



# DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE DAY  
Wednesday 20210310

## **Nation witnesses 15,388 fresh Covid cases**

## **Nation witnesses 15,388 fresh Covid cases, 77 more deaths (The Tribune: 20210310)**

<https://www.tribuneindia.com/news/coronavirus/nation-witnesses-15-388-fresh-covid-cases-77-more-deaths-222777>

With 15,388 fresh cases, India's Covid tally has climbed to 1,12,44,786, while the number of recoveries has surged to 1,08,99,394, the Union health ministry said on Tuesday.

The death toll due to the viral disease has gone up to 1,57,930 in the country with 77 more fatalities, the ministry's data updated at 8 am showed.

After registering an increase for six consecutive days, the number of active Covid cases has gone down to 1,87,462, accounting for only 1.67 per cent of the country's total caseload, while the case fatality rate has dropped to 1.4 per cent.

The number of people who have recuperated from the disease has gone up to 1,08,99,394, which translates to a national Covid recovery rate of 96.93 per cent.

According to the Indian Council of Medical Research, 22,27,16,796 samples have so far been tested in the country for the viral disease, including 7,48,525 on Monday.

The 77 new fatalities include 22 from Maharashtra, 14 from Punjab and 12 from Kerala.

Of the total 1,57,930 Covid deaths reported so far in the country, Maharashtra accounts for the highest number of 52,500, followed by Tamil Nadu (12,521), Karnataka (12,367), Delhi (10,924), West Bengal (10,280), Uttar Pradesh (8,738) and Andhra Pradesh (7,176). PTI

## Exercise

### **Wearing face mask during exercise safe: Study (The Tribune: 20210310)**

<https://www.tribuneindia.com/news/coronavirus/wearing-face-mask-during-exercise-safe-study-222352>

This suggests that masks could be worn safely to reduce COVID-19 transmission between people visiting an indoor gym. This suggests that masks could be worn safely to reduce COVID-19 transmission between people visiting an indoor gym.

For the study, published in the European Respiratory Journal, the researchers carried out detailed testing on breathing, heart activity and exercise performance in a small group of people while they were using an exercise bike with and without a mask.

Although they found differences in some measurements between wearing a mask and not wearing a mask, they said that none of their results indicate any risk to health.

The study was by a team of researchers including Dr Elisabetta Salvioni from Centro Cardiologico Monzino, IRCCS, Milan, Italy, and Dr Massimo Mapelli and Professor Piergiuseppe Agostoni from Centro Cardiologico Monzino and the University of Milan.

“We know that the main route of transmission for coronavirus is via droplets in the breath and it’s possible that breathing harder during exercise could facilitate transmission, especially indoors,” said Elisabetta Salvioni from Centro Cardiologico Monzino, IRCCS (Istituto di Ricovero e Cura a Carattere Scientifico), Milan, Italy.

“Research suggests that wearing a mask may help prevent the spread of the disease, but there is no clear evidence on whether masks are safe to wear during vigorous exercise.”

To address this question, the researchers worked with a group of healthy volunteers with an average age of 40.

Each person took part in three rounds of exercise tests: once while not wearing a face mask, once wearing a surgical mask (blue, single-use mask) and once wearing a ‘filtering face piece 2’ or FFP2 mask (white, single use mask believed to offer slightly better protection than a surgical mask).

While the volunteers used an exercise bike, the researchers measured their breathing, heart rate, blood pressure and the levels of oxygen in their blood.

Results of the tests showed that wearing a face mask had a small effect on the volunteers. For example, there was an average reduction of around ten per cent in their ability to perform aerobic exercise.

The results also indicate that this reduction was probably caused by it being slightly harder for the volunteers to breathe in and out through the masks.

The team is now studying the impact of wearing a face mask while carrying out daily activities, such as climbing the stairs or doing housework, in healthy people and those with heart or lung conditions. —IANS

## **No country for women**

### **Irrespective of position, they are exploited, abused (The Tribune: 20210310)**

<https://www.tribuneindia.com/news/editorials/no-country-for-women-220678>

This court shudders to think as to what would have happened if the victim was an officer belonging to a lower cadre... If that is the position in which lady officers are placed, it is hard to think as to what will happen if such sexual harassment had taken place on an ordinary lady with no background.' These remarks of a Madras High Court Bench last week as it took suo motu notice of the struggle faced by a woman IPS officer in bringing to dock her senior, a Special DGP of Tamil Nadu, for alleged sexual harassment and subsequent abuse of authority to influence the case sadly sum up the general patriarchal oppression in our society. Women, irrespective of having achieved high positions in workplaces, remain unsafe from unwelcome overtures of predatory men lurking at every other corner. That a staggering one in three women has faced sexual or physical violence points to the myopic mindset of men that sees women as inferiors or chattels.

Incidentally, technology is coming to the rescue of victims, though many times it also becomes a source of blackmail. The horrible incident of girls at a hostel in Jalgaon, Maharashtra, being reportedly stripped and forced to dance by policemen is another case of rampant misuse of power and position by law enforcers and protectors. The case would have, perhaps, not found resonance in the state's Assembly and calls for justice not made but for the emergence of its video recording. Equally reprehensible is the alleged sex-for-job scandal that has embroiled Karnataka Water Resources Minister Ramesh Jarkiholi. Though pleading not guilty, he was forced to resign a day later when an incriminating video surfaced.

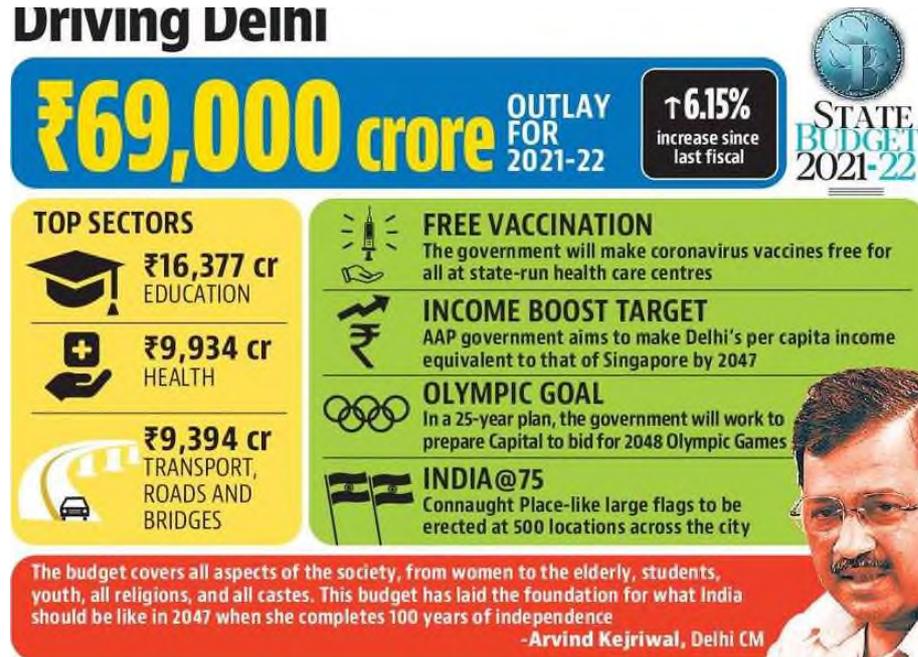
However, the final delivery of justice to the victims is a long haul even after the registration of the case. The NCRB 2019 report indicates a grim pendency in courts of 90 per cent and a conviction rate of less than 25 per cent in crimes against women. Instilling in boys the values of respecting girls and women and treating them as equals is essential to curb the oppression that they are subjected to.

## Vaccination capacity

**Big push for health in Capital's budget Delhi set to increase vaccination capacity; education remains key thrust area in outlay of finances (Hindustan Times: 20210310)**

<https://epaper.hindustantimes.com/Home/ArticleView>

### Driving Delhi



Sweta Goswami and Abhishek Dey

letters@hindustantimes.com

New Delhi : The Delhi government on Tuesday presented its budget for 2021-22 with a total outlay of ₹69,000 crore, themed around “deshbhakti” (patriotism), promised to make the per capita income in the city state equivalent to that in Singapore by 2047, and get the Capital ready to bid to host the 2048 Olympic Games.

The budget, tabled by Delhi's finance minister (and also deputy chief minister) Manish Sisodia in the legislative assembly, saw an increase of 6.15% from the previous year's budgeted outlay of ₹65,000 crore, now revised to ₹59,000 crore. This is the government's first budget after the emergence of the Covid-19 pandemic, which led to a revenue loss of around 40%, said Sisodia.

Sisodia announced an “aam aadmi free covid vaccine” scheme under which the Delhi government will provide free Covid vaccination at all state-run health care centres. In private hospitals, however, doses will cost up to ₹250 per dose. He also said the government will increase its daily Covid vaccination capacity from 45,000 persons to 60,000 in the “next few days”.

Like its last six budgets, the Aam Aadmi Party (AAP) government proposed the highest share for the education sector in which it plans to build a “virtual model school” and a university specifically for teachers' training. The proposed outlay for education is ₹16,377 crore, which

is 23.7% of the total budget estimate, and an increase of ₹1,285 crore from the previous year's budgeted allocation on education. This was followed by the health sector, which has been allocated ₹9,934 crore, an increase of ₹2,230 crore more from last year's budget– the highest sector-wise increase. “The vaccine for freedom from Covid-19 will be available in the market for ₹250, but we have families in Delhi who would have to choose either to buy a full month's ration for their family or get the vaccination for corona from their monthly salary,” said Sisodia.

The announcement drew flak from the opposition Bharatiya Janata Party (BJP) which alleged that the same scheme is being run by the central government across all states and union territories.

Dr K Srinath Reddy, president of Public Health Foundation of India, said: “Extensive vaccine coverage is needed even for people below the age of 60, because of a high prevalence of comorbidities in younger age groups. Many people with those health conditions are unaware of them, especially in the lower socio-economic groups. Both to protect such people and to slow down the transmission, vaccines have to be administered free of cost in government hospitals. The decision for free vaccine administration for all in government hospitals is a welcome move.”

With around at least 2,300 new buses, including 1,300 electric buses, planned over the next one year, the Delhi government allocated ₹9,394 crore for transport and road infrastructure which is an increase of ₹2,050 crore from last year.

The budget also laid out the government's vision for the next 25 years, which includes bidding for the 2048 Olympics and making Delhi's per capita income equivalent to that of Singapore's by 2047. Delhi's current per capita income is ₹3.54 lakh a year; Singapore's is around \$60,000. To be sure, comparisons will also have to factor in purchasing power parity.

To commemorate 75 years of independent India (August 15, 2022 is the 75th independence day), the government allocated ₹45 crore for installing Indian flags, like the giant one in Connaught Place, across 500 locations in the city. The Indian tricolour in Connaught Place is hoisted on the top of a 207 feet high mast. The flag is 60 feet in width and 90 feet in length.

The government also plans to organise patriotic programmes running for 75 weeks at a stretch, a daily class to teach patriotism in government-run schools, and also allocated a separate budget for events to celebrate the lives of Bhagat Singh and BR Ambedkar .

Addressing a press conference after the assembly session, chief minister Arvind Kejriwal said the Delhi budget is a reflection of “efficient financial management” as the Capital's revenue continued to be in surplus despite actual collections declining by 40% against the targeted budget estimate due to the strict lockdown. He explained that despite the pandemic, the budget is 6% more than the previous year's outlay which was possible because the Delhi government kept its establishment costs (cost incurred on running the government machinery) at 45% and assigned 55% of the proposed funds towards subsidy schemes, programmes and infrastructure projects. “The budget covers all aspects of the society, from women to the elderly, students, youth, all religions, and all castes. This budget has laid the foundation for what India should be like in 2047 when she completes 100 years of independence. The aim for 2047 is to bring Delhi's per capita income at par with Singapore.”

Sudhir Krishna, former chairman of the 5th Delhi Finance Commission, said: “The primary sector of agriculture and secondary sector of industry contribute as much as 37% to the GDP of India as a whole, whereas for Delhi, it is just about 20%. Owing to environmental and geographical constraints, Delhi cannot expect to push these sectors and needs to strengthen the tertiary sector such as trade, hotels, restaurants, and real estate, which contribute as much as

80% to the Gross State Value Addition (GSVA) of Delhi. Therefore, Delhi should work on travel, tourism including medical tourism and education tourism and service activities like call centres, BPOs etc. Enhancing the quality of life of the residents through the improved safe water supply, cleaner air and water, quality education and healthcare would not only provide greater well-being for Delhi residents, but would also attract visitors from within India and abroad, which will add to Delhi's GSVA."

On plans to host the 2048 Olympics in Delhi, Kejriwal said his government will take up whatever infrastructure and other necessities are needed to be created for the same. "We will also discuss this with the Central government as without their efforts achieving this dream would not be possible," he said.

In the budget the government emphasised on women's empowerment with new schemes such as Mohalla clinics for women, using its anganwadi hubs as a resource to help women entrepreneurs develop micro business enterprises and promoting self-help groups, enhancing safety at tourist spots, and setting up 33 self-help units to make women aware of existing government schemes for women such as free bus rides, widow pensions, scholarships for school-going girls, etc.

Sisodia cited a government survey and said that before the Covid crisis, in February 2020, 26% of women in Delhi were unemployed. In February 2021, this statistic was 40%, he said. "This reveals that among the women of Delhi, who are available for employment, 40% are unable to find any work; 45% of these women have completed 12th class and 60% of these women are less than 30 years of age. It is essential to economically empower these women and integrate them with the economy of the family and the state.

## **Covid norm**

### **'Put Covid norm violators on no-fly list': HC judge after flight to Kolkata (Hindustan Times: 20210310)**

<https://epaper.hindustantimes.com/Home/ArticleView>

A Delhi high court judge's journey from Kolkata to the Capital on March 5 resulted in the court taking suo motu (on its own) cognisance of passengers wearing masks below their chins and not following social distancing norms.

Justice C Hari Shankar of the Delhi high court, taking note of the stubbornness of fellow travellers in wearing masks below their chins, said in an order on Monday that if passengers do not wear masks properly despite repeated warnings then airlines can deboard them immediately and also initiate action to add them to the no-fly list.

"In the event of any passenger being unwilling to follow this protocol prior to the flight taking off, the passenger should be offloaded without delay. If a passenger, despite being reminded more than once in flight, refuses to follow this protocol, action should be taken against the passenger in accordance with the guidelines issued by the DGCA or Ministry of Health and

Family Welfare, including placing the passenger on a “no-fly” regimen, either permanently or for a stipulated, sufficiently long, period,” Justice Hari Shankar said.

Appalled by the behaviour of passengers who refused to listen to the judge and only acceded after repeated requests, the judge directed the Directorate General of Civil Aviation (DGCA) to “prominently” reflect on its website instructions containing the guidelines and protocol to be followed by passengers and cabin crew on domestic flights in the country.

“It was only on repeated entreaties made (by me) to the offending passengers that they condescended to wear their masks properly. On the cabin crew being questioned in this regard, they stated they had directed all the passengers to wear masks, but were helpless in case they did not comply,” the judge said.

The DGCA and airlines refrained from commenting as the matter is sub judice.

The judge noted that in the present scenario, when the country is seeing a resurgence of Covid cases, passengers showing signs of “ebbing” is completely “unconscionable”.

He said passengers in a flight are in a closed air-conditioned environment, and, even if one of the passengers suffers from Covid, the effect on others could be “cataclysmic”.

“Sensitisation of the citizenry has, however, to precede, not succeed, galvanisation of the governmental machinery,” the court said.

It directed all the airlines to ensure that along with the boarding pass written instructions regarding the protocol to be followed by passengers in the flight, including the measures that could be taken against them on failure to follow the protocols, are provided.

The court said in-flight announcements which, at present, merely require the passengers to wear masks at all times, should be modified to include a cautionary word regarding the penal action that could be taken against them in the event of default.

The judge further said passengers should also be duly sensitised regarding their responsibilities before as well as after boarding the flight.

Justice Hari Shankar said the in-flight crew shall carry out periodic checks of the aircraft to ensure all passengers comply.

“It is made clear that masks should be worn as directed by governmental instructions, covering the nose and mouth, and not worn merely covering the mouth or below the chin,” the court said in its order.

On passengers who may not be in a position to wear a mask for medical reasons, the court said, “In deserving cases — which should be the exception, not the rule — the airline should take steps to isolate the passenger so that he is kept at a safe distance from other passengers in the flight.”

It issued notice to the DGCA, the Ministry of Civil Aviation and the Ministry of Home Affairs asking them for “strict” compliance of the order by giving wide publicity to the directions and posted the matter for further hearing on March 17.

## **Vaccine passport**

### **Watch | What is a vaccine passport? (The Hindu:20210310)**

<https://www.thehindu.com/sci-tech/technology/what-is-a-vaccine-passport/article34025306.ece>

A video describing vaccine passports and how it could soon become an essential document for resuming international travel and working from offices

As people around the world prepare for COVID-19 vaccinations, documenting the shots are becoming an important step in easing cross-border travel. Airports, workplaces and public places may soon require people to produce records of their inoculation status.

For these purposes, a 'vaccine passport' may soon become an essential document. Some passports in the making include International Chamber of Commerce's AOKPass and IBM's Digital Health Pass.

## **Coronavirus**

### **Coronavirus | 15 lakh people vaccinated against COVID-19 on March 5, highest in a day: Health Ministry (The Hindu: 20210310)**

<https://www.thehindu.com/news/national/coronavirus-15-lakh-people-vaccinated-against-covid-19-on-march-5-highest-in-a-day-health-ministry/article34005749.ece>

The total number of vaccine doses administered in India has crossed 1.94 crore.

Nearly 15 lakh people were inoculated against the coronavirus on March 5, the highest in a day so far, taking the total number of vaccine doses administered in the country to over 1.94 crore, official sources said on March 6.

## Vaccine equity

**Vaccine equity, smooth user experience, understanding prevailing motives and behaviours and bridging the digital divide are all vital in India's fight against COVID-19. (The Indian Express: 20210310)**

<https://indianexpress.com/article/opinion/columns/covid-19-vaccination-drive-india-cases-mortality-rate-7221528/>

Beginning January 16, COVID-19 vaccination in India has crossed 20 million with an overall target of vaccinating 250 million people by July. Global COVID-19 vaccine trackers point to the relatively low population level full vaccination coverage in India, 0.28 per cent currently. In the final analysis, that is the crucial factor which will lead to the progress of the pandemic slowing down at national and sub-national levels. Among countries or entities with large populations as well as those with some of the highest incidence and mortality, the coverage in the US, UK, Brazil, France and Italy is respectively 9.35 per cent, 1.68 per cent, 1.27 per cent, 2.86 per cent and 2.74 per cent. Israel leads with a figure of 41.85 per cent.

India's prioritisation strategy rightly focused on protecting the healthcare and other frontline workers first and hence the seemingly low coverage till this point. The enthusiasm witnessed in the first few days since moving on to the next group of 270 million people — those aged above 60 years as well as those between 45-59 years with co-morbidities — was also marked by some shortcomings in the technology (booking of slots) and vaccine supply. These shall surely be fixed quickly given India's depth of experience and capacity of the immunisation programme. The vice president, the prime minister, several chief ministers and Union ministers took the vaccine in the first couple of days of this phase to lead the campaign from the front and reinforce vaccine confidence and demand. The minister of state for health and family welfare informed the Rajya Sabha in February that fewer beneficiaries than planned attended inoculation sessions due to transient technical issues in the Co-WIN portal and vaccine hesitancy in the early phases.

What has been the experience so far with the immunisation of health care workers (HCW)? With a target of immunising about 0.3 million HCW on the first day (January 16) across 2,934 sites, 10 million HCW should have received the first dose in about 30 days (mid-February). However, 7 million were vaccinated with the first dose till March 8, with considerable variation across states. This does point to a modicum of vaccine hesitancy in some states and/or within the states, that too among a group who actually have some of the highest risks. The other emerging concern is about two-thirds of HCW turning up for their second dose on the due date (weeks). This may in part be attributed to the WHO's current position that the vaccines can be more effective when given apart in a 6-12 week window; India's policy prescribes a 4-6 weeks interval. This calls for rapid appraisals to develop a layered understanding of the prevailing opinions, motivations, behaviours and attitudes of key stakeholders within their organisational

and socio-cultural matrix. Equally important shall be the elucidation of the contents of rumours and social media content, including political and socio-cultural factors.

Another sobering aspect is the epidemiological situation in at least half a dozen states that are witnessing a spike in fresh infections. Vaccination is an important pillar in the multi-pronged strategy to the pandemic response. The opening up of the immunisation programme to private providers (with capping of prices) is an important and welcome step, one that had been recommended for some time now by experts and state programme leaderships. There is also a distinct possibility of the vaccines being available in the open market in about a month's time. If so, this shall be both on account of large amounts of vaccine stocks being available as well as to facilitate quicker uptake of the available vaccines. These will be important steps in boosting the immunisation coverage.

The sustainability of the first wave of enthusiasm shall be contingent upon the user experience in the next few weeks. This shall entail ensuring vaccine supply, fixing technological glitches and responding to cases of Adverse Effects Following Immunisation (AEFI). Else, this momentum may slow down. A critical ingredient of success shall be taking user feedback to improve programme responsiveness and according greater flexibility to state and district level programme managers. These will also need to be backed up with communication messages as well as proactive responses to issues of hesitancy, rumours and misinformation that the social media shall amplify.

Accessing the vaccine depends substantially (though not exclusively, there is a walk-in option) on being able to book an appointment (of up to four persons) on the internet. The vaccination certificate is to be downloaded. In this context, the digital divide is something to reckon with. About 400 million Indians have no access to the internet. The internet density in rural areas, particularly in some regions, is as low as 25 per cent compared to 90 per cent in urban areas. The gender digital divide is also substantial, with far fewer women with access to mobile phones and internet services. Frontline health workers shall have a crucial role to play, particularly for the non-urban beneficiaries.

Giving in to Taliban's demands on democratic rights will be a setback in Afghan peace talks

With substantial vaccine stocks available and nearly all sectors of the economy open now, India may also consider expanding the scope of the definition of frontline workers and prioritising their immunisation. These can justifiably include a wider array of workers such as teachers, shopkeepers, those in the services sector such as bank and postal employees or public transport workers or delivery personnel as well as factory and industry workers. This will help reduce risks to this large working population as well as boost the post-COVID recovery of the economy.

Media reports and visuals of the initial days of March represent an empowered urban middle-class phenomenon. The empowerment is in terms of access to information as well as information technology, and a plethora of public and private providers. It will need quality

service deliveries through the next few weeks to promote and expand demand beyond this segment to rural and peri-urban populations. India's achievements in COVID-19 vaccination are indeed large in terms of absolute numbers being vaccinated but should not bring a false sense of security of achieving herd immunity quickly enough, which is a function of both coverage and vaccine efficacy. India's depth in vaccine manufacturing capacities and resilience of the immunisation programme — notwithstanding the fact that this is a new adult vaccination campaign — should help in achieving vaccine equity as well.

## **Immunisation**

### **The long, hard road of immunisation**

**Vaccine equity, smooth user experience, understanding prevailing motives and behaviours and bridging the digital divide are all vital in India's fight against COVID-19. (The Indian Express: 20210310)**

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Another sobering aspect is the epidemiological situation in at least half a dozen states that are witnessing a spike in fresh infections. Vaccination is an important pillar in the multi-pronged strategy to the pandemic response. The opening up of the immunisation programme to private providers (with capping of prices) is an important and welcome step, one that had been recommended for some time now by experts and state programme leaderships. There is also a distinct possibility of the vaccines being available in the open market in about a month's time. If so, this shall be both on account of large amounts of vaccine stocks being available as well as to facilitate quicker uptake of the available vaccines. These will be important steps in boosting the immunisation coverage.

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shopkeepers, those in the services sector such as bank and postal employees or public transport workers or delivery personnel as well as factory and industry workers. This will help reduce risks to this large working population as well as boost the post-COVID recovery of the economy.

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## Health Care Services (Hindustan: 20210310)

[https://epaper.livehindustan.com/imageview\\_690329\\_107584620\\_4\\_1\\_10-03-2021\\_2\\_i\\_1\\_sf.html](https://epaper.livehindustan.com/imageview_690329_107584620_4_1_10-03-2021_2_i_1_sf.html)

# पहले चरण में 100 महिला मोहल्ला क्लीनिक खुलेंगे

## स्वास्थ्य



नई दिल्ली | वरिष्ठ संवाददाता

दिल्ली सरकार ने मंगलवार को पेश किए बजट में स्वास्थ्य क्षेत्र पर विशेष जोर दिया। उप मुख्यमंत्री मनीष सिसोदिया ने महिलाओं के लिए विशेष महिला मोहल्ला क्लीनिक शुरू करने की घोषणा की। पहले चरण में 100 महिला मोहल्ला क्लीनिक शुरू किए जाएंगे। इन मोहल्ला क्लीनिक में महिला स्वास्थ्यकर्मियों को ही तैनात किया जाएगा।

वित्त मंत्री ने सदन में कहा कि स्वतंत्रता के बाद वर्ष 1951 में पहली जनगणना के मुताबिक दिल्ली में 12 सरकारी अस्पताल और 17 डिस्पेंसरी भी थीं। लेकिन अब दिल्ली में 38 मल्टी स्पेशियलिटी अस्पताल, 181 एलोपैथी औषधालय, 496 मोहल्ला क्लीनिक, 27 पॉलीक्लीनिक, 60 सीड प्राथमिक स्वास्थ्य केंद्र, 46 आयुर्वेदिक, 22 वृनानी, 107 होमियोपैथी औषधालय, 78 डे शेल्टर होम्स, 311 नाइट शेल्टर होम्स को कवर करने वाली 22 मोबाइल

क्लीनिक और 61 स्कूल स्वास्थ्य क्लीनिक संचालित हैं। सरकार ने होम आइसोलेशन की अवधारणा को शुरू किया। पहला प्लाज्मा बैंक भी मुख्यमंत्री अरविंद केजरीवाल ने दिल्ली में शुरू किया।

**बजट का 14 फीसदी हिस्सा स्वास्थ्य को :** दिल्ली सरकार ने स्वास्थ्य क्षेत्र के लिए 9934 करोड़ के बजट का प्रावधान रखा है, जो कुल बजट का 14 फीसदी है। इससे पहले वर्ष 2020-21 में 7704 और वर्ष 2019-20 में 7485 करोड़ रुपये बजट का प्रावधान था। यानी इस बार स्वास्थ्य बजट में पिछले वित्तीय वर्ष के मुकाबले 2230 करोड़ का इजाफा किया गया।

**मेडिकल कॉलेज अगले वर्ष शुरू होगा :** द्वारका सेक्टर-17 में निर्माणाधीन इंदिरा गांधी मेडिकल कॉलेज भी अगले वर्ष शुरू होने की उम्मीद जताई गई है। स्वास्थ्य संबंधी बुनियादी ढांचे में विस्तार के लिए दिल्ली सरकार ने 1293 करोड़ रुपये खर्च करने की योजना बनाई है। इसके तहत ज्वालापुरी, सिरसपुर, मादीपुर और विकासपुरी में नए अस्पतालों की निर्माण, 19 मौजूद अस्पतालों को नया रूप देना भी शामिल है।

## सरकारी अस्पतालों में दिल्ली वालों को मुफ्त टीका लगेगा

दिल्ली सरकार ने बजट में सभी दिल्ली वालों के लिए सरकारी अस्पतालों में मुफ्त टीका लगाने की भी घोषणा की है। इसके लिए 50 करोड़ रुपये का बजटीय प्रावधान किया गया है।

## इसी साल अगस्त से सभी को मिलेगा हेल्थ कार्ड का तोहफा

दिल्ली के हर नागरिक को अगस्त 2021 से हेल्थ कार्ड जारी होने की संभावना है। इसके साथ ही दिल्ली में ऑनलाइन हेल्थ इन्फॉर्मेशन मैनेजमेंट सिस्टम स्थापित किया जाएगा। इससे हर मरीज का डाटाबेस सर्वर पर उपलब्ध रहेगा, जरूरत पर डॉक्टर इसे देख सकेंगे। वहीं सड़क दुर्घटना में घायलों को उपचार दिलाने वाली फरिश्ते योजना भी जारी रहेगी। इस योजना से दिल्ली सरकार 10,600 लोगों की जान बचाने में सफल हुई है।

## Vaccination (Hindustan: 20210310)

[https://epaper.livehindustan.com/imageview\\_690332\\_84453050\\_4\\_1\\_10-03-2021\\_5\\_i\\_1\\_sf.html](https://epaper.livehindustan.com/imageview_690332_84453050_4_1_10-03-2021_5_i_1_sf.html)

# आठ दिनों में एक लाख से अधिक बुजुर्गों को टीका लगा

## सुविधा

नई दिल्ली | वरिष्ठ संवाददाता

राजधानी दिल्ली में तीसरे चरण के टीकाकरण अभियान को आठ दिन हो चुके हैं। इस दौरान अब तक एक लाख से अधिक बुजुर्गों को दिल्ली में टीका लग चुका है।

मंगलवार को 3.4 हजार से अधिक लोगों को वैक्सीन लगाई गई। इनमें

आधी संख्या 60 साल से अधिक उम्र के लोगों की रही।

बुजुर्गों में टीकाकरण को लेकर उत्साह है। इसका अंदाजा इससे लगाया जा सकता है कि केवल आठ दिनों में ही इन्हें टीका लगाने का आंकड़ा एक लाख पार कर गया है। स्वास्थ्य विभाग के मुताबिक, मंगलवार को 340 से अधिक केंद्रों पर वैक्सीन लगाई गई। कुल 34239 ने टीका लगवाया। इसमें बुजुर्गों की संख्या सर्वाधिक रही। मंगलवार को



17,368 बुजुर्गों ने टीका लगवाया। वहीं, 45-59 साल के बीमारियों से पीड़ित 2833 ने टीका लगवाया।

## इस तरह बढ़ा टीकाकरण



साथ ही 3386 अग्रिम पंक्ति कर्मचारी और 2149 स्वास्थ्यकर्मियों ने भी टीका लगवाया। इस दौरान मात्र दो में

ही हल्के दुष्प्रभाव देखे गए। किसी को अस्पताल में भर्ती करने की जरूरत नहीं पड़ी।