



Education begins at home. You can't blame the school for not putting into your child what you don't put into him. Geoffrey Holder

Cancelling Class X, XII exams Task before BOSEM, COHSEM

Not surprising that the BJP led Government at Imphal has decided to do away with the Class X or HSLC and Class XII or HSSLC exams this year given the current situation. In between, the Class XI examinations conducted by the Council of Higher Secondary Education, Manipur (COHSEM) too has been cancelled. Toeing the line of the Centre, for remember the Prime Minister himself announced the cancellation of the Class XII CBSE examinations some time back and earlier the Class X CBSE exams. The Council of Indian School Certificate Examinations too had followed soon to announce the same. Other State boards too had announced the cancellation of the Class X and Class XII exams this year. Extraordinary times certainly call for extraordinary measures and to be sure this is a global pandemic that the world is dealing with right now and the cancellation of the two examinations should not come as too big a surprise to anyone. The only thing to wonder is why it has taken this long for the Government here to come to a definite decision ! The CBSE has been asked to work out the modalities on how to grade the students and last heard the Central board had notified that the criteria for grading the students will be announced by June 17. One just hopes that the CBSE affiliated schools in Manipur are primed to assess the students as per the criteria laid down by the Board and this is of utmost importance. The task ahead will be tough for the teachers and the schools, no doubt for this is the first time that students will have to be graded without sitting in the examination hall for three hours but this is the need of the time. This is about the CBSE affiliated schools in Manipur and how fairly the students are graded will go a long way in defining the character and quality of each school.

While one trust the Board to come out with yardsticks which may not be found wanting, one wonders how the same will be effected by the Council of Higher Secondary Education and Board of Secondary Education, Manipur which conduct the Class XII and Class X exams here. Will the numerous Government schools be able to accurately or even come close to accurately assessing the year long performance of the students while grading them in Class XII or Class X ? This is where private schools may be better placed to assess and map the performance of the students better, given that most of such schools have their own internal assessment criteria while preparing the students for the board exams. Performance/attendance of students during the online classes held in the face of the school closure during the pandemic will definitely come in handy, but how about students from far flung areas, especially from the hill districts where net connectivity is nothing much to write home about ? More importantly how many of the Government schools faithfully conducted the online classes ? All questions at the moment, but the responsibility ahead is tremendous and one hopes this sets a trend to give a new definition to the understanding of education in schools and colleges and not understand it merely by letting the young students sit for three hours in the examination hall and mark them as per their answers.

Mental health challenges during the pandemic Dr Suantak Demkhosei Vaiphei

Contd from previous issue

However, too much stress may make you ill. 7. Eat a brain-healthy diet to support strong mental health and avoid fast food, alcohol/drugs, caffeine, and foods with high levels of chemical preservatives or hormones 8. Find purpose and meaning in life (engaging in work that provides meaning to yourself and others) 9. Value yourself (treat yourself with kindness and respect, and avoid self-criticism) And remember, seeking help in times of need is a sign of strength and not weakness. It is your mental health that influences the way you think, feel, behave, and affect your inner ability to cope with the stress. When talking about healthy mental health, it is not just the absence of psychological or mental health problems, rather the ability to deal with them with positive characteristics. There is an urgent need to understand the mental perspectives of this pandemic among the youth and children. The need of the hour is to take up possible measures to cope with the pandemic and its effective management. It is also equally important to acknowledge the mental health concerns of those with COVID-19, close contacts, healthcare professionals, and the general population. (The author is an Assistant Professor in Department of Psychology, Christ University, Bangalore)

How to combat desertification and drought Ranjan K Baruah

Recently we celebrated the world environment with many activities. The day is important around the world as it gives us an opportunity to act for the planet. There are many environmental issues which are affecting our lives. We should know that nearly three quarters of the Earth's ice-free land has been transformed, mainly to meet the demand for food, raw materials and human settlement. Moreover land degradation is negatively impacting the well-being of at least 3.2 billion people and land use change is the primary transmission pathway for emerging infectious diseases of humans, over 60% of which are zoonotic. Desertification is the degradation of land in arid, semi-arid and dry sub-humid areas. (To be contd)

Why are States assuming the third wave will impact mostly children?

As the second wave of COVID-19 subsides, several States in India have begun to prepare for a third wave, with a special focus on protecting children.

For instance, the Uttar Pradesh Government plans to identify and vaccinate parents of children below 10 years. Since June 15, the State Government started to distribute free medicine kits consisting of cough syrup and chewable tablets among children through its network of Accredited Social Health Activists or ASHA and other frontline workers.

Jharkhand has prepared a manual detailing its treatment plans and management of children during the third wave, and has estimated that it would require over 6,000 beds for them. It states that at least 14 lakh children in the State would be at risk of COVID-19 in the third wave, even though those below 14 years comprised only 5% of the total cases between March and April this year.

In Karnataka, the Government has set up a task force to create additional pediatric wards and Covid Care Centres for children across districts.

But what is the scientific evidence that these initiatives are based on? What do we know about the third wave and which demographic group it will affect the most ?

Not enough, said scientists and doctors who spoke to Scroll.in. "By now it is very clear there is no scientific or epidemiological evidence that the third wave would affect children disproportionately," said epidemiologist Chandrakant Lahariya.

A report prepared by The Lancet's COVID-19 Commission India Task Force also comes to the same conclusion. So far, most children infected with COVID-19 have remained asymptomatic while mild infections were predominant among those with symptoms, the report stated.

Without any evidence, States were reacting in a "knee-jerk" manner, scientists said. "It is lucrative for States to set up these things," said Lahariya. "States are procedural and want to give an impression that they are following the process."

Third wave and children How exactly did the theory of the third wave impacting children come about ?

Scientists did not have an answer but pointed to an editorial that appeared in The Times of India on May 12. It was authored by Dr Devi Shetty, a cardiac surgeon and the head of Karnataka's COVID-19 task force to prepare for the third wave.

Since vaccines are only permitted for those above 18 years, Shetty, in the editorial, urged authorities to vaccinate parents quickly and claimed that the third wave was "likely to attack children predominantly".

"During the first wave, Covid attacked mainly the elderly and spared youngsters," he wrote. "The second wave is attacking a large number of young breadwinners. The third wave is likely to attack children, since most adults are already infected or immunised."

He argued that treating children and babies in ICU units was different from treating adults. "Even if we assume that just 20% of them get infected and 5% of the infected need

COVID-19 Vijayta Lalwani

critical care, we need 1.65 lakh paediatric ICU beds," he claimed.

Shetty did not respond to Scroll.in's queries sent over email regarding the scientific basis for his claims. But weeks after his editorial, the Indian Academy of Paediatrics issued a statement on May 22 that it was highly unlikely the third wave would exclusively affect children. "A very small percentage of infected children may develop moderate-severe disease. If there is a massive increase in the overall numbers of infected individuals, a large number of children with moderate-severe disease may be seen," it stated.

On the other hand, when asked about the scientific evidence determining its decisions, health officials in Jharkhand said the State had made the manual only to prepare for the unforeseen.

"Our State is the only State that has made comprehensive measures," said Dr Shantanu Agrahari, the Chairperson of the State's Empowered Committee to prepare for the third wave. "We have prepared this manual in case there is a third wave. If there is no third wave then we will not implement this manual."

In Uttar Pradesh, the State started off by distributing 18 lakh medical kits to children, and plans to distribute a total of 50 lakh kits, said Dr DS Negi, the Director General in the State Government's Medical Health and Family Welfare Department. The kits were divided according to various age groups for children below 18 years, and would include paracetamol tablets, cough syrup, multivitamin chewables and drops, oral rehydration solution tablets and Ivermectin, he said.

Negi did not reveal the expenses incurred by the State for this initiative. "We order all these medicines in bulk so we cannot calculate how much went in for the kits," he said.

Scientists however, said the distribution of these kits had no preventative value. "In a sense, it is no different from Baba Ramdev's Coronil being distributed," said Vineeta Bal, an immunologist and Professor at Indian Institute of Scientific Education and Research, Pune.

"The only useful thing to do is mask and distancing, as well as vaccination [for adults]," she said. "Cough syrup and stuff are just superficial efforts to show that they are doing something."

'Trying to predict the unpredictable' There remains very little information on what India's third wave of COVID-19 could be like.

"In a way we are trying to predict the unpredictable because we have barely understood the virus," said Dr SP Kalantri, Professor of Medicine and Medical Superintendent at the Mahatma Gandhi Institute of Medical Sciences, Sevagram, Maharashtra.

"The virus does not believe in these Mathematical steps," said Kalantri, dismissing the assumption that children would be the only vulnerable group left if the third wave strikes. "The virus is like someone who is deeply drunk, he does not

know where his next step is, and we are trying to predict this next step."

While there is no indication of when the third wave will occur, scientists said the theory that it could mainly affect children, depended on multiple variables. "How many people are available to get infected is the primary determinant," said Vineeta Bal.

A lot of it also depends on how much population immunity exists, that is the number of vaccinated adults who could protect children, said Jacob John, Professor of Community Medicine at Christian Medical College, Vellore.

"There is no reason to believe that children are more likely to get affected," he said. "The only other thing I can think of is that adults will get vaccinated and as they get vaccinated there will be fewer adults who will get infected."

But Kalantri was sceptical of this possibility because of the pace of vaccination in the country, considering that as of June 13, only 25.3 crore doses have been administered in the country of a billion plus people, with only 4.8 crore being second doses.

"I am not sure if this theory will really hold because we do not have enough resources to immunise our population," Kalantri said. "It might take at least a year or so before we are able to cover even 80% of the population," he said. "It all depends on how aggressively we vaccinate. It is a challenging task, even for the Government."

Multiple variables and 'no data' Other scientists said that the assumption of children getting affected at a higher rate depended on the timing of the third wave. Bal hypothesised that if the third wave came in the next three months, then it would be children as well as other unvaccinated adults who would be affected, given the current vaccination rate.

"If it happens later and later then it is likely that only children will be affected if most adults are vaccinated," Bal said.

Adding another caveat, she said if the third wave was delayed to June or July next year, and assuming the vaccine related immunity does not last for longer than a year, then that would make more adults susceptible to the virus next year.

"So there is no one single answer about only children getting affected," she said. "But if we had data on serology from all over the country, then we would know how much of Indian population was infected and protected. But we don't have data."

Even if children were to be affected, there was evidence to show that their mortality rate was far lesser, according to a study published in The Lancet in March. The study analysed the child mortality rates in seven countries including the USA, UK, Italy, Germany and South Korea.

"Overall, there was no clear evidence of a trend of increasing mortality throughout the period up to February, 2021, but additional deaths have clearly occurred in children and young people during periods of high community transmission," it states.

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Mami Taibang : A growing NE Media house from Manipur

Thingujam Bobby Singh



With the rapid advent and growth in multimedia technologies in Manipur, it's only a matter of time that the traditional media industries are going to join the bandwagon. Amongst the big players of the online media industry in Manipur, Mami Taibang separates itself from the rest by constantly expanding their services to other non-conventional platforms.

Mami Taibang is a Manipur based private company, registered as "Mami Taibang Media And Entertainment Private Limited" under the Indian Companies Act 2013. With more than 800k subscribers, the verified Mami Taibang YouTube Channel is well on its way to hit 1 million subscribers by late next year. With the music video of "Pelle Eigi Thamo" reaching more than 100K views in just 4 hours of upload, the channel became the first ever Manipuri

YouTube Channel to amass that much views within just a couple of hours of upload. Mami Taibang is the first Manipuri YouTube channel to be featured in the YouTube trending page with their music videos of "Remake of 'Nongdamba Nangi Kumheise'" being the first, and later followed by music videos of "Khanglamloi Eigi Meichak", "Naya Nupa", "Nangbu Yengjaba" and "Ukheidari Nangumba" etc. The Music Video of "Ukheidari Nangumba" was the first to stay in the YouTube trending page for more than 24 hours.

Apart from the 10 million plus monthly views in the YouTube Channel, Mami Taibang uses its influence from its Facebook and Instagram, with more than 50k followers each, for promotions and services. With their website, www.mamitaibang.com, Mami Taibang also hosts online movies ticket booking service and other digital marketing services. Besides the YouTube Channel, fans can also stream high quality audios for free from the website www.mamitaibangmusic.in or the Mami Taibang Music App which is available in the Google Android Playstore. Mami Taibang's movie streaming app "Mami Taibang Movies" is the first and only Manipuri Movies Streaming App to be available on both the Google Play store and the

Apple Appstore. Apart from the collection of Manipuri Movies, Sumang Lilas, Web Series and Documentaries, which users can stream or download, Mami Taibang Movies App had successfully hosted premieres of dozen movies, recently.

The recent surge in the popularity of Manipuri entertainment all over the country can be credited to the innovation of the New-Media houses like Mami Taibang, with YouTube Channels like Mami Taibang amassing crores of views and tractions from all over the world, the Manipuri entertainment industry had been able to increase their fanbase ten-fold. And apart from the websites and apps, Mami Taibang also runs its own Music Label "Mami Taibang Music". Under this label, it distributes Manipuri songs to all the international and National Music streaming services, including Spotify, Apple Music, JioSaavn, Gaana, Wynk Music and YouTube Music etc. And also Provide CRBT (Call Ring Back Tone) or caller tune to all the Major Indian Telecom operator like Jio and Airtel etc. Through it, users can stream and download their favorite Manipuri songs on their favorite Music streaming platforms at highest quality. Mami Taibang not only supports the content producers by providing a new media platform, it promotes the undiscovered talents of the State, all the while providing entertainment programmes, with the inhouse productions like Mami Taibang Sheihek, Mami Taibang Top 5 (MT Top 5) and Mami Taibang Xtra Edition. By taking the example of Mami Taibang's ventures, I urge the youths of the State to take advantage of the opportunities we all are constantly bombarded with to educate, inform and better ourselves. I urge you all to use all opportunities to take the leap of faith to your passions and risk being wrong in order to be innovative, risk failure for lessons, risk time and hard work for the much rewarding joy of success. I invite you all to dwell into inspiration not temptation. We owe it to our society and most importantly to our future selves.

Putting people first is a critical cog in the wheel for responsive health systems

Shobha Shukla - CNS

Imagine a world where no one was suffering from any of the preventable diseases, be it non-communicable diseases (NCDs) or infectious diseases, or had to die untimely due to diseases that were primarily avoidable ! Also imagine a tobacco free world - imagine a world where healthy balanced nutrition for all was a reality - where health for all was not just a chant but a reality for everyone where no one was truly left behind. We the people had to pay the price of chronic neglect of public health - where people suffered not just because of the coronavirus but also because of non-availability of timely care for range of NCDs or failure to access basic services like oxygen. The price has been very heavy for not fully implementing life saving evidence-based policies of tobacco control, for not fully implementing other evidence-based measures for disease prevention as well as for diagnosis, treatment, care and support. The Covid pandemic is indeed a public health emergency but other cascading humanitarian crises were so very preventable.

person of NCD Malaysia and President of National Cancer Society of Malaysia; Fale Andrew Lesa of ADB from New Zealand; Dr Le Thi Thu Hien, Programme Director of PATH Vietnam; Jyotsana Govil of Healthy India Alliance; Maria Fatima Garcia-Lorenzo, President of Philippine Alliance of Patient Organizations; Margianta Surahman of UNICEF; Prof Vivekanand Jha, Executive Director of the George Institute for Global Health in India; were among some of the key speakers of this multistakeholder dialogue. PROFITEERING FROM ILLNESS HAS TO END

We also need to ensure progress on health security does not get undermined by corporations whose profits depend upon products that make our people sick. Profiteering from illness has to end. Corporations that have knowingly deceived our populations in consuming products that make us sick and kill must be held legally and financially liable. Covid has exposed the existing faultlines in our health systems like never before, which have been there and long neglected. Looking forward we have to ensure we may have lost health and our loved ones but we must not lose lessons which are hard learnt. Right to health must be a central driver as we rebuild a better equitable world where truly no one is left behind anywhere. More importantly profiteering from illness has to come to an end.

Imagine only if all Governments had been on track on all promises made in 2015 UN General Assembly towards sustainable development goals. How much better prepared we would be to deal with the current public health emergency if Governments had been on track on NCD promises-ensuring rights-based access for each one of us worldwide to full package of standard prevention, diagnosis, treatment care and support.

Clearly the impact of this pandemic has been avoidable if we had stronger public health systems with a strong community focus as well as made progress on every goal and target towards sustainable development. If we have to deliver on NCD goals and targets we also have to deliver on all other goals and targets for sustainable development where no one is left behind-we cannot pick and choose.

NCDs account for over 70% of untimely deaths worldwide. Dr Monika Arora, President-elect of NCD Alliance, and noted #endtobacco advocate and public health expert, was the opening speaker at the multistakeholder dialogue for southeast Asian and Western Pacific region hosted by NCD Alliance on "Inspiring change, putting people first: Shaping responsive health systems for people living with NCDs in the Covid era". The ability to address and respond to NCDs has been severely impacted during the pandemic as per the surveys done by NCD Alliance as well as World Health Organization (WHO) and other agencies. Those living with NCDs are at increased risk of becoming severely ill with the corona virus. Putting people first is a compelling priority as well as need for delivering on people centred health responses has never been more acute.

We have set the seeds of our own destruction by not having universal access to high quality affordable healthcare as a minimum basic human right for every person on this planet. Outcome of COVID-19 was pre-determined by our health history-whether we have years of badly managed underlying NCDs like hypertension or diabetes, which are associated with COVID-19 serious outcomes including death. The dice was thrown several decades ago for most people who did not have access to basic health services such as diabetes prevention and therapy, hypertension prevention and therapy, and may still not have access. Also, failure to fully implement lifesaving tobacco control policies have made us

more vulnerable in this public health crisis.

Our ability to cope with an epidemic is almost pre-determined by the strength and resilience of our healthcare system which takes years to build and, as we have seen, just weeks to break if it is not strong. Countries that have done better in dealing with the pandemic are those that have invested in the basic primary healthcare and social security, community health responses and much better distributed public healthcare infrastructure.

Those infected with the virus faced more severe outcomes and those who did not get infected struggled to access basic treatment and medicines for their existing medical conditions. Out patients departments in many hospitals were shut down; dialysis and chemotherapies were disrupted or not available at all, cancer and heart surgeries were postponed. In my own family a heart patient died because the hospital refused to admit him unless he got an RT-PCR test done and showed the report. But there was no time for it. He would have lived had he got immediate medical intervention.

Last but not the least-the only possible way forward to prevent those NCDs that are truly preventable and avert untimely deaths has to be a feminist way. The feminist fossil-fuel free future based on solidarity and caring is the only way forward. A feminist health system is one which is socially just and ecologically sustainable for everyone everywhere-so that we can genuinely deliver on the long overdue promise of health for all where no one is left behind.

Women are acknowledged as the primary caregivers in families, yet little attention is paid to their own health. So most of them get medical care, if at all, at a very late stage, which has proven disastrous. We should not forget that disease is the problem and not the people. Make people a part of the solution to deal with the disease. A people centric feminist approach to improve their health seeking behaviour as well as their access to prevention, treatment and care is key. Let us stay united in our fight against NCDs for a healthier world. Together we can.

(Shobha Shukla is the award-winning founding Managing Editor and Executive Director of CNS (Citizen News Service) and is a feminist, health and development justice advocate. She is a former senior Physics faculty of prestigious Loreto Convent College and current Coordinator of Asia Pacific Media Alliance for Health and Development (APCAT Media). Follow her on Twitter @shobhaishukla or read her writings here www.bit.ly/ShobhaShukla)