarily but also include tenant farmers and wage labourers who are as much dependent on agriculture as the land-owning cultivators. Such a step is necessary not just for the survival of the agricultural sector but also for the overall economy which is expected to see a sharp slowdown and decline in demand. While income transfers may not be the best way of supporting the agricultural sector at times like these, they are the best available instruments to raise rural incomes and create demand.

Himanshu is Associate Professor, Centre for Economic Studies and Planning, School of Social Sciences, INU, New Delhi

FROM THE READERS' EDITOR

Shooting the messenger

The COVID-19 outbreak cannot be used as an excuse by a government to undermine hard-won democratic rights



A. S. PANNEERSELVAN

While the economic cost of the pandemic has been discussed widely, not as much attention has been paid to the lurking danger of the shrinking of democratic spaces. The most explicit manifestation of this global malaise can be seen in Hungary now, where Prime Minister Viktor Orbán recently secured parliamentary approval for a set of draconian measures including jail terms for spreading misinformation and no clear time limit to a state of emergency that allows him to rule by decree. The Opposition parties' demand for a sunset clause on the legislation was brushed aside by the ruling party, which has a brute majority in parliament.

The editorial in this newspaper, "Uncritical endorsement" (April 2), pointed out how the Indian Supreme Court has uncritically accepted the official narrative that "fake news" about the duration of the lockdown being "three months" caused a panic reaction from migrant workers across States. As the editorial said, neither the Court nor the government acknowledged the real factors such as "the short notice of just four hours for the lockdown to take effect, the lack of planning and coordination with the States, the fears of the people about being left without cash and running out of food, and worries about their families back home." In the same case, the Union government sought a direction to restrain the media from reporting or publishing "anything" without ascertaining the factual position from the government. It was an Indian Orbán moment where only the official version, however limited the information may be and with its inherent elements of propaganda, would have legal sanction.

Role of the media

The plea of the Union government indicates a democratic deficit in the executive in realising the role of the media during a pandemic and the necessity for a credible information ecosystem. While the apex court upheld the right to free discussion about COVID-19, it also directed the media to refer to and publish the official version of the developments in order to avoid inaccuracies and large-scale panic. Herein lies the catch. It is a fact that

fake news and deliberate misleading of the public happens from the top, and often through people who wield power. This fact was established in studies on fake news conducted by the Reuters Institute for the Study of Journalism, University of Oxford.

Claims by the AYUSH Ministry

Let's look at how the Ministry of AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy) has performed during this crisis. Early last week, the Minister of State for AYUSH, Shripad Naik, said that Ayurveda and Homeopathy medicines cured the U.K.'s Prince Charles of SARS-CoV-2 and asserted that his recovery only "validates our age-old practice since thousands of years". But the Prince's spokesperson rejected the claim. In an e-mail to The Indian Express, The Clarence House spokesperson said, "This information is incorrect. The Prince of Wales followed the medical advice of the NHS (National Health Service) in the U.K. and nothing more."

The Press Council of India issued a statement soon after this, which read: "The Press Council of India advises the print media to stop publicity and advertisement of AYUSHrelated claims for COVID-19 treatment in order to prevent dissemination of misleading information about AYUSH drugs and services in view of the emerging threat in the country due to the pandemic."

In this context we should remind the government and the apex court some considered views about a free press. Nearly three decades ago, Nobel Laureate Amartya Sen emphatically said that "in the terrible history of famines in the world, no substantial famine has ever occurred in any independent and democratic country with a relatively free press." A study by UNESCO says, "Press freedom and good governance are not mutually exclusive. They support each other while promoting a country's economic and human

The Ground Zero report in this newpaper, "The long march to uncertainty" (April 4), reveals the hollowness of the Government of India's submission to the Supreme Court and documents the plight of migrant labourers, who are the backbone of the Indian economy. The hope is that the courts recognise that during a crisis such as a pandemic, a government cannot be permitted to undermine hard-won democratic rights and that a free and independent media is a basic need in a democracy.

readers editor @thehindu.co. in

Why everyone should wear masks

The pandemic can be slowed only by a lockdown as well as by ensuring universal mask use

Flattening the epidemic curve (case distribution curve) is the need of the day. On the curve, Y axis and X axis represent case numbers and time, respectively. A normal epidemic curve is bell-shaped, with an early ascending slope (first phase), a peak (second phase) and a declining slope (third phase). The area under the curve represents the total number of cases. India is now in the first phase of the COVID-19 pandemic.

A rapid increase in cases will demand far more healthcare facilities than now available. Healthcare facilities were not created in anticipation of a pandemic and are grossly inadequate for India to tackle the first phase. A flattening of the curve will reduce the demand on beds in intensive care units, respirators, and specialists to manage acute respiratory distress syndrome. The peak will be dwarfed and come after some breathing time; the pressure will be eased. However, the area under the curve, the total number of cases, whether the curve is bell-shaped or flattened, will be the same. This crucial information in the epidemiology of the epidemic must be taken into account for planning a response.

Flattening the curve

There are two ways of flattening the curve: imposing a strict lockdown for a number of weeks or use of face masks all the time when outside our homes. A lockdown physically distances families from each other. The disadvantage is that family members may not be able to keep a physical distance of two metres from one another all the time. As a result, intra-familial spread occurs and more people are infected at the end of the lockdown than at the beginning. But during a lockdown community transmission is prevented.

There are four reasons for the universal use of masks. First, any infected person will not infect others because the droplets of fluids that we let out during conversations, coughing or sneezing will be blocked by the mask. Remember, most infectious people don't have symptoms, or have mild symptoms, and are unaware that they are infected. Second, uninfected people will have some protection from droplet infection during interactions with others. For those who wear eyeglasses, there is additional protection from droplets falling on the conjunctiva. When both parties wear masks, the probability of transmission is virtually zero. Third, the mask-wearers will avoid inserting their fingertips into their nostrils or mouths. Viruses deposited on surfaces may be carried by hand if we touch such surfaces; if we do not touch our eyes, nostrils or mouth, this mode of transmission is prevented. Fourth, everyone will be reminded all the time that these are abnormal days.

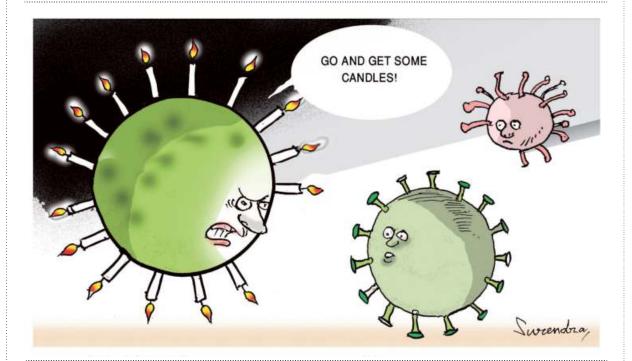
In overcrowded areas such as slums, a lockdown will not be efficient in slowing down transmission. In such places, universal mask use is a simple way to slow down transmission. In India the wise choice would have been to ensure universal mask use in slums, bazaars, shops selling essential commodities, etc. before the lockdown. But then, wisdom, proverbially, is slower than

Making your own mask

Taiwan and the Czech Republic depended primarily on universal mask use and slowed down the epidemic. In the Czech Republic, people made their own masks. Cotton pieces, preferably coarse, three layers, stitched with two straps, make masks of sufficient quality. These masks should cover the nose from just below the eye level and reach and cover the chin. All adults, and children who are old enough to wear masks, should wear them. At the end of the day, cotton masks can be washed in soapy water and hung to dry for re-use.

COVID-19 mortality is due to three reasons. Virus virulence is the given and cannot be altered. Co-morbidity (diabetes, chronic diseases) is already prevalent. Then there is low-quality healthcare. Slowing down the epidemic by imposing a lockdown and ensuring universal mask use gives us the chance to protect people from infection and improve healthcare quality; wherever that was done, the mortality was less than 1%.

T. Jacob John is retired Professor of Virology



DATA POINT

Lockdown effect

RETAIL AND RECREATION: Visits to restaurants, shopping centres and movie theatres dropped 77% between Feb. 16 and Mar. 29 compared to the period between Jan. 3 and Feb. 6

GROCERY AND PHARMACY: Visits

to grocery shops, markets and pharmacies fell 65%

PARKS: Visits to national parks, beaches and public gardens reduced

compared to the traffic between January 3 and February 6. Phone traffic from residences saw a considerable increase, indicating that more people were staying at home. TRANSIT STATIONS: Use of public ■ The charts uses anonymised location data from phones to show how visits and transport facilities such as buses and trains dropped 71% between Feb. 16 length of stay at different places change

Due to restrictions, including the imposition of a lockdown in many countries, public

places saw the steepest fall in the presence of people between February 16 and March 29

mobility has declined sharply, a Google report finds. In India, retail and recreational

■ The baseline is the median value for the corresponding day of the week during the 5-week period (January 3-February 6)

compared to a baseline

WORKPLACES: Visits to workplaces fell 47% as many people have been instructed to work from home

PLACES OF RESIDENCE: People stayed at home 22% more than they did in the

and Mar. 29 compared to the period

between Jan. 3 and Feb. 6

SOURCE: GOOGLE'S COVID-19 COMMUNITY MOBILITY REPORTS

The Ma Frindu. FROM THE ARCHIVES

FIFTY YEARS AGO APRIL 6, 1970

Hijacked Plane Back in Tokvo

After five anxious and tension-packed days, a happy ending was written here (Tokyo) this morning (April 5) to the most bizarre and longest airliner hijacking case in history with the return to Tokyo of the Japan Airlines plane "Yodo" with its three crew members and hostage, Transport Vice-Minister Mr. Yamamura. All of them were no worse for the experience than being somewhat shaken up. It was a satisfactory conclusion to all parties involved because hijacking leftist radicals could reach their desired destination of North Korea, its over 100 passengers were safely let off and the crew and hostage were able to go to North Korea and return home without a scratch. The episode, however, is believed to have cost Japan hundreds of millions of ven in terms of money spent by Government and Japan Airlines in securing the early release of the plane and passengers, potential revenue lost by the airline due to the plane being tied up for five days and chartering of other planes and colossal amount of advertising space and time sacrificed by newspapers and radio and television stations in giving saturation coverage.

A HUNDRED YEARS AGO APRIL 6, 1920.

The Asiatic question. (Third editorial)

The temper of the Whites in South Africa can be seen from the way in which a Unionist candidate was heckled at an election campaign meeting. Here is the report of the incident as given in "Indian Opinion": Capt. W.C. Halford, Unionist candidate for the Greyville Division, addressing a meeting in the Inands Hall recently is reported to have said in regard to the Asiatic question that he was not prepared to recommend the repatriation of Indians who were born in this country, but was against further immigration. Several questions were put to Capt. Halford after his speech. In reply to one question regarding Asiatics, he said he was in favour of cessation of Asiatic encroachment, provided it was done with justice. He wanted to see justice to every section in the country. (Applause). To another question put to him if he was in favour of equal political rights to workers of all colours, Capt. Halford said: "I do not want to see any extension of the Native franchise, or the extension of the vote to aliens in this country who were not prepared to become British." But he did not mention a word about the Indians who were already British.

in the Christian Medical College, Vellore