

Students donate bloods for use of COVID-19 patients

IT News
Imphal, April 1,

Volunteers DESAM, ANSAM and AIMS today donated bloods to make sure that there is no shortage of blood in the state of Manipur if in case require for treatment of COVID-19 patients. The blood donation which will continue till April 30 is organised by the three students body in collaboration with RIMS, JNIMS and Shija Hospital. The blood donation programme was led by President of DESAM N. Edison and President of AIMS KH. Romen. On the first day 7 volunteers donated bloods. The students' bodies is planning to donate blood from 5 to six persons everyday till April 30.

Mobile tracking records show 456 users from NE, 85 from Manipur at Delhi's Nizamuddin area in March middle week; Concealing of facts will not help to fight the deadly COVID-19

IT News
Imphal, April 1

Based on an official source, Imphal Times yesterday reported that among those who had attended the religious Congregation being held at Delhi's Nizamuddin between March 13 to 15, around 462 people are suspected to have attended the religious Congregation, among which 85 persons are suspected to be from Manipur. Soon after the publication of the report, the COVID -19 Central Control Room in a press clarification had stated that the report is incorrect. The clarification further said that the State Government through the Central Control Room in Collaboration with the DCs and SPs of the districts has actively traced these persons. It also added that 39 (thirty Nine) are still outside Manipur. It said the Government has traced 14 (fourteen) persons who

were linked to the said religion conference. Out of these 3 (three) persons have been taken for testing and the remaining 11 (Eleven) person will also be screened. There is no mention of when these traced persons have returned to Manipur. Imphal Times re-conducted fresh investigation in connection with our news report published yesterday under the heading "Around 85 persons from Manipur suspected to attend the religious congregation at Delhi's Nizamuddin". Before the publication of the news-report, Imphal Times Contacted "the COVID -19 Central Control Room" 0385-2411668 at around afternoon and we have recorded the conversation. The first person picking up the called refuse to verify what we have been seeking but later passed on the call to another official who said that a list circulated containing the name of those persons from North East was not

official. When further enquired he informed our reporter that the government suspects that nearly 80 people may have attended the religious congregation from the state of Manipur and they are tracing their whereabouts using all means. What is ironic is that the COVID -19 Central Control Room flatly denied the Imphal Times report saying that the number of the suspected person who had attended the religious Congregation at Delhi's Nizamuddin is around 85 and terms it incorrect. Maybe the government authority may consider the clarification to prevent panic among the people. But then some of the Civil society leaders started giving clarification through media and social networking sites saying that the number of people from Manipur attending the religious Congregation at Delhi's Nizamuddin stands at 10 while one person has not returned

to Manipur. Those religious leaders are talking based on their records as those attending should first register to their religious authority. Now, when Imphal Times team investigated the issue, the report we published stands true. The religious Congregation being held at Delhi's Nizamuddin held from March 13 to 15 and over 2000 plus people including clerics from foreign countries also attended. The concern government authority who has been tracking those people attending the congregation through mobile phone traced that from March 12 till March 22, 456 mobile users from North-East states at the Nizamuddin area where the religious congregation took place. Among these mobile users, 7 (seven) are reported from Meghalaya and 85 (Eightyfive) people are from Manipur. Maybe the name and address may be a mismatch but the 85 cell phone users are

According to medical experts, as most of them were in the COVID-19 hotspot from March 13 till March 23, these people are likely to show symptomatic or fall sick by April first week or April Second Week, as the incubation period is 2 to 3 weeks.

confirmed to be from Manipur, an official source confirmed. Imphal Times found out that not every one of them returns to Manipur, but at least half would have already entered the state. According to medical experts, as most of them were in the COVID-19 hotspot from March 13 till March 23, these people are likely to show symptomatic or fall sick by April first week or April Second Week, as the incubation period is 2 to 3 weeks. If the persons who had

attended remain hidden and if religious leaders try to protect their stand and conceal the reality, by May the pandemic Coronavirus will cross phase-4 and Community transmission which may cause a catastrophe in the state of Manipur which does not have enough medical equipments. The report is not to panic the people but an attempt to make sure that the State Health Department instead of concealing the truth for the appeasement of some religious leaders or CSOs act tough to save Manipur.

Assam reports five Covid-19 infection case

By our correspondent
Guwahati, April 1

After northeastern States of Manipur and Mizoram, Assam has reported the first case of Covid-19 infection yesterday as a middle-age individual from Barak valley found positive for the novel coronavirus followed by four more positive case reaching the number to five. Assam Health Minister Dr Himanta Biswa Sarma on Wednesday said, "Four new

positive cases for Covid-19 have been detected at Guwahati Medical College Hospital (GMCH)." The Assam minister further said that these people had visited the Nizamuddin area in Delhi. He further said that a few more people have been found positive in the screening tests. According to the reports, among the new four cases, one youth is 19-year-old and hails from Nalbari district and other three persons are from

the Jagiroad area in the Morigaon district. "A 52-year old man from Badarpur in Karimganj district in south Assam has been found positive for Covid-19. This is the first positive case of Covid-19 in Assam. He is undergoing treatment at Silchar Medical College Hospital. His condition is stable," said Dr Sarma. Unconfirmed reports suggested that the patient came back from a foreign land

few days back and returned to his home place though Guwahati. Even he stayed at Hatigaon locality of the city for a few days before leaving for Badarpur on 18 March. Meanwhile, Assam chief minister Sarbananda Sonowal today asserted that norms of the 21-day nationwide lockdown declared by Prime Minister Narendra Modi till 14 April have not been relaxed in the State. The State government has taken only some measures to ensure availability of essential items & services to the people, added Sonowal asking everyone to strictly follow the norms of social distancing and make the lockdown a success.

YFPHR appeal to construct Quarantine centre at Koirangei Airfield

IT News
Imphal, April 1

Youth's Forum for Protection of Human Rights (YFPHR) while appreciating the Manipur Government to its planning to set up new 200 bed quarantine facility centre within 10-15 days as part of immediate measures to tackle the outbreak of Covid 19 in the state of Manipur suggested to change the location at Koirangei Airfield instead of Langthabal Phumlou Loukol. A statement by the Forum said that the government should relook on the pros and con of utilizing the Paddy Filed of

Langthabal Phumlou Loukol as it will have a serious threat on Right to Food and Food Sovereignty of the farmers and people at large who are dependent on the said filed for their livelihood. "Proposed area for construction of Quarantine Centre at Langthabal Phumlou Loukol is not a wise step of long term approach and would lead to violation of "Manipur State Conservation of Paddy and Wetland Act, 2014", a

statement signed by the President of the Forum Kh. Phajaton said. It added that for alternative solution the Government should build the Quarantine Centre at Koirangei Airfield which is left unused by not allowing a single person to enter for the last many years. Koirangei Airfield is the best alternative location and will not snatch the livelihood of the people dependent on the Langthabal Phumlou Loukol.

Massive hike in active "Covid 19" cases

By Raju Vernekar
Mumbai, April 1

The number of active Coronavirus cases across the country crossed 1730, with 55 reported deaths while heavy surge was seen in the number of positive cases in states including Maharashtra, Delhi and Tamil Nadu. However the Union ministry of health and family welfare put out the figures as: total number of confirmed cases - 1466, (cured/discharged/migrated) - 132, (Death) - 38, migrated 01, on Wednesday morning. While Maharashtra registered 325 cases, Tamil Nadu registered 124, Delhi registered 121 and Bihar registered 71 cases. Fourteen patients who were part of a religious congregation at Tabligh-e-Jamaat's Markaz in Nizamuddin West in Delhi were admitted to the hospitals in Pimpri Chinchwad on Tuesday. In Delhi, a case was registered against the Maulavi of Jama Masjid, Wazirabad for organising a religious congregation in violation of prohibitory orders. 12 foreigners who had earlier attended the Markaz gathering, were stated

to be still inside and Nizamuddin. Police were in the process of removing and quarantine them. As of now Twenty-four people, who took part in a religious congregation at Tabligh-e-Jamaat's Markaz in Nizamuddin West earlier this month, have tested positive for Covid-19. In Maharashtra the number of active cases rose to 321 with 12 deaths. They included Mumbai 59 and Pune 31. The BMC sealed 146 areas as "no go zone" in Mumbai to prevent spread of the disease. The areas include Malabar Hill, Walkeshwar, Pedder Road, Belasis Road, Prabhadevi and Worli Koliwada in South and South Central Mumbai. These areas have been sealed following detection of active Covid 19 cases. Over 80,000 people reside in Worli Koliwada. As such a dispensary on the basis of 24 x 7 has been started in Worli Koliwada, the biggest fishermen colony in Mumbai. In another development, two nurses at Mumbai's Workhard Hospital and one at the Jaslok Hospital in Mumbai tested positive for coronavirus on Wednesday. An offence was registered against one Amit Onkarnath

Yadav (38) by Pimpri Chinchwad police (Maharashtra) since he refused to wear a mask despite warning. Five positive cases of coronavirus were confirmed in Maharashtra's Ahmednagar district, including two foreigners who had attended the Markaz in Nizamuddin, Delhi. A total of 34 people, including 29 foreigners, who had attended the religious gathering in Delhi were traced in Ahmednagar by the administration. Out of these 29 foreigners, the results of 14 people, revealed two confirmed cases of the infection. The results of the rest 15 samples, including those of 15 foreigners, were awaited. Apart from this, the samples of those who came into contact with the foreigners and others were also sent for testing which revealed three more cases bringing the tally up to five. In yet another development, the Indian Council of Medical Research (ICMR) approved 23 (10 government and 13 private ones) laboratories in the Maharashtra for Covid 19 diagnosis. Reports from private laboratories will be evaluated by Public Health Department.

Cattle farmers in Heirok face hard times as no firm comes to buy milk due to total lockdown

IT News
Thoubal, April 1:

Cattle farmers in Tekcham area of Thoubal district which produces large quantity of milk using Jersey breed face difficult time as suppliers and milk men had stopped coming to collect the milk for distribution due to the ongoing total lockdown and curfew imposed across the country to break the chain of spreading deadly novel coronavirus or the COVID-19. According to a cattle farmer, around 200 Jersey breed of cattle are being reared by farmers of Tekcham village. A jersey breed cattle produced milk ranging from 25 litres to 30

litres per day. Two firm - YVU Thoubal and Lamjingba collected milk produced in the village for around Rs. 60,000/- per day. However, due to the lockdown the firms had stopped collecting milks. Those coming from the Dairy farm collected limited quantity and the cattle farmers are left no means to sell their product. With no option left the farmers are inviting relatives and near and dear one to collect the milk without getting any profit and by losing the invested money as they don't want to see the milk goes wasted. The farmers said that they cannot produce items from the milk as they can't get chemical for producing due to the lock down.

Seran Niken ZP Member distributes essential kitchen items



IT News
Imphal, April 1

In view of the inconveniences face by the peoples of the Thongiu AC Imphal East due to lockdown called across the nation to contain the outbreak of the Novel coronavirus/COVID-19, Seram Niken zilla parishad Member of Imphal East distributed essential items

kitchen items including Vegetable , soap, oil, salt to around 8000 household of the Uchakon Nongpok Gram Panchayat , Uchakon Nongchup Gram Panchayat , Khongman Gram Panchayat and Torban kshtri Leikai Gram Panchayat of Thongiu Assembly Constituency. Local Clubs volunteers and Ward Members assisted the distributing the edible items.

Editorial

Wednesday, April 1, 2020

New findings on the character of Coronavirus calls for urgent review of health advisory

It is almost over three months now that the deadly virus keeps killing 1000s people across the Globes and affecting normalcy of almost all the countries across the globe. Scientists are trying to find a solution by working days and night, government are left with no choice but to lockdown their respective country so that their countrymen remain safe from the virus.

The dreaded deadly virus – Novel Coronavirus, has its epicenter at Wuhan in China in mid-January this year. It doesn't take long for the virus to spread across the globe reaching over 200 countries including countries like Italy, USA, United Kingdom, which have one of the best health care systems in the world. Scientist across the globe are trying hard to find a vaccine to kill the virus as well as to treat people are affected by COVID-19, but what is worrying to human kinds is that killing by the virus increases every day when any vaccine is yet to be produced. The only way that countries across the Globe are protecting their people is 'lockdown' of their entire nation to allow people to stay inside their home distancing between people to people in case of buying emergency products or convening emergency government meetings. The characteristic of the deadly virus is not fully understood as of now and more findings are coming up.

As per the directives of Union Health Ministry, health advisory issued by almost all the states while following the complete lockdown to make sure that people stay at home to break the chain of spreading the virus. It is well known after surveyed by the ICMR that the virus penetrated in the country after people who come or either return to India after visiting countries that are affected by the virus. Until the report of mass prayers at Delhi's Nizamuddin which was held from March 13 to 15 at Markaz in Nizamuddin area in Delhi, there is a fear that the Coronavirus Pandemic reached 3rd phase in India. Manipur is also no exception as there is a possibility some few joining the mass prayer.

Chief Minister of Manipur, N. Biren Singh who is leading an exceptional role in containing the spread of the virus today appealed the people to voluntarily come out before it is late.

As for now until yesterday Manipur was a relief as there was no circumstantial evidence that may affect by the virus as no new case has been reported after the 23 years old girl which was found positive on March 24 and is reportedly recovering.

Now, with the recent report, the state government needs to accelerate its measures to fight the virus.

What is the need of the hour is that the health advisory needs to change. Earlier, people were advised to distance themselves for at least 1 metre. But the concept is change according to Dr. Joykumar Thokchom, a physicist, who has been associating at various Pharmaceutical Companies in different parts of the USA, an presently working as a Senior Director, BrightVolt, Inc. USA the virus can travel 2 metre in the air.

In his writing in Imphal Times, he wrote, "A person can get infected with the virus in three main mechanisms. One among is Exposing/inhaling mucus and saliva droplets from an infected person during talking, sneezing, and coughing. There are reports claiming that such droplets are of 5 micron in size containing lots of viruses in a single droplet itself and they can travel about 6 to 7 feet or 2 meters normally before falling to the ground due to gravity; however, if the infected person speaks loudly in the form of singing or shouting then the droplets are much tinier and become airborne with less impact from gravity and thus can travel much further to spread to a wider number of people.

The advisory about distancing for two meters is also advised by the Government of the United Kingdom. This was informed to the Imphal Times by another Manipuri origin doctor Bishwajit Elangbam, who is presently working as Consultant in Emergency Medicine Sandwell and West Birmingham NHS Trust, United Kingdom. In Canada too the minimum distance to be kept is 2 meters as advise by their government

So, earlier advisory about distancing 1 metre should be reviewed immediately and the government should issue another health advisory of distancing at least 2 meter. After all there are possibilities that 3 phase of pandemic reached in India with many people reportedly spread religious Congregation being held at Delhi's Nizamuddin between March 13 to 15.

Review the health advisory, and change the 1 meter distance to 2 meter between two persons.

Document lost

I, the undersigned have lost my wallet containing Aadhaar card, Pan card, Driving license, Office I Card (police department), NPS Card (national pension scheme card), Two ATM card (1), UBI ATM card (2), UCO ATM card on the way between Sangolband Meino Leirak to Porompat Police Station on March 25.

Sd/-
Elangbam Dorendro Singh
s/o Elangbam Gojendra Singh
Sangolband Meino Leirak Imphal West

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Scientific Temper-the need of the hour to fight COVID-19

By: Sanjenbam Jugeshwor Singh

An unexpected outcome of COVID-19 is the growing awareness of how disease is transmitted and what might be done to prevent this. Virtually every TV channel has insisted on washing hands with soap or alcohol-based sanitizer, sneezing into the crook of one's elbow or coughing into a handkerchief, besides keeping a safe distance from one another. These precautions presuppose an elementary understanding that COVID-19 spreads through the infected person's cough or sneeze and by contact with infected surfaces. The existence of bacteria and viruses that invade our bodies and cause the infection is also part of this presupposition. In short, this indicates a tacit acceptance of elements of the empirical-causal world view. It was heartening to see even babas and yogis concede that if symptoms include respiratory disorder and high fever, then contacting doctors trained in evidence-based medical system is necessary. Baba Ramdev even admitted on TV that no evidence exists that by drinking cow urine, one could cure COVID-19, even though, he claimed, it could help in preventing it. It does not follow from this that our society has imbibed this outlook on the world, for many astrologers were seen claiming that SARS-CoV-2 was caused by the conjunction of Rahu and Ketu. Some Swamis are convinced that the cure lies in propitiating the virus by performing rituals, accompanied by a cocktail of cow urine, dung and ghee. Even so, it is heartening that when push comes to shove, many Indians might be more willing to rely on evidence-based reasoning than on ineffective, false speculations or brazen misinformation. When what

is at stake is life itself, people choose whatever they find is effective. Should we not assume that they do so because at least some of them are convinced that performing rituals is unlikely to produce the desired outcome, but regular washing of hands might? That the Rahu-Ketu story is less plausible than the virus-infection story? This switch from speculative stories involving malignant spirits to stories involving non-subjective, material, observable entities occurs when people themselves experience what works and what does not. The Scientific temper is a way of life, defined in this contexts as an individual and social process of thinking and acting, which uses the scientific method and which may consequently include questioning, observing physical reality, testing hypothesizing analysing are communicating (not necessarily in that order). Scientific temper describes an attitude which involves the application of logic. Discussion, argument and analysis are vital parts of scientific temper. Elements of fairness equality and democracy are built into it. The genesis and development of idea of the scientific temper connected to ideas is expressed earlier by "Charles Darwin" "when he said, "Freedom of thought" is best promoted by the gradual illumination of men's minds which follows from the advance of Science and by "Karl Marx" when he said "religion" is the sigh of the oppressed creature, the heart of heartless world and the soul of soulless conditions. It is the opium of the people. The abolition of the religion as the illusory happiness of the people which is demanded for the real happiness. To call on them to give up their illusions about their condition is to call on them to

give up a condition that requires illusions. With these qualifications, we must readily acknowledge that scientific temper is useful in certain contexts and necessary for specific purposes. If so, what are the other preconditions for building it? First, a disposition to not accept any opinion or claimed at face value, or to reject in haste anything that conflict with one's settled views. For instance, to not immediately accept when told that eating a clove of garlic which reduce high BP, or that the rate of economic growth in India is 70%. A healthy scepticism towards these figures is crucial. Moreover, no claim or data can be accepted merely because it is supplied by those in majority, political power or religious authority. Evidence-based claims are the enemy of prejudice and dogma. Second, good science recognise that truth is always elusive, that all human endeavour, including scientific enquiry, is imperfect, corrigible, in constant need of critical scrutiny and revision. Third, in principle, science is anti-authoritarian. No matter how hierarchical in practice scientific institutions are, or how powerful its leaders, the fact remains that if a research assistant comes up with a result that challenges established scientific claims, then it must be addressed, examined and if confirmed, displace the view held by established authority. So, if scientific temper is important, what kind of public culture is needed to advanced? Who must be responsible to take it forward? And how can we nudge people into evidence-based reasoning not from self-interest alone but from commitment to the common good? Two generations or so earlier,

curative pill-popping became part of the wider public culture. Although its misuse, dangers and excesses are well-documented, it can't be denied that careful intake of pills, under expert supervision and in correct dosage, can help cure infectious disease. With our rather enlightened response to COVID-19, we appear to have reached a similar stage in the public culture of disease of disease of disease preventions. Equally important is scrupulous data gathering. Indian TV channels continually gave figures on how many people are infected by SARS-CoV2; the countries where the incidence of disease was high; what percentage died; of those who succumbed, how many already suffered from other fatal ailments; and whether or not a correlation exists between age, propensity to infection and fatality. There is a greater public awareness about the role of data in disease management and prevention. These are small steps towards the wider acceptance of evidence-based reasoning, a tiny victory for the empirical-causal explanatory story of the world. Since these are crucial ingredients of the scientific outlook, one can even say that we have made some progress towards inculcating a scientific temper. Observing, classifying, recognising patterns of regularity and identifying causes are all integral features of science. Yet, not all of us do science. Nor do we need to. What has become increasingly vital for our survival today is that we imbibe scientific temper. Science is important because science works; scientific temper, because in its absence, the benefits of science won't reach everyone.

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Coronavirus:

A Resilient Supply Chain Is Need of the Hour

By-Amitabh Kant & Kowthamraj V.S.

Coronavirus has impacted millions and killed over thirty thousand people already across the globe since its emergence in Wuhan, China, in December last year. It has forced people to quarantine, socially distance themselves and compelled nations to lock down their populations. It will cause the biggest destruction to global economy ever witnessed, leading to a major slump in global GDP. In India, we are witnessing the lockdown of 18% of the world's population for a three-week period. This has huge implications on the flow of goods and commodities for daily existence of citizens as well as ensuring supplies of essentials to confront the pandemic itself. In this atmosphere of uncertainty, the biggest risk faced by all nations is the potential breakdown of their healthcare system, resources and supply chain. Covid-19's countries have witnessed a dramatic demand for medical supplies, test kits, respirators, masks, tubes, robes, thermometers, hazmat suits and health workers precisely at a time when the traditional global supply chains are shutting down. After the 2015 outbreak of MERS, which seriously impaired its economy, South Korea analyzed what had gone wrong. There weren't enough test kits, which resulted in people with MERS shuttling from one hospital to another just to get a confirmation of their diagnosis. Also, nearly 83% of the transmission was due to just five 'super-spreaders'—44% or nearly 81 of the 186 MERS-affected people had been exposed in nosocomial transmission at 16 hospitals. What if an elaborate testing regime had tested, contact-

mapped and isolated those five people to contain the spread in time? One of the reasons for lower testing frequency is the challenges in large-scale availability of test kits and allied medical supplies. Most virus-detecting kits are available only in big cities. The pandemic does not recognize geographical boundaries, race, ethnicity and economic status. Shoring up the healthcare system alone will not make any region resilient to future pandemics, some of which might even be more dangerous than Covid-19. The world has to think differently; it has to think better. The fact of the matter is that an excellent healthcare system will still fall short during a pandemic. The number of intensive care units and associated survival tools required in a pandemic will be enormously higher than normal. This underscores a need for an enormous supply chain ramp-up at short notice. The traditional healthcare supply chain, for the most part, comprises sets of highly specialized and relatively small factory units. Achieving scale is not a decision; it is a skill. Scaling needs high-volume planning, credit, global infrastructure, social capital and sophisticated deal-making. That is why even in China, the traditional healthcare supply chain was not enough to meet the demand of survival tools like masks. China's BYD (EV and battery maker) appointed a task force comprising 3,000 engineers to build production lines at an existing plant in Shenzhen using 90% of in-house components. They became the world's largest mask-maker in a month. Most healthcare companies neither have those many engineers nor the

production capacity and tooling in a single unit. Tata and Mahindra in India are now gearing up to produce crucial supplies like ventilators. Health workers take on a disproportionate share of infection. Health workers' safety is particularly important for India because it faces a severe shortage of doctors and nurses. In China and Italy, the fight against coronavirus has taken a huge toll on health workers. Protecting health workers who are in the forefront of the response is critical. The necessities that we ensure personal protection kits—gloves, coveralls, goggles, N-95 masks, shoe covers, face shield, triple-layer medical masks—and facilitate adequate food and resting facilities in hospitals. We greatly appreciate that the Government of India has provided Rs 50 lakh health insurance for all health personnel. We have faced five pandemics in the last 20 years (one pandemic every five years). If countries have to become truly resilient to pandemics, it is imperative that they embrace the concept of 'dormant consortium'. In essence, digital models of pandemics should be built and countries should put the best supply-chain experts of different industries in a room and request them to find out the synergies that even they didn't know existed to tackle the scenarios. Governments should identify companies (auto, electronics, apparel, among others) that have the capacity to make certain categories of essential supplies at scale and club them together with specialized healthcare firms. A watertight, time-limited intellectual property agreement can be designed. An empowered representative from

regulatory and standards' agencies should be made part of the consortium. A big clothing company cannot be made to wait for a long time to get necessary approvals for hazmat suit production. These multiple dormant consortium will come to life when the government declares an imminent pandemic. Electronics and semiconductor manufacturers who have millions of workers trained to handle thousands of sophisticated clean rooms (which mandate full-body clean suits) will have a huge role to play in pandemic-resilient supply chains. Since copper kills most microbes, pandemic-adaptive packaging can be sourced from copper foil suppliers to the battery industry. Distribution infrastructure of companies such as Amazon, Flipkart, Swiggy, Uber, Ola can be used to enable mass collection (by trained social workers) of swab samples to protect the healthcare workers. A reserve army of healthcare workers should be created to manage a pandemic. In India, while government, private offices and commercial establishments have been closed down, exemptions have been provided for shops dealing with food, groceries, fruits and vegetables and delivery of all essential goods, including food, pharmaceuticals, medical equipment, through e-commerce. This has been done to ensure that the common citizen does not suffer and the supply chains are kept intact.

*The writers Amitabh Kant is CEO and Kowthamraj V.S. is a Young Professional at NITI Aayog. Views expressed are personal.