Sub-national Responses to the Covid 19 Pandemic: A Study of AamAadmi Party-led Delhi Government

By

Sucharita Sengupta and Adnan Farooqui

Introduction

This paper seeks to record and analyse the response of the current AamAadmi Party (AAP) government in power in Delhi to the Covid crisis that started unfolding in India since March 2020. The latest Assembly Elections were held in Delhi in February 2020, where the incumbent AAP won the elections by a slightly reduced margin of seats won, 62 seats, down from 67 in the previous Assembly election held in 2015, albeit with a comfortable majority. Within a little over a month of this win, Covid was declared a pandemic in India, and this declaration was followed by stringent lockdown and other health measures nationwide.

Delhi recorded the eighth highest number of Covid cases countrywide and the second highest death ration at the time of writing the paper (Table 1). For a geographically small state, as compared to the larger states with higher number of recorded cases, this is a staggeringly huge number of cases to be dealt with. Even more alarming is the fact that the death ratio in Delhi is second only to that of Maharashtra, a very large state in comparison. This tell us that Delhi was one of the worst pandemic affected regions of the country. Any government, in this case the government of the AAP led by Chief Minister Arvind Kejriwal, had a tough task at hand in terms of responding to this global crisis.

Table 1: Covid-19 State wise Status[@]

STATE/UTS	TOTAL CASES	ACTIVE	DISCHARGED	DEATHS	ACTIVE RATIO	Discharge Ratio	Death Ratio
Maharashtra	78,72,956	4,970	77,24,214	1,43,772	0.06%	98.11%	1.83%
Kerala	65,29,607	5,629	64,56,428	67,550	0.09%	98.88%	1.03%
Karnataka	39,45,079	1,834	39,03,20	40,044	0.05%	98.94%	1.02%
Tamil Nadu	34,52,575	475	34,14,075	38,025	0.01%	98.88%	1.10%
Andhra Pradesh	23,19,367	444	23,04,193	14,730	0.02%	99.35%	0.64%
Uttar Pradesh	20,70,486	492	20,46,502	23,492	0.02%	98.84%	1.13%
West Bengal	20,17,035	781	19,95,057	21,197	0.04%	98.91%	1.05%
Delhi	18,64,246	455	18,37,642	26,149	0.02%	98.57%	1.40%
Odisha	12,87,323	529	12,77,677	9,117	0.04%	99.25%	0.71%

STATE/UTS	TOTAL CASES	ACTIVE	DISCHARGED	DEATHS	ACTIVE RATIO	Discharge Ratio	Death Ratio
Rajasthan	12,82,781	284	12,72,946	9,551	0.02%	99.23%	0.74%
Gujarat	12,23,832	295	12,12,595	10,942	0.02%	99.08%	0.89%
Chhattisgarh	11,52,020	134	11,37,852	14,034	0.01%	98.77%	1.22%
Madhya Pradesh	10,40,966	132	10,30,100	10,734	0.01%	98.96%	1.03%
Haryana	9,84,851	368	9,73,883	10,600	0.04%	98.89%	1.08%
Bihar	8,30,439	32	8,18,151	12,256	0.00%	98.52%	1.48%
Telengana	7,91,038	619	7,86,308	4,111	0.08%	99.40%	0.52%
Punjab	7,58,991	123	7,41,130	17,738	0.02%	97.65%	2.34%
Assam	7,24,194	1,363	7,16,192	6,639	0.19%	98.90%	0.92%
Jammu And Kashmir	4,53,626	134	4,48,742	4,750	0.03%	98.92%	1.05%
Uttarakhand	4,37,112	590	4,28,831	7,691	0.13%	98.11%	1.76%
Jharkhand	4,35,097	76	4,29,706	5,315	0.02%	98.76%	1.22%
Himachal Pradesh	2,84,439	205	2,80,102	4,132	0.07%	98.48%	1.45%
Goa	2,45,267	38	2,41,399	3,830	0.02%	98.42%	1.56%
Mizoram	2,23,516	1,292	2,21,545	679	0.58%	99.12%	0.30%
Puducherry	1,65,774	11	1,63,801	1,962	0.01%	98.81%	1.18%
Manipur	1,37,066	81	1,34,865	2,120	0.06%	98.39%	1.55%
Tripura	1,00,871	1	99,951	919	0.00%	99.09%	0.91%
Meghalaya	93,747	50	92,104	1,593	0.05%	98.25%	1.70%
Chandigarh	91,896	19	90,712	1,165	0.02%	98.71%	1.27%
Arunachal Pradesh	64,484	1	64,187	296	0.00%	99.54%	0.46%
Sikkim	39,132	19	38,662	451	0.05%	98.80%	1.15%
Nagaland	35,467	28	34,681	758	0.08%	97.78%	2.14%
Ladakh	28,217	24	27,965	228	0.09%	99.11%	0.81%
Dadra And Nagar Haveli And Daman And Diu	11,441	0	11,437	4	0%	99.97%	0.03%

STATE/UTS	TOTAL CASES	ACTIVE	DISCHARGED	DEATHS	ACTIVE RATIO	Discharge Ratio	Death Ratio
Lakshadweep	11,402	0	11,350	52	0%	99.54%	0.46%
Andaman And Nicobar	10,032	2	9,901	129	0.02%	98.69%	1.29%

@ As of March 25, 2022

Source:https://www.mygov.in/covid-19

Delhi's Complex Governance Structure

Delhi, formally known as the National Capital Territory of Delhi (NCT), has a complex structure of governance. It is simultaneously a Union Territory and a quasi-state. This peculiar situation is the result of a long and fraught history of claims to power over a capital city. Its status as a union territory has its roots in Delhi being declared the capital of British India in 1911. It was initially governed by the Government of India Acts of 1919 and 1935, wherein it came under the classification of a Chief Commissioner's province, a precursor to what would later become a Union Territory. A little before Independence in 1947, when decisions were being made about the governance structures of such provinces, the Sitaramayya Committee argued for self-government for Delhi, providing for a Lieutenant Governor (LG) as well a Council of Ministers. These recommendations were rejected at the time, but in 1951, a Council of Minister with very few powers was instituted. In 1952, Chowdhary BrahmPerkash became the first Chief Minister of Delhi, but resigned in 1955 as a result of power struggles with the Chief Commissioner. As per the States Reorganisation Commission, the Delhi Assembly was abolished in 1956. [1]

Delhi was thereafter governed by a Metropolitan council which proved to be inadequate. In the meantime, the newly formed Jan Sangh, which eventually morphed into the Bharatiya Janata Party (BJP), took up the question of full statehood for Delhi, reviving an old demand primarily to score political points over the Congress government then in power at the centre. In 1990, the Central Government set up a committee, and following its recommendations, introduced a bill in Parliament to amend the status of Delhi by restoring the office of and elected Chief Minister and a Council of Ministers. The bill was successfully passed in 1991 as the Government of the National Capital Territory of Delhi Act.[2]

Article 239AA of the above act is where the crux of the governance structure lies. It provided for creation of a legislature.[3] However, as per Article 239,[4] matters of police, public order and land are to be under the control of the Central Government via the LG, reaffirming Delhi's status as a Union Territory. Other matters that fall under the State List of Concurrent List can be dealt with by the Legislative Assembly of Delhi, bringing the governance of the city under the ambit of the Chief Minister.

The question of statehood for Delhi was revived after the AAP came to power in the Assembly Elections of 2015. Following friction between the elected government of Delhi and the Office of the LG, the matter reached the Delhi High Court, which affirmed the role of the LG. The matter went to the Supreme Court, where it gave a verdict in 2018, which, while delineating the different jurisdictions of the Assembly and the LG, reaffirmed that the LG must act on the air and advise of the Assembly. [5] In 2021, however, via an amendment to the

GNCTD Act, the "government" of NCT was meant to imply the LG, thereby severely curtailing the powers of the Assembly.[6]

As of today, the power sharing arrangement between the LG and the Chief Minister is skewed in favour of the LG, indicating a strong impulse towards centralisation. Apart from these two levels of governance, local governance in Delhi is carried out by urban local bodies. Three municipal corporations, i.e., the North Delhi Municipal Corporation, South Delhi Municipal Corporation and the East Delhi Municipal corporation is an elected trifurcated body. The New Delhi Municipal Council and the Cantonment Board are run by the Government of India. [7] As per latest developments, a bill has been introduced in Parliament to merge the three municipal corporations into a single body to overturn the trifurcation that was made in 2012 by the then Chief Minister of Delhi, Sheila Dixit.[8]

Two factors must be kept into account with respect to this structure. First, the three levels of government can have overlaps of jurisdiction in terms of their functions. Following from this, the second issue is that of tussle between different political parties having control over these three levels of government.

The Public Health Infrastructure of Delhi

The provision of public health in Delhi, due to its unique administrative status, is a collective enterprise between the government at the Centre, Municipal bodies, and the Delhi government, which makes the healthcare governance disjointed and complicated (Table 2).

Table 2:Public Health Facilities in Delhi

	Central Government	State Government	Municipal Bodies	Total
Dispensaries	86	255	91	432
Mohalla Clinics		485		485
Hospitals	4	38	6	48

Source: Adapted from The White Paper: State of Health in Delhi 2021. P.15 https://praja.org/praja_docs/praja_downloads/Report%20on%20The%20State%20of%20Health%20in%20Delhi.pdf

The Delhi government shoulders the major responsibility of providing public healthcare in the Union Territory of Delhi, and the Directorate General of Health Services under the Health and Family Welfare Department, of the Delhi government is the agency responsible to coordinating provision of health services in Delhi. However, these agencies cater not only to the Delhi residents but also a large number of migrant and floating population. This, along with a complex governing structure, makes the provision of health an onerous task even at the best of times.

The AAP government sought to address some of these issues, and providing better education and health facilities to the Delhi residents was also a key agenda in the *AAP* manifesto in 2015.[9] One of the earliest initiatives undertaken by the *AAP* government was setting up of Mohalla clinics, in order to provide basic health care to the community members on their very doorsteps. In 2018 the Delhi Government's ambitious "Quality Health for All" scheme was approved by the Lieutenant Governor. Under the scheme health facilities, at a subsidized

rate, would be provided to everyone in the city even in the Private Hospitals, in case the Government run hospitals were unable to provide similar services.[10] This is in line with the Delhi Government's initiative to create a comprehensive "Health Information Management System", wherein all the medical facilities would be brought under one platform. Under the initiative each citizen would be given an e-Health card, containing complete medical history of the cardholder, to access hospitals under the said network. The plan is to bring both the public and the private hospitals within the purview of the system, and to develop synergy between the public and private hospitals.[11] It is widely acknowledged that the AAP government's success both in health and education largely resulted in party once again winning the assembly election in 2020.[12]

Even though the initiatives undertaken the Delhi government in the health sector have come to be widely acknowledged[13], a close scrutiny of public health infrastructure statistics lay bare its inadequacy to respond to a pandemic. Delhi being the capital has some very prominent government run health institutes, along with some of India's best super specialty private run hospitals. However, long-term systemic neglect has ensured that much of the health care infrastructure is woefully inadequate and understaffed to taken on any mammoth calamity such as the pandemic (Table 3 , Table 4 and Table 5). Health being the state subject, it is the state governments which are expected to shoulder greater responsibility when it comes to resource allocation. However, the state governments and the center together spend little over 1 percent of the GDP on health. Delhi too is not an exception. In Delhi, at the onset of the pandemic, health expenditure was .8 percent of the Gross State Domestic Product.[14] Though there has been an increase in budget allocation in the last two budgets presented by the Delhi government[15], a major portion of the budgetary allocation is spent on tertiary sector than primary healthcare.[16] Primary Health Centers are expected to provide primary and preventive care, the underfunding has significantly impacted their ability to cater to and meet the health care challenges in Delhi, and burdened the Hospitals.

Table3: Number of Dispensaries/Hospitals compared to required norm in Delhi

Population	No. of Government Dispensaries/ Mohalla clinics	Dispensary (1 For 15,000)	No. of Government Hospitals	Density of Government dispensary to Population
1,66,76,466	917	1,112	48	18,226

Source: Adapted from The White Paper: State of Health in Delhi 2021. P.17 https://praja.org/praja_docs/praja_downloads/Report%20on%20The%20State%20of%20Health%20in%20Delhi.pdf

Table 4: BEDS IN MEDICAL INSTITUTIONS & BED POPULATION RATIO IN DELHI 2011-19

No.	Year	Number of Hospital beds		
		Population (in '00') Projections by CSO	Beds Sanctioned	Beds per 1000 Persons
1	2011	169750	42598	2.51
2	2012	173000	42695	2.47

3	2013	176310	43596	2.47
4	2014	179690	48096	2.68
5	2015	183140	49969	2.73
6	2016	186640	53329	2.86
7	2017	191287	57194	2.99
8	2018	194793	57709	2.96
9	2019	198299	54321	2.74

Source: Department of Health Services, GNCTD.

Table 5: Shortage of Staff in Dispensaries and Hospitals in Delhi as of December 2020

Medical			**Para-Medical**			**Nurse**			**Administration**			**Labour**		
S	A	SF	S	A	SF	S	A	SF	S	A	SF	S	A	SF
7191	5590	22%	6257	3969	37%	11998	8974	25%	3837	2494	35%	11600	8042	31%

S=Sanctioned, A= Available, SF=Short Fall

Source: Adapted from The White Paper: State of Health in Delhi 2021. P.18-19 https://praja.org/praja_docs/praja_downloads/Report%20on%20The%20State%20of%20Health%20in%20Delhi.pdf

Federalism and Public Health Jurisdictions

Health in Indian Constitutional schematic is a State subject. However, it is the Centre which has the responsibility to provide a broad policy framework and resources to the State governments.[17] The Indian Constitution for all practical purpose is a unitary Constitution, albeit with federal features.[18] Even though it functions as a federal system during normal times, its centralizing features come to the fore during the emergency.

The Constitution of India provides for the exclusive jurisdiction to the Centre and the States under the Centre and the State list respectively, although in the spirit of cooperative federalism. The Concurrent list on the other hand comprise of subjects over which both the Centre and the States have jurisdiction. Though in case of conflict it is the will of the government at the Centre which prevails. The two leading Institutions in the forefront of meeting challenges posed by the Pandemic, Indian Council of Medical Research (ICMR) and The Centre for Disease Control both come under the Central Government jurisdiction. Specific legislative measure such as the Epidemic Disease Act, 1897 and the National Disaster Management Act, 2005 are designed to give Centre an upper hand while dealing with any health emergency.[19] However, the Constitutional schematic leads to jurisdictional overlap, and envisages cooperation across different tiers of government, as several subjects across the list are related while dealing with a health crisis such as the Covid-19 Pandemic. For instance, port quarantine and interstate migration are in the Union list, and the Concurrent list includes subjects related to inter-state spread of infectious diseases.[20]

However, with Public health being part of the State list, under the Constitutional schematic it is the State governments which are expected to take the lead in mitigation efforts under watchful eyes of the Central government.[21]

Ideally the Cooperation between the Centre and the State governments would have been the most able course of action. However, differing political expectations and incentives, both by the BJP led government at the Centre and non-BJP state governments, had the Centre and the State governments pulling in different directions as they prepared their response to the Covid-19 induced colossal health crisis. The top-heavy response by the Central government, at least in the initial phase, was visible in the imposition of a country wide lockdown without any consultation with the State governments. This caught the State governments off-guard as they tried to grapple with the enormity of the health crisis they faced. Since then the Central government response has oscillated between two extremes of centralized response in the initial phase during the first wave, making way for a decentralized approach during the second and the third wave.[22]

First Wave of the Pandemic: Mobilising Resources, Scaling Up

The Delhi government followed a multi-pronged strategy as the CoVid 19 pandemic unfolded. The immediate requirement was that of adapting existing medical facilities and gearing it towards pandemic responsiveness. The government came up with what it called the '5 Ts model' of response in April 2020. These were testing, tracing, treatment, teamwork and tracking. With a high emphasis on testing, Delhi recorded the highest number of testing during the first wave, In order to break the chain of infections, it worked in close coordination with Delhi Police to facilitate contact tracing. The third T was treatment, which was differentiated keeping in mind patient requirement and for optimisation of resources. Health facilities were set up at multiple levels (Covid Testing Centres, Covid Care Centres, Covid Health Centres and Covid hospitals). Medical equipment such as Personal Protective Equipment (PPE), ventilators and oxygen beds were sourced. Plasma treatment centres were also set up. Patients with milder cases were to receive home quarantine and treatment, whereas more serious cases and patients with co-morbidities were to be treated in hospitals. Apart from the above three measures, broader principles of governance were deployed. There were an emphasis on teamwork, i.e., coordination between the state government, central government, urban local bodies, government agencies and opposition political parties. Finally, the implementation of all the above measured were to be tracked.[23]

The Delhi government made other significant decisions. It issued orders to the effect that Non Covid private hospitals could not deny Covid treatment, and will also have to ensure that the patient is transferred to a suitable facility. It directed private hospitals to demarcate 40% of its capacity for Covid treatment and placed limited on treatment charges. It geared itself up for increasing the medical capacity available in the city to deal with up to 30,000 active patients. Under Operation S.H.I.E.L.D, the government followed a policy of declaration of containment zones, complete with protocols to be followed in the same. It created surveillance teams which included ASHA and Anganwadi workers. The Delhi government also announced compensation for families of healthcare workers, teachers, police and fire staff who passed away in the line of duty after contracting the virus.[24]

The government response extended to non-medical aspects that were impacted by the pandemic. For instance, since school education was shifted to the online mode, the government provided relief by ensuring that no charges other than tuition fee are charged by

private schools, and prevented them from withholding teaching and non-teaching staff salaries on grounds that they were working from home. Another major concern was related to the urban poor and migrant workers. Delhi's public school infrastructure was used as night shelters for provision of meals. When the migrant crisis unfolded as a result of the sudden announcement of lockdown, the government made provisions for food rations through the existing Public Distribution System (PDS). Food coupons were issued to the MLAs, to be further distributed for people without documents. Non-food supply kits and cooked meals were also provided in collaboration with Non GovernmentalOrganisations (NGOs), religious and charitable organisations, thereby broadening community participation. Other significant initiatives included provision of financial stimulus packages and conduct of aero surveys. [25]

The Delhi government optimised the services of a range of state facilities and personnel in its pandemic response. From the Delhi Police, to ASHA workers, government school teachers, hospital and medical college personnel, faculty and staff, government laboratories, Railways, CGHS, health department, the entire machinery was brought into action. Directives were issued to non-governmental public spaces such as cinema halls, swimming pools, restaurants, theatres, sports arenas, shopping malls, discotheques regarding modalities of operation and number of persons allowed to be gathered. Depending on the severity of the pandemic situation, the response varied from a complete shutdown of these facilities to partial to full operationally with CoVid 19 Protocols in place. [26]

Apart from the material and infrastructural responses, the Delhi Government also focused on a critical aspect, that of communication. Raising public awareness was a priority. The government issued basic instructions regarding hygiene, mask usage and CoVid appropriate behaviour. Publicity material was distributed in both offline and online modes. The use of social media, especially active Twitter handles, were used aggressively to communicate government initiatives and update status of infrastructure and infection spread, as well as other parameters including mortality and recovery. Government websites were launched to communicate data and medical infrastructure availability. The charge of public and staff sensitisation was delegated to a wide range of government actors such as bureaucrats, police, railway staff, airports authority staff, hospital and school staff as well as urban local bodies. The Directorate of Information and Publicity was deployed for advertising and sensitisation.[27]

As per a survey by Local Circles, done on the completion of a year of the Delhi Government elected in 2020, 56% of Delhi residents approved of the government's performance, and this was primarily the result of how it managed the challenges imposed by the pandemic. 52% of the residents, according to this survey, were happy with the manner in which the lockdown and well as unlock management, the medical management etc were handled by the government. 58% of the residents approved of the government's management of schools and education. [28]

The above assessment is limited to the first wave of CoVid, starting 2020, when the pandemic was in its early months. The next section will lay out the story of the deadly second wave, that started in March 2021, and was unparalleled in its deadliness.

Second Wave and Third of the Pandemic: Resource Shortfall, Central Bulwarks, Caution and Hindsight

The second wave of CoVid in Delhi began with a rise in cases towards the end of February 2021, rising exponentially by the end of March 2021, and acquiring devastating proportions in April and May 2021. By the third week of April 2021, Delhi witnessed over 28,000 cases per day[29], which was thrice as high as 2020. Among the large cities, especially compared to Mumbai which also witnessed the start of a strong wave, Delhi's fatalities stood at 1347 per week to Mumbai's 361 per week.[30] The surge in cases during this wave was caused by a variant of the virus referred to as the B.1.617. There were marked differences as compared to the previous wave. The fatalities were higher, and were not limited to individuals over the age of 60 years. People in younger age groups suffered fatalities. The infection was accompanied by cases of mucormycosis or black fungus, associated with strong steroid usage, as well as the deadlier white fungus. The infection attacked persons with presumed to have good immune response. Yet another feature was the low oxygen saturation, including in people who were recovering leading to a high demand for medical oxygen.[31]

Despite the medical preparedness of the first wave, facilities fell short in the second wave. There was a higher requirement for ICU beds with and without ventilator, and there was a severe shortage on both counts. Hospitals were full and patients were turned away, leading to patients dying on the streets, including outside hospitals. The wave was also marked by a severe shortage of medical oxygen. India's total daily oxygen requirement was among the highest in the world, up to 14 million cubic meters per day as per World Health Organisation (WHO) estimates.[32] In Delhi, several hospitals ran out of supplies of medical oxygen, leading to tragic deaths. The AAP Government made desperate pleas to the Central Government to ensure supply to avert further disaster. [33] On its part, due to the sudden and massive requirement of oxygen from all across the country, the Central Government took charge and allocated plants and quotas among states.[34]

The AAP Government struggled with supplying medical oxygen. However, it took a series of steps to optimise its efforts. On a regular basis, hospitals have direct contracts with suppliers. During the pandemic, with the Central Government taking charge and delegating further to the state governments, the government stepped in. Medical oxygen to Delhi was to be supplies from far flung states using the railways. The primary block was the non-availability of sufficient numbers of tankers that are specially developed to carry medical oxygen. A second problem was that the actual demand was running ahead of the supply quota fixed by the central government. Given these constraints, the existing supplies were to be managed judiciously. This was done by assigning supply chain management to bureaucrats, who further assigned Delhi Government officials to escort tankers to be decanted and returned for a quickest possible refills. Tankers arriving via railways at the Delhi Cantonment used the services of the Indian Army for decanting. Drivers of the Delhi Transport Corporation (DTC) drove the tankers escorted by Delhi Police, who cleared the roads for uninterrupted transport. Eventually, as the wave waned, the oxygen supply was stabilised and a buffer stock created. [35]

In May 2021 though, the oxygen crisis in Delhi took yet another turn with the Supreme Court appointing a sub-committee comprising five members for an oxygen audit. This report, submitted with dissent recorded, nevertheless arrived at the conclusion that the Kejriwal-led AAP government in Delhi had exaggerated the city's requirement of oxygen. The crux of this conclusion lay in the different formulas used by the central government and Delhi government in calculating oxygen requirement.[36] Subsequently, the Delhi government formed its own four-member committee to investigate causes of oxygen shortage,[37] for which final permission was required by the LG, and which permission the LG refused to grant.[38]

A report by the Observer Research Foundation (ORF) concluded that despite Delhi having better medical infrastructure as compared to other parts of the country, it failed to deal with the second wave successfully. [39] A survey conducted by Local Circles among Delhi residents showed a decline in approval ratings of the Delhi Government at the two-year mark, a drop from 56% to 32%. [40] While some of the poor performance is attributable to the peculiar nature of the pandemic virus, the ORF report concludes that conflictual federalism ensured that despite good medical facilities, the Delhi government was unable to manage the second wave of the pandemic well as healthcare systems collapsed.[41]However, it clear that it is the centralisation of the deficient oxygen supply, and poor infrastructure for storage and transportation that led to the crisis acquiring disastrous proportions and not the incompetence of the Delhi Government per se.

By the time the Omicron wave rolled in, the Delhi Government, with the aid of experience and hindsight, put in place what it called the Graded Response Action Plan in December 2021. Based on the parameters of positivity rate, cumulative active cases and occupancy of oxygen beds in hospitals, it divided the response into four levels — yellow, amber, orange and red. Spending on the positivity rate, at each level clear instructions were issued in terms of which public and economic activities would be allowed or disallowed, with Level Orange meaning imposition of a lockdown and Level Red involving further stringent restrictions. [42] However, the restrictions remained limited to a Yellow Alert despite higher positivity rate due to low levels of patient hospitalisation.[43]

Vaccination Drive in Delhi

The Delhi Government began a vaccination drive for healthcare and frontline workers and in January 2021. On the first day of the drive, 4300 healthcare workers were vaccinated with the first dose in the state.[44] The vaccination for the 18-44 age group was announced for 1 May 2021, as per Central Government decision. This age group comprises more than half of Delhi's population. The Delhi Government set up 301 centres across 76 schools to facilitate inoculation. [45] Specialized targeted campaigns followed the general vaccination drive. For instance, in May 2021, the Delhi Government started a vaccination drive for media persons and bore the full cost. [46] After the initial vigour, vaccination flagged due to shortage of vaccine doses. The vaccine doses were procured and supplied by the Central Government for the 45 and above age group, though it later allowed states to handle their own procurement from 1 May 2021. However, states, including Delhi, faced shortages and appealed to the Centre to assist in supplying doses. [47] By the end of May, several government run vaccination centres in the city were shut down, 400 by one account,[48] and this figure rose over the next couple of months. The AAP government alleged that the shortage was the result of collusion between the centre and private hospitals, the latter providing vaccination services at very high rates.[49]

Although these were delays in the general vaccination drive, the AAP government came up with specialised schemes to encourage vaccination. Walk In vaccination centres were allowed to be opened up keeping in mind the difficulties faced by people in registering on the centralisedCoWin portal.[50] Similarly, Drive Through vaccination centres were also opened up. [51] The government also started a scheme of doorstep vaccination called 'Jahan Vote, Wahan Vaccination' across 280 wards in Delhi. This was the result of younger people panicking at not being able to find vaccination slots. [52] To boost vaccination further, a free

bus service to the vaccination centre was also started.[53] In November 2021, it launched a scheme, 'HarGharDastak', for home vaccination for persons with severe physical disabilities.[54]

The AAP government collaborated with private and charitable organisations to speed up vaccinations for the underprivileged in the city. [55] Other programmes such as Sanjeevani@ Your Doorstep and Vaccination on Wheels reached out to residents of slum areas and homeless people. [56]

Delhi has a fairly high level of Covid vaccination for the first dose, at 8. However, it is lagging behind in the second dose, which stands at 69% (see table). Overall, the vaccination drive carried out by the Delhi Government was vigorous and targeted. However, here too, decisions made by the Central Government as far as procurement and distribution of vaccines is concerned impacted the vaccination process briefly.

Table 6: State wise Vaccination

State/Union Territory	Population (2021 census projection)	1st dose	2nd dose	Precautionary/ Booster Dose	Cumulative doses administered	Percentage of people given one dose	Percentage of people fully vaccinated
India	1,38,94,19,783	97,78,65,178	82,54,47,360	2,22,62,588	1,82,55,75,126	70%	59%
Andaman and Nicobar Islands	4,00,000	3,33,088	3,23,293	10,110	6,66,491	83%	81%
Andhra Pradesh	5,27,87,000	4,41,39,107	4,47,07,008	16,11,067	9,04,57,182	84%	85%
Arunachal Pradesh	15,33,000	8,93,696	7,35,877	25,295	16,54,868	58%	48%
Assam	3,50,43,000	2,35,27,513	2,00,75,771	2,88,205	4,38,91,489	67%	57%
Bihar	12,30,83,000	6,74,05,453	5,52,77,282	8,59,160	12,35,41,895	55%	45%
Chandigarh	12,08,000	11,29,414	9,01,153	26,738	20,57,305	93%	75%
Chhattisgarh	2,94,93,000	1,98,98,435	1,75,04,365	4,25,190	3,78,27,990	67%	59%
Dadra and Nagar Haveli	6,08,000	4,50,539	3,36,064	3,240	7,89,843	74%	55%
Daman and Diu	4,09,000	3,16,727	2,66,265	5,304	5,88,296	77%	65%
Delhi	2,05,71,000	1,75,66,779	1,41,94,271	4,72,324	3,22,33,374	85%	69%
Goa	15,59,000	14,06,796	12,34,892	32,195	26,73,883	90%	79%
Gujarat	6,97,88,000	5,32,45,365	5,00,55,662	22,86,271	10,55,87,298	76%	72%
Haryana	2,94,83,000	2,30,50,759	1,83,75,978	2,63,322	4,16,90,059	78%	62%
Himachal Pradesh	73,94,000	64,23,753	59,46,795	1,93,316	1,25,63,864	87%	80%
Jammu and Kashmir	1,34,08,000	1,09,36,184	1,07,41,707	3,22,575	2,20,00,466	82%	80%
Jharkhand	3,84,71,000	2,25,52,207	1,52,16,319	2,48,783	3,80,17,309	59%	40%
Karnataka	6,68,45,000	5,26,29,311	4,91,60,060	13,30,359	10,31,19,730	79%	74%
Kerala	3,54,89,000	2,81,72,436	2,40,17,380	10,67,848	5,32,57,664	79%	68%
Ladakh	2,97,000	2,32,212	1,89,122	33,172	4,54,506	78%	64%
Lakshadweep	68,000	61,256	57,214	2,576	1,21,046	90%	84%
Madhya Pradesh	8,45,16,000	5,86,73,478	5,55,84,209	9,31,525	11,51,89,212	69%	66%

State/Union Territory	Population (2021 census projection)	1st dose	2nd dose	Precautionary/ Booster Dose	Cumulative doses administered	Percentage of people given one dose	Percentage of people fully vaccinated
India	1,38,94,19,783	97,78,65,178	82,54,47,360	2,22,62,588	1,82,55,75,126	70%	59%
Maharashtra	12,44,37,000	8,83,73,129	6,96,04,758	17,34,481	15,97,12,368	71%	56%
Manipur	31,65,000	15,31,601	11,77,314	65,044	27,73,959	48%	37%
Meghalaya	32,88,000	13,72,215	9,95,091	29,946	23,97,252	42%	30%
Mizoram	12,16,000	8,35,225	6,62,821	25,836	15,23,882	69%	55%
Nagaland	21,92,000	8,78,832	6,67,282	23,690	15,69,804	40%	30%
Odisha	4,56,96,000	3,34,25,738	2,86,87,918	8,86,256	6,29,99,912	73%	63%
Puducherry	15,71,000	9,41,739	6,69,943	13,696	16,25,378	60%	43%
Punjab	3,03,39,000	2,29,97,265	1,70,87,118	4,29,376	4,05,13,759	76%	56%
Rajasthan	7,92,81,000	5,50,31,383	4,51,98,642	14,21,230	10,16,51,255	69%	57%
Sikkim	6,77,000	5,66,894	5,20,038	31,206	11,18,138	84%	77%
Tamil Nadu	7,64,02,000	5,70,20,066	4,44,31,313	6,53,663	10,21,05,042	75%	58%
Telangana	3,77,25,000	3,15,05,543	2,85,44,511	5,29,896	6,05,79,950	84%	76%
Tripura	40,71,000	28,05,517	22,97,324	70,124	51,72,965	69%	56%
Uttar Pradesh	23,09,07,000	16,58,10,675	12,93,38,425	23,77,287	29,75,26,387	72%	56%
Uttarakhand	1,13,99,000	86,66,581	80,23,918	4,18,511	1,71,09,010	76%	70%
West Bengal	9,81,25,000	7,08,16,634	6,10,63,295	18,22,327	13,37,02,256	72%	62%
Miscellaneous	—	22,41,633	15,76,962	12,91,444	51,10,039	—	—
As of March 25, 2022							

Source:https://www.mygov.in/covid-19

Conclusion

The response to the Covid 19 crisis has highlighted that both at the national and state level, healthcare has not been a priority. Pandemics are usually unanticipated in nature, and the best healthcare systems across the world were on the brink of collapse. However, in the case of India, the crisis unveiled the excessively weak and fragile nature of public healthcare systems in the country. It is not only inadequate and of poor quality, but also structured in a top down manner, slowing down crisis responsiveness and efficacy. The small but burgeoning private health system can at best supplement public healthcare but cannot replace it.

The federal structure of the country leans towards its unitary features. Health being a State subject, the pandemic response should have been addressed at the subnational level. However, the nature of the crisis necessitated the overarching role of the centre. Policy cues for dealing with the crisis had to come from the centre. The final implementation rested with the states as per the Constitutional schema. The initial response, such as in the case of the announcement of the lockdown or the rollout of the vaccines, was therefore highly centralised. This approach did not keep in sight the differing specificities of the states. It overlooked the fact the capacities of different states to deal with such crises was highly uneven. All of them were not equally well equipped to deal with the consequences of the pandemic itself as well as the centralised measures.States that were non-BJP, non-NDA ruled also witnessed lack of communication. In some cases, differing political priorities led to friction.

The AAP-led Delhi Government was among the states that was in a relatively better position to deal with the crisis. It was among the few states that anticipated the scale of the problem perhaps a little before the centre did. It is also reflected in the fact that Delhi was able to carry out the highest number of Covid tests. Though the caseload was very high, so was testing. The government was also effective in scaling up healthcare infrastructure. The reason was the for the AAP, health has been a priority plank since its inception. With its past record of establishing Mohalla Clinics, it already had a skeletal framework in place. Utilizing the trust earned from this project, it was able to convince and enthuse the public, officials and workers to become part of its crisis response agenda.

The Delhi government also utilised innovative, targeted ideas. The AAP has always emphasised the role of civil society. Continuing with that approach, the government collaborated effectively with a variety of non-state actors such as NGOs and the private sector. One factor that went in its favour was the relatively low level of vaccine hesitancy in the capital, making vaccination programmes a relatively successful.

Since Delhi is the country's capital, the Centre also played a very critical role. Joint efforts between the centre and the state went a long way in scaling up infrastructure to respond to this public health crisis. Both were able to rise above narrow political interests.The Indian Constitution envisages a cooperative model of federalism. The pandemic induced crisis has once again underlined the importance of shared responsibility to deal with such a calamity, although differing political incentives could lead to the Centre and the State governments working at cross purpose. However, as the case of Delhi government's response to the pandemic demonstrates ultimately it boils down to the ingenuity and capacity of the respective state governments to turn the crisis into an opportunity to overhaul the existing health infrastructure and efficient public service delivery. Incidentally it was the Delhi model of health which resonated with a large section of the electorate in recently held assembly elections in Punjab, the promise of better access, and delivery as the case of Delhi demonstrates, to public health can also pay electoral dividends.

Adnan Farooqui *is Assistant Professor, Department of Political Science, Jamia MilliaIslamia, New Delhi.* ***Sucharita Sengupta*** *is Assistant Professor, Department of Political Science, Jamia MilliaIslamia, New Delhi.*

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[1]Niranjan Sahoo," Statehood for Delhi: Chasing a Chimera" (ORF Occasional Paper 156, June 2018) https://www.orfonline.org/wp-content/uploads/2018/06/ORF_Occasional_Paper_156_Delhi_Statehood_Final.pdf, (accessed March 24, 2021)

[2]Niranjan Sahoo," Statehood for Delhi: Chasing a Chimera" (ORF Occasional Paper 156, June 2018) https://www.orfonline.org/wp-content/uploads/2018/06/ORF_Occasional_Paper_156_Delhi_Statehood_Final.pdf, (accessed March 24, 2021)

[3]Amna Mirza and Bhav Nath Jha, "Delhi and Statehood: problematic law and order and federal trade off", in Rekha Saxena (ed), *New Dimensions in Federal Discourse in India*, Routledge: London and New York, 2021, pp 79-86

[4]"Article 239 Administration of Union Territories", Centre for Law and Policy Research, https://www.constitutionofindia.net/constitution_of_india/the_union_territories/articles/Article%20239(accessed March 28, 2022).

[5] The Wire Staff. " Supreme Court Dismissed Plea for Delhi Statehood", The Wire, October 15, 2018,https://thewire.in/law/supreme-court-dismisses-plea-for-delhi-statehood (accessed March 28, 2022).

[6] PRS, "The Government of National Capital Territory of Delhi (Amendment) Bill 2021", PRS Bill Summary, https://prsindia.org/billtrack/the-government-of-national-capital-territory-of-delhi-amendment-bill-2021 (accessed March 28, 2022).

[7]Sejal Patel, and Priyankita Pant, "Decentralisation and urban primary health services: A case study of Delhi's Mohalla clinics." *Commonwealth Journal of Local Governance* 23 (2020): 1-32., doi: https://search.informit.org/doi/abs/10.3316/informit.751542280889030

[8] FE Online, Nityanand Rai introduces Delhi Municipal Corporation (Amendment) Bill in Lok Sabha, oppn protests, Financial Express, March 25, 2022, (accessed March 28, 2022). https://www.financialexpress.com/india-news/parliament-live-delhi-municipal-corporation-amendment-bill-to-be-tabled-in-lok-sabha-today/2471422/

[9]AAP, "AAP 70 Point Action Plan: Delhi Assembly Election 2015", (AAP, 2015), https://aamaadmiparty.org/wp-content/uploads/2017/10/AAP-Manifesto-2015_70-Pt-Action-Plan.compressed.pdf(accessed March 27, 2022).

[10]PTI. "Lt Governor Anil Baijal nod to AAP government's 'Quality Health for all' scheme", *Indian Express,* January 16,2018, https://indianexpress.com/article/india/lt-governor-anil-baijal-nod-to-aap-governments-quality-health-for-all-scheme-5027393/ (accessed March 27, 2022).

[11] ANI. "Delhi Government to Provide e-Health Cards to Delhiites by Next Year', *ANI,* March 26,2022, https://www.aninews.in/news/national/general-news/delhi-government-to-provide-e-health-cards-to-delhiites-by-next-year20220326104055/ (accessed March 27,2022).

[12]Ankita Barthwal, Asim Ali, "Bypassing the Patronage Trap: Evidence from Delhi Assembly Election 2020", *Studies in Indian Politics* 9, no. 2 (2021): 254-272, doi: https://doi.org/10.1177%2F23210230211043081

[13]Biswajit Mohanty, " Explaining the two Delhi verdicts in comparative perspective: Party identification, leadership, and welfare", in *Electoral Dynamics in the States of India* ed. Sandeep Shastri, Ashutosh Kumar and Yatindra Singh Sisodia (Delhi: Routledge,2022), 31-47.

[14] Planning Department , GNCT of Delhi, " Economic Survey of Delhi 2020-2021", (Planning Department, GNCT of Delhi, 2021), 320, http://delhiplanning.nic.in/sites/default/files/16.%20Health.pdf accessed March 27,2022).

[15]SwetaGoswami, "Big Push for Health in Delhi's Budget", Hindustan Times, March 10,2021, https://www.hindustantimes.com/cities/delhi-news/big-push-for-health-in-delhi-s-budget-101615319176597.html (accessed March 27,2022).

[16] Business Standard. " Health Budget: Delhi , Mumbai spent more on tertiary than primary health care", *Business Standard,* July 26, 2020,https://www.business-standard.com/article/current-affairs/health-budget-delhi-mumbai-spent-more-on-tertiary-than-primary-healthcare-120072600596_1.html (accessed March 27,2022).

[17]Prakash Chandra Jha, " India's Cooperative Federalism during Covid-19 Pandemic", *Indian Journal of Public Administration* (advance online publication), doi: https://doi.org/10.1177/00195561211072568

[18] Louise Tillin, The fragility of Indian federalism, The Hindu, August 8, 2019, (accessed March 29,2022).https://www.thehindu.com/opinion/lead/the-fragility-of-indias-federalism/article28872165.ece

[19]Kevin James, " An Overbearing Centre: Legal dimensions of India's Covid-19 response", (IFP-1, Indian Federalism Perspectives, Centre for Multilevel Federalism, 2020),1,https://vidhilegalpolicy.in/wp-content/uploads/2020/08/CMF_FedPerspectives_1.pdf(accessed March 27,2022).

[20] Ibid

[21] Shashank Atreya, Health a state subject, but Covid proved how dependent India's states are on Centre, The Print, June 18, 2020, https://theprint.in/opinion/health-a-state-subject-but-covid-proved-how-dependant-indias-states-are-on-centre/442602/ (accessed March 29,2022).

[22] Niranjan Sahoo, Ambar K Ghosh, "The Covid-19 Challenges to Indian Federalism", (ORF Occasional Paper 332, Observer Research Foundation, June 2021), https://www.orfonline.org/research/the-covid-19-challenge-to-indian-federalism/ (accessed March 27,2022).

[23]BinoyGoswami, " An Exploration into Delhi's Covid-19 Response Model", Practise Connect, Azim Premji University, https://practiceconnect.azimpremjiuniversity.edu.in/an-exploration-into-delhis-covid-19-response-model/(accessed March 28,2022).

[24]Accountability Initiative, NCT of Delhi Government: Action Plan, April 8, 2020, https://accountabilityindia.in/blog/delhis-covid-19-response-2/(accessed March 29,2022).

[25]Ibid

[26]BinoyGoswami, " An Exploration into Delhi's Covid-19 Response Model", Practise Connect, Azim Premji University, https://practiceconnect.azimpremjiuniversity.edu.in/an-exploration-into-delhis-covid-19-response-model/(accessed March 28,2022).
[27]Ibid
[28]PTI, AAP government to observe first anniversary of its third term on Tuesday, Business Standard, February 15, 2021, https://www.business-standard.com/article/politics/aap-govt-to-observe-first-anniversary-of-its-third-term-on-tuesday-121021501341_1.html(accessed March 29,2022).
[29]Durgesh Nandan Jha, "Delhi records 28,395 new Covid-19 cases , 277 deaths amid desperate hunt for beds", *The Times Of India,* April 21, 2021, https://timesofindia.indiatimes.com/city/delhi/delhi-records-28395-new-covid-19-cases-277-deaths-amid-desperate-hunt-for-beds/articleshow/82164244.cms?bot=1(accessed March 28,2022).
[30]Murad Banaji, "What could be driving Delhi's devastating fourth Covid-19 surge?", Scroll. April 22,2021 https://scroll.in/article/992972/what-could-be-driving-delhis-devastating-fourth-covid-19-surge(accessed March 28,2022).
[31]Purva Asrani, Mathew SujiEapan, Md. Imtaiyaz Hassan, and Sukhwinder Singh Sohal, "Implications of the Second wave of Covid-19 in India", *The Lancet*, June 30,2021, https://www.thelancet.com/action/showPdf?pii=S2213-2600%2821%2900312-X (accessed March 28,2022).
[32]BBC News, "Covid-19 in India: Cases, death, and Oxygen supply", *BBC News*, April 29,2021, https://www.bbc.com/news/world-asia-india-56891016(accessed March 28,2022).
[33]Arvind Kejriwal, Twitter Post, April 20,2021 6:06 PM, https://twitter.com/ArvindKejriwal/status/1384486035048976385 (accessed March 28,2022).
[34] Shailendra Sharma, "Delhi's Oxygen crisis: why it happened and how it was overcome", *The Indian Express*, May 19,2021, https://indianexpress.com/article/opinion/columns/delhi-oxygen-shortage-arvind-kejriwal-government-supply-crisis-7320592/(accessed March 28,2022).
[35] Ibid
[36]Sourav Roy Barman, "Delhi oxygen audit splits Supreme Court panel, triggers firestorm by questioning peak demand", *The Indian Express*, June 26, 2021, https://indianexpress.com/article/cities/delhi/delhi-oxygen-audit-supreme-court-covid-19-arvind-kejriwal-7376269/(accessed March 28,2022).
[37] PTI, Delhi Govt forms committee to look into Oxygen Shortage Deaths During Covid Second Wave, *The Wire*, June 4, 2021, https://thewire.in/government/delhi-govt-forms-committee-to-look-into-oxygen-shortage-deaths-during-covid-second-wave(accessed March 28,2022).
[38] PTI, Delhi govt again sends file on committee to probe oxygen-related deaths to LG, *The New Indian Express*, August 16, 2021, https://www.newindianexpress.com/cities/delhi/2021/aug/16/delhi-govt-again-sends-file-on-committee-to-probe-oxygen-related-deaths-to-lg-2345443.html(accessed March 28,2022).
[39]Sunaina Kumar, Shobha Suri, and Oomen C. Kurien, "Preparing for the Next Covid-19 Wave: Lessons for Delhi", Special Report No: 164 ORF, October 2021, https://www.orfonline.org/research/preparing-for-the-next-covid-19-wave-lessons-for-delhi/#_edn4(accessed March 28,2022).
[40]Local Circles, At the 2-year mark, approval rating of AAP Delhi Government 2.0 declines with only 1 in 3 Delhiites rating 2 year performance as good or higher, Local Circles, February 16, 2022, https://www.localcircles.com/a/press/page/aap-delhi-government-performance(accessed March 28,2022).
[41]Sunaina Kumar, Shobha Suri, and Oomen C. Kurien, "Preparing for the Next Covid-19 Wave: Lessons for Delhi", Special Report No: 164 ORF, October 2021, https://www.orfonline.org/research/preparing-for-the-next-covid-19-wave-lessons-for-delhi/#_edn4(accessed March 28,2022).
[42]Express News Service, Explained: Delhi Delhi govt's colour coded action plan to fight Covid-19, *The Indian Express,* December 27, 2021, https://indianexpress.com/article/explained/explained-delhi-govts-colour-coded-action-plan-to-fight-covid-19-7692328/(accessed March 28,2022).
[43]Ifrah Mufti, Covid-19: 2,716 cases, positivity rate close to red alert in Delhi, The New Indian Express, January 2, 2022, https://www.newindianexpress.com/thesundaystandard/2022/jan/02/2716-cases-positivity-close-to-red-alert-in-delhi-2402057.html (accessed March 28,2022).
[44] PTI, Covid-19 vaccination drive begins in New Delhi, *Business Line*, January 18, 2021, https://www.thehindubusinessline.com/news/national/covid-19-vaccination-drive-begins-in-new-delhi/article33598408.ece(accessed March 28,2022).
[45] PTI, Delhi begins Covid-19 vaccination for above 18, all slots booked for next 2 days, *The Economic Times*, May 03, 2021, https://economictimes.indiatimes.com/news/india/covid-19-vaccination-for-people-above-18-begins-in-delhi/articleshow/82368061.cms(accessed March 28,2022).

[46]India TV News Desk, Delhi to begin Mass vaccination drive for media houses , decision taken in CM Kejriwal's top meeting, *India TV*, May 07, 2021, https://www.indiatvnews.com/news/india/delhi-covid-mass-vaccination-drive-for-media-houses-arvind-kejriwal-latest-updates-703177(accessed March 28,2022).
[47]PTI, 3 day's worth of Covishield Stock Left for 18-44 Group, Says AAP Leader, *NDTV*, May 19, 2021, https://www.ndtv.com/india-news/coronavirus-aap-mla-atishi-says-3-days-covishield-stock-left-for-18-age-group-delhi-may-halt-jabs-2444424 (accessed March 28,2022).
[48]IANS, Delhi shuts down 400 government run vaccination centres as stock dry up for 18-44 group, *Business Insider*, May 24, 2021, https://www.businessinsider.in/india/news/delhi-shuts-down-400-covid-19-vaccination-centres/articleshow/82904949.cms (accessed March 28,2022).
[49] PTI, "Collusion Between Private Hospitals ,Centre" : AAP MLA On Vaccine Supply, *NDTV,* June 03, 2021, https://www.ndtv.com/india-news/coronavirus-give-vaccines-to-delhi-government-instead-of-private-hospitals-aap-mla-to-centre-2455827 (accessed March 28,2022).
[50]Sukirti Dwivedi, Delhi Walk-In Vaccination Help Achieve Highest Vaccination In A Month, *NDTV*, June 23, 2021, https://www.ndtv.com/delhi-news/delhis-walk-in-vaccinations-help-achieve-highest-vaccinations-in-a-month-2470928 (accessed March 28,2022).
[51]PTI, 70 Get Jabs On Opening Day of Delhi's First Drive-Though Vaccination Centre, *NDTV*, May 27, 2021, https://www.ndtv.com/delhi-news/70-get-jabs-on-opening-day-of-delhis-first-drive-through-vaccination-centre-2449977 (accessed March 28,2022).
[52]City Spidey, Vaccination drive at your doorstep in Delhi, *City Spidey*, June 09, 2021, https://www.cityspidey.com/news/13881/vaccination-drive-at-your-doorstep-in-delhi (accessed March 28,2022).
[53] ANI PR, Delhi launches free bus service to boost vaccination drive, *The Print,* July 31, 2021, https://theprint.in/ani-press-releases/delhi-launches-free-bus-service-to-boost-vaccination-drive/706936/ (accessed March 28,2022).
[54] FE Online, 'HarGharDastak' campaign in Delhi: Here's how people with severe physical disability can register for Covid-19 vaccination at home, *Financial Express*, November 17, 2021, https://www.financialexpress.com/lifestyle/health/har-ghar-dastak-campaign-in-delhi-heres-how-people-with-severe-physical-disability-can-register-for-covid-19-vaccination-at-home/2370759/ (accessed March 28,2022).
[55]ANI, Covid vaccination drive intensifies for underprivileged people in Delhi , *ANI*, September 19, 2021, https://www.aninews.in/news/national/general-news/covid-vaccination-drive-intensifies-for-underprivileged-people-in-delhi20210919151335(accessed March 28,2022).
[56]DNA Web Desk, Covid-19 vaccination drive: Over 600 inoculated in Delhi Slum, *DNA,* July 05, 2021, https://www.dnaindia.com/delhi/report-covid-19-vaccination-drive-over-600-inoculated-in-delhi-slum-2899017 (accessed March 28,2022). Special Correspondent, Delhi takes vaccination drive closer home to residents of Loha Mandi ; city sees 30 fresh cases, *The Hindu,* September 05, 2021, https://www.thehindu.com/news/cities/Delhi/capital-takes-vaccination-drive-closer-home-to-residents-of-loha-mandi-city-sees-30-fresh-cases/article36310817.ece(accessed March 28,2022). PTI, Delhi government to conduct vaccination drive for homeless at Yamuna Pusta area, Business Standard, June 25, 2021, https://www.business-standard.com/article/current-affairs/delhi-govt-to-conduct-vaccination-drive-for-homeless-at-yamuna-pusta-area-121062401686_1.html(accessed March 28,2022).